

## Healthy PPO

### Plan Benefits

Our Healthy PPO program provides you and your family with a unique, cost-effective total healthcare solution.

- **Comprehensive Preventive Care:** Enjoy 100% coverage for preventive services as outlined by the Affordable Care Act (ACA).
- **Doctor Visits:** Low copays for office visits to keep your health on track.
- **Pharmacy Benefits:** Affordable prescription coverage for your medication needs.
- **Lab & Imaging Services:** Access essential diagnostic tests and imaging at reduced costs.
- **Mental Health Support:** Coverage for counseling and therapy sessions.
- **Unlimited Telemedicine:** Connect with doctors anytime, anywhere through telehealth services.
- **Health Benefits App:** Manage your healthcare benefits conveniently in one app.
- **Global Emergency Coverage:** Protection for emergencies, no matter where you are in the world.
- **Surgery & Hospitalization:** Access to Health Share coverage for major medical needs, including surgeries and hospital stays.



## Revolutionizing Healthcare Coverage for You or Your Business

Experience a new era of personalized healthcare designed with you in mind.

With PMB HealthWallet Mobile App, you can conveniently access information from anywhere, instantly review policies and co-pays, locate providers, contact care coordinators, track prescriptions, and ensure you have the information you need right in the palm of your hand.

**First Health® aetna PPO Provider Network**

First Health Aetna PPO is a world-class health insurance provider, offering excellent coverage at a more competitive price. With a strong network of trusted providers, it ensures quality care tailored to your needs. To find a provider, visit <https://providerlocator.firsthealth.com/SelectNetworkType> and select "First Health" as the network.

## Medical Benefits

Preventive / Wellness	Covered at 100%
Primary Doctor & Pediatric-Sick Visits	\$25 copay - unlimited visits
Specialist Doctor	\$35 copay in-network - 5 visits per year
Urgent Care	\$50 copay in-network - 3 visits per year
Virtual Urgent Care, 24/7/365 with Licensed, Board- Certified Physicians	\$0 copay - unlimited
Diagnostic Labs	\$50 copay (must be performed in outpatient facility and not a hospital or emergency room)
Emergency Room	\$250 copay - 1 visit per year
Maternity Pre/Post Natal Consultation	\$25 copay - 3 visits per year
Mental Health, Substance Abuse Consultation	\$25 copay - 3 visits per year
Virtual Counseling - Consult with a Master-level Therapist/Counselor	\$0 copay. Number of counseling sessions will be clinically appropriate based on the issue.
Breast Cancer Mammography Screening	Plan pays 100%. Screenings every 1-2 years for women over 40 years old.
Cervical Cancer Screening	Plan pays 100%. Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test.
Colorectal Cancer Screening	Plan pays 100% starting at age 50
Immunizations Per ACA Guidelines	Plan pays 100%

Once copay limits have been reached, additional costs may qualify for Health Share after UA has been met. Pre-existing condition limitations may apply. See page 3 for details.

## Rx Benefits

Program provides over 1,000 routinely prescribed ACUTE and CHRONIC drugs at no cost. Plus, access to thousands of other medications at the fraction of retail cost.

Over 70,000 in-network retail pharmacies and mail-order available.

Access to thousands of drugs that are not on the formulary starting at just \$14.95 per fill.

Men's Health: Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per year.

Access to our Diabetic Supply, International Pharmacy, and Prescription Assistance Program.

Once pharmacy limits have been reached, additional costs may qualify for Health Share after UA has been met. Pre-existing condition limitations may apply. See page 3 for details.

\*Formulary available upon request.

\*\*Provider network by First Health Group Corporation, a wholly owned subsidiary of Aetna Inc., a CVS Health Company.

## Pre-existing Medical Conditions for Health Share

This section refers to pre-existing medical condition limitations for ShareWELL as listed on Page 3 (Emergency, Surgery, Hospitalization, and other Medical Expenses). Limitations are applied based on the first date of active membership. This section defines pre-existing medical conditions and outlines related sharing limitations.

### Definition of Pre-Existing Medical Condition

Any illness or injury for which a person has had any of the following occur:

- Been examined
- Taken medication
- Had symptoms
- Received medical treatment

Within 24 months prior to the effective date of the membership is considered a pre-existing condition.

### Pre-existing For Cancer

Any testing, preventive treatments, prophylactics, or medications that were taken by the member 36 months prior to the start date of a previously diagnosed cancer will result in a recurrence of that type of cancer being considered a pre-existing condition.

### Exceptions That Are Not Considered Pre-existing

High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered pre-existing conditions as long as the member has not been hospitalized for the condition in the 12 months before enrollment.

### Pre-Existing Condition Phase-in Period

- Pre-existing conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible. After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.
- Eligible amounts for pre-existing conditions:
  - Year One: \$0 (waiting period)
  - Year Two: \$30,000 maximum per need
  - Year Three: \$60,000 maximum per need
  - Year Four: \$150,000 maximum per need
  - Year Five: The sharing maximum is removed for all pre-existing conditions.

### Maternity

There is a 30-day waiting period from membership start date for maternity expenses.

## Emergency, Surgery, Hospitalization, and other Medical Expenses <sup>1</sup>

Health share programs provide a cost-effective solution for major medical expenses by covering eligible needs while offering transparency in pricing. Members benefit from advocacy support to navigate medical bills and services, ensuring fair costs and streamlined processes. Unlike traditional insurance, we have no annual caps, giving you peace of mind and comprehensive support for your major medical healthcare needs.

### Overview

Health Share covers your emergency, surgery, hospitalization, and other medical expenses.

- No annual caps or lifetime limits
- One-of-a-kind maternity program
- “Know before you go” pricing
- Holistic and alternative care options
- Quick bill processing
- Advocacy support

#### <sup>1</sup> [Pre-Existing Condition Benefit Limitations](#)

For more information, refer to the "Pre-Existing Medical Conditions" section.

### What is a UA?

Similar to a deductible, the Unshared Amount, or UA, is the amount a member will pay per incident before the ShareWELL shares in medical expenses. The lower your UA, the higher your monthly contribution will be.

After the UA is met, additional eligible medical expenses are provided for. If you chose an UA of \$1,500 and are hospitalized with a heart attack, you pay the UA. That’s it!

Members do not pay for the same Sharing Request within 12 months of the last treatment date. Additionally, members will not be responsible for more than two UAs in a rolling 12-month period.

### How does Health Share work?

- 1 Submit a sharing request: Unless it is an emergency, contact your Care Navigator prior to any medical appointment. Our Medical Advocacy team can help navigate your healthcare experience.
- 2 At your appointment, please present as a self-pay patient.
- 3 When your Sharing Request is determined eligible, we will work with you to coordinate provider payments. As you receive bills from your provider, request itemized statements and send them through your member portal.

### Healthy PPO Member Pricing

Unshareable Amount per Medical Event x2 per rolling 12-month period	\$1500 UA	
	Under 50	Over 50
<b>Member Only</b>	<b>\$587.00</b>	<b>\$643.00</b>
<b>Member + Spouse</b>	<b>\$918.00</b>	<b>\$979.00</b>
<b>Member + Child(ren)</b>	<b>\$922.00</b>	<b>\$960.00</b>
<b>Member + Family</b>	<b>\$1334.00</b>	<b>\$1390.00</b>

\*\*Surcharge added for tobacco use  
Prices are current as of 12/2024 and are subject to change

*Meets Part A of the Affordable Care Act (ACA)  
Preventative Services Requirements Plan  
is not available in WA or VT  
12/09/2024*