PMBMed
Your Link to Health Care

EBA – Healthy PPO

Coverage Period: 10/01/2024 – 09/30/2025

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services **Coverage for:** Individual or Family| **Plan Type: MEC + Health Share**

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, 1-888-292-0095 For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-888-292-0095 to request a copy.

Important Questions	PPO Limitations	What you may pay (Health Share)
What is the overall deductible?	$0 individual / $0 family (In-Network)	See the chart starting on page 2 for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes	Since there is no deductible you can receive services right away. However, since the plan's services are limited, please see page 2 for specifics.
Are there other deductibles for specific services	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan?	$0	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services. However, since the plan's services are limited, please see page 2 for specifics.
What is not included in the out-of-pocket limit?	This plan has no out-of-pocket limit.	Not applicable because there's no out-of-pocket limit on your expenses.
Will you pay less if you use a network provider?	Yes. For a list of preferred providers, see www.myfirsthealth.com	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without permission from this plan. However, since the plan's services are limited, please see page 2 for specifics.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

There are two main components to your plan.

1. **PPO Network for preventive, specialist, primary care, urgent care, labs, pharmacy. Always use PPO Network benefits first.**
2. **Health Share for needs that go beyond the PPO Network.**

Common Medical Event	Services You May Need	What You Will Pay (PPO)		PPO Limitations	Health Share Eligible (Pre-ex may apply)
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 copay / visit	Not covered	Unlimited visits per calendar year	Use PPO Network
	Specialist visit	$35 copay / visit	Not covered	Maximum of 5 visit per calendar year	Use PPO Network First. Beyond 5 visits, may be eligible for Health Share after UA is met.
	Preventive care/screening/ immunization	No charge	Not covered	Preventive Services Covered Under ACA:21 preventive services for adults 28 preventive services for women 31 preventive services for children Preventative care colonoscopies prioritize Cologuard first. Diagnostic colonoscopies are not a covered service.	Use PPO Network
If you need sick care virtually	$0 unlimited with Health Wallet App	$0 unlimited with Health Wallet App	Not Covered	Using telehealth outside of the Health Wallet app can lead to 100% member cost responsibility.	N/A
If you need Mental Health Virtually	Virtual Behavioral Health	$0 - 5 visit limit with Health Wallet App	Not Covered	Using telehealth outside of the Health Wallet app can lead to 100% member cost responsibility.	N/A
If you have a test	Diagnostic test (x-ray, blood work)	$50 copay-Outpatient Only (must be performed in outpatient facility and not a hospital or emergency room)	Not covered	COVID-19 test. Must be experiencing symptoms and ordered by in-network provider. PLACE OF SERVICE CODE 81 must be used	Use PPO Network first. May be eligible for Health Share after UA is met.
	Imaging (CT/PET scans, MRIs)	In-network allowable amount	Not covered	N/A	Use PPO Network first. May be eligible for Health Share after UA is met.

Common Medical Event	Services You May Need	What You Will Pay (PPO)		PPO Limitations	Health Share Eligible (Pre-ex may apply)
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available in the Health Wallet App	Generic drugs	$0 for preventive drugs	Not covered	All Prescription drugs not paid for by the Plan are available at up to 70% off of retail with use of the Discount Prescription RX card	Use PPO Network first. May be eligible for Health Share after UA is met.
	Preferred brand drugs	Formulary Provided	Not covered	N/A	
	Non-preferred brand drugs	Formulary Provided	Not covered	N/A	
	Specialty drugs	Discount Via Health Wallet	Not covered	N/A	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery	$0 unlimited with Health Wallet App	Not Covered	N/A	May be eligible for Health Share after UA is met
	Physician/surgeon fees	Not covered	Not covered	N/A	
If you need immediate medical attention	Emergency room care	$250 copay / visit	Not covered	Maximum 1 admission per calendar year	Use PPO Network first. May be eligible for Health Share after UA is met.
	Emergency medical transportation	Not covered	Not covered	N/A	May be eligible for Health Share after UA is met
	Urgent care	$50 copay / visit	Not covered	Maximum 3 visits per calendar year	Use PPO Network first. May be eligible for Health Share after UA is met.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$25 copay	Not covered	Maximum 3 visits per calendar year	Use PPO Network first. May be eligible for Health Share after UA is met.
	Inpatient services	Not covered	Not covered	N/A	
If you are pregnant	Office visits	$25 copay	Not covered	Maximum 3 visits per calendar year	Use PPO Network first. May be eligible for Health Share after UA is met.
	Childbirth/delivery professional services	Not covered	Not covered	N/A	May be eligible for Health Share after UA is met
	Childbirth/delivery facility services	Formulary Provided	Not covered	N/A	May be eligible for Health Share after UA is met

Common Medical Event	Services You May Need	What You Will Pay (PPO)		PPO Limitations	Health Share Eligible (Pre-ex may apply)
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
If you need help recovering or have other special health needs	Home health care	Not covered	Not Covered	N/A	May be eligible for Health Share after UA is met
	Rehabilitation services	Not covered	Not covered	N/A	
	Habilitation services	Not covered	Not covered	N/A	
	Skilled nursing care	Not covered	Not covered	N/A	
	Durable medical equipment	Not covered	Not covered	N/A	
	Hospice services	Not covered	Not covered	N/A	
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	For preventative services only	N/A
	Children's glasses	Not covered	Not covered	N/A	N/A
	Children's dental check-up	Not covered	Not covered	N/A	N/A

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)
However, Items with a * may be eligible for sharing after UA is met.

- Acupuncture*
- Ambulatory Surgical Center*
- Bariatric surgery
- Chemotherapy*
- Chiropractic care*
- Contrast or 3-D MRIs*
- Cosmetic surgery
- Dental care (Adult)
- Emergency Transportation*
- Hearing aids
- Infertility treatment
- Inpatient / Out Patient Hospital*
- Long-term care*
- Non-emergency care when traveling outside the U.S.*
- PET Scans*
- Pacemaker*
- Private-duty nursing*
- Radiation Oncology*
- Rehabilitative Services*
- Routine eye care (Adult)
- Routine foot care
- Therapy Services
- Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: [insert State, HHS, DOL, and/or other applicable agency contact information]. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: [insert applicable contact information from instructions]. **Does this plan provide Minimum Essential Coverage? Yes** Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? No If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.