



This Plan Includes:		Plan Features:
Minimum Essential Coverage	✓	<p>Covers 100% preventive and wellness services including: Annual Wellness Exam, Immunizations, and STI Screenings.</p> <p>Reduce costs with more than 695,000 in-network doctors.</p> <p>National Network included. Visit https://www.firsthealthlbp.com/ to locate a Participating Provider.</p> <p>No waiting periods</p> <p>Affordable Dr. visits & Urgent Care co-pays</p> <p>Added coverage for X-Rays & Lab services</p> <p>No copays with 24/7 Virtual Urgent Care (Powered by MeMD, see insert for more information)</p> <p>Prescription Discount Plan Included (Powered by RxValet, see insert for more information)</p> <p>Need a ride to the doc? Rideshare benefit included! (i.e. Uber, Lyft, etc.)</p>
Network	First Health	
Out of Network Coverage	No	
Individual Deductible/Out of Pocket Limit	\$0/\$1,050	
Family Deductible/Out of Pocket Limit	\$0/\$2,100	
Preventive & Wellness <i>Covered without limitation or out of pocket expenses.</i>	100%	
Physician and Office Visits <i>May be subject to a maximum combined number of visits per year. No coverage after visit limit exhausted.</i>	10 Combined Visits Per Year	
Primary Care Visit	\$25 co-pay	
Specialist Visit	\$35 co-pay	
Urgent Care Visit	\$50 co-pay	
Maternity Pre/Post Natal (Office Visit)	\$25 co-pay	
Mental/Behavioral Health (Office Visit)	\$25 co-pay	
X-Rays & Lab <i>3 visits per year</i>	\$75 co-pay	
Imaging <i>1 visits per year</i>	\$75 co-pay	
Emergency Room <i>1 visits per year</i>	\$250 co-pay	
Emergency Transport	Not Included	
Outpatient/In-Patient Services Hospital Admission	Not Included	
Rx (Prescription)	Rx Valet	
Rideshare Transport <i>Allows reimbursement for any rideshare, cab or other transportation to and from medical treatments and appointments.</i>	\$150.00 max/yr	
Virtual Urgent Care (MeMD)	Included	

Please see plan specification document for more details

Plan Features	Network Care	Out-Of-Network Care
Primary Care Physician Selection	Not required	Not applicable
Deductible (per plan year)	\$0 Individual \$0 Family	Not applicable
Member Coinsurance (applies to all expenses unless otherwise stated)	0%	Not applicable
Out-of-Pocket (OOP) Maximum (per plan year, includes deductible)	\$1,050 Individual \$2,100 Family	Not applicable
<i>All covered expenses accumulate separately toward the network and out-of-network Out of Pocket Limit.</i>		
<i>Pharmacy co-payment expenses apply towards the Out of Pocket Limit.</i>		
<i>Only those out-of-pocket expenses resulting from the application of coinsurance percentage, deductibles, and copays may be used to satisfy the out of pocket maximum.</i>		
<i>Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.</i>		
Payment for Out-of-Network Care	Not applicable	Not covered
Referral Requirement	Not Required	Not applicable
Physician Services	Network Care	Out-Of-Network Care
Virtual Primary Physician (If Available) <i>Powered by MedLion Clinic</i>	No Charge	Not covered
Virtual Urgent Care <i>Powered by MeMD</i>	No Charge	Not covered
Office Visits to Non-Specialist <i>Limit of 10 visits combined with Non-Specialists, Specialists and Urgent Care.</i>	\$25 copayment	Not covered
<i>Includes services of an internist, general physician, family practitioner or pediatrician for diagnosis and treatment of an illness or injury.</i>		
Specialist Office Visits <i>Limit of 10 visits combined with Non-Specialists, Specialists and Urgent Care.</i>	\$35 copayment	Not covered
Prenatal Maternity (Office Visit) <i>Limit of 10 visits combined with Non-Specialists, Specialists and Urgent Care.</i>	\$25 copayment	Not covered
Maternity - Delivery and Post-Partum Care	Not covered	Not covered
Preventive Care	Network Care	Out-Of-Network Care
<i>Preventive care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.</i>		
Routine Adult Physical Exams and Immunizations <i>Includes routine tests and related lab fees. Limited to 1 exam every 12 months.</i>	Covered in full	Not covered
Well Child Exams and Immunizations <i>Limited to 1 exam every 12 months. Immunizations will be subject to age and developmentally appropriate frequency limitations determined by ACIP.</i>	Covered in full	Not covered
Routine Gynecological Exams <i>Includes routine tests and related lab fees. Limited to 1 exam every 12 months.</i>	Covered in full	Not covered
Routine Mammograms <i>For covered females age 40 and over. Limited to 1 exam every 12 months.</i>	Covered in full	Not covered
Women's Health <i>Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.</i>	Covered in full	Not covered
Routine Digital Rectal Exam / Prostate-Specific Antigen Test <i>For covered males age 18 and over. Limited to 1 exam every 12 months.</i>	Covered in full	Not covered
Colorectal Cancer Screening <i>For all members age 50 and over. Limited to 1 exam every 12 months.</i>	Covered in full	Not covered
Routine Eye Exams (Refraction) <i>For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.</i>	Covered in full	Not covered
Voluntary Sterilization - Tubal Ligation <i>Covered as a Preventive Care service in accordance with Health Care Reform.</i>	Covered in full	Not covered
Diagnostic Procedures	Network Care	Out-Of-Network Care
Outpatient Diagnostic Laboratory <i>Limit 3 utilizations per member per year combined with Laboratory and X-Ray.</i>	\$75 copayment	Not covered
Outpatient Diagnostic X-ray <i>Limit 3 utilizations per member per year combined with Laboratory and X-Ray. (except for Complex Imaging Services)</i>	\$75 copayment	Not covered
Outpatient Diagnostic X-ray for Complex Imaging Services <i>Limit 1 utilizations per member per year.</i>	\$75 copayment	Not covered

<i>(Including, but not limited to, MRI, MRA, PET and CT Scans)</i>		
Emergency Medical Care	Network Care	Out-Of-Network Care
Urgent Care Provider <i>Limit of 10 visits combined with Non-Specialists, Specialists and Urgent Care.</i>	\$50 copayment	Not covered
Emergency Room <i>Limit 1 utilization per member per year.</i>	\$250 copayment	\$250 copayment
Emergency Ambulance	Not covered	Not covered
Non-Emergency Ambulance	Not covered	Not covered
Other Services and Plan Details	Network Care	Out-Of-Network Care
Hospital Care	Not covered	Not covered
Mental Health and Alcohol/Drug Abuse Services	Not covered	Not covered
Skilled Nursing Facility	Not covered	Not covered
Therapy and Rehabilitation Services	Not covered	Not covered
Durable Medical Equipment	Not covered	Not covered
Mouth, Jaws and Teeth <i>Oral surgery procedures, medical in nature.</i>	Not covered	Not covered
Family Planning	Not covered	Not covered
Pharmacy – Prescription Drug and Discount Benefits <i>Powered by RxValet</i>	Network Care	Discount Option
Retail <i>(Up to a 30-day supply)</i>		
Generic Drugs	Not covered	Available through RxValet
Preferred Brand Drugs	Not covered	Available through RxValet
Non-Preferred Brand Drugs	Not covered	Available through RxValet
Specialty Drugs <i>(Up to a 30-day supply)</i> <i>Includes self-injectable, infused and oral specialty drugs, excludes insulin</i>	Not covered	Available through RxValet
Mail Order Delivery <i>(for your refills for up to a 31-90 day supply)</i>		
Generic Drugs	Not covered	Available through RxValet
Preferred Brand Drugs	Not covered	Available through RxValet
Non-Preferred Brand Drugs	Not covered	Available through RxValet
<i>While this information is believed to be accurate as of the print date, it is subject to change. To receive full and up to date policy descriptions, please visit my.breckpoint.com to log into our Member Portal.</i>		

Pharmacy Plan includes:

Contraceptive drugs and devices obtainable from a pharmacy.
 Formulary generic FDA-approved Women’s Contraceptives covered 100% in network.
 Not all drugs are covered.

What's Not Covered

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.



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LEAD TOGETHER

Virtual Urgent Care

Prescription Savings

Enroll today to enjoy these built-in benefits!

- ✓ No extra cost – built-in with all MEC & MEC enhanced products
- ✓ Available to your dependents at no extra charge (whether or not they are enrolled on any other plan)
- ✓ Unlimited availability and usage – you can use these services as much as you want!

Virtual Urgent Care

Powered by MeMD, this popular telehealth option allows access to a medical provider by phone, app or webcam **at no additional cost**. This may be used for many of the issues provided by Urgent Care facilities.

- Available to every enrolled employee, spouse or domestic partner, and children up to the age of 26. Available 24/7/365.
- For minor health concerns, **don't wait in an emergency room or urgent care center** for diagnosis and treatment. MeMD's medical providers can evaluate common conditions that are typically treated at an urgent care facility, from the convenience of a home or office.
- MeMD's medical team includes MDs, DOs, NPs & PAs (US-licensed, board-certified medical providers) who average over 16 years of experience. They will give a **personalized treatment plan and send prescriptions right to the pharmacy**. (Please note, Prescriptions cannot be written for controlled substances or elective medications.)

Common conditions evaluated

- ✓ Abrasions, bruises
- ✓ Colds, flu and fever
- ✓ Sore throat, cough, congestion
- ✓ Allergies, hives, skin infections
- ✓ Bites and stings
- ✓ Minor headaches, arthritic pains
- ✓ Medication refills (short-term)
- ✓ Diarrhea, vomiting, nausea
- ✓ Urinary tract infections
- ✓ Headaches, body aches
- ✓ Eye infections, conjunctivitis

Prescription Savings Program

Powered by RxValet, this pharmacy solution is a benefit rich program designed to help you **reduce prescription costs**.

Rx Valet is committed to ensuring that no one goes without the medications they need because of high-cost prescriptions. Expensive prescription medications affect individuals and their families. Rx Valet can help reduce your healthcare plan premiums by providing an alternative, low-cost pharmacy solution.

- ✓ Low Prices are Valid at ALL Retail Pharmacies
- ✓ Even LOWER Prices on Home Delivery
- ✓ Unbeatable Diabetic Supply Program
- ✓ Save Money on Your Pet Medications
- ✓ Patient Assistance Program (PAP)
- ✓ Pill Splitting/Unbundling
- ✓ Medication Reminders