

# HEALTHPLAN

Covers all mandated Preventative Benefits required by PPACA

Note: This list will be updated periodically and a current list of covered preventative services is available by visiting [Healthcare.gov/center/regulations/prevention.html](http://Healthcare.gov/center/regulations/prevention.html)



\*\*Payable in-network only \*\*

\*\*\* [www.firsthealthlbp.com](http://www.firsthealthlbp.com) \*\*\*

	ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
<b>Preventative Care</b>				
Preventative Services for Adults Preventative Services for Women Preventative Services for Children	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services	100% Coverage for Mandated Preventative Services
<b>Physician Services</b>				
Virtual Urgent Care (Powered by MeMD)	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Primary Care Office Visit	\$25 co-pay*	\$25 co-pay*	\$25 co-pay*	\$25 co-pay*
Specialist Office Visit	\$35 co-pay*	\$35 co-pay*	\$35 co-pay*	\$35 co-pay*
Prenatal Maternity and Post-Partum Care	\$25 co-pay*	\$25 co-pay*	\$25 co-pay*	\$25 co-pay*
Mental Health & Alcohol/Drug Abuse Services (office visit only)	\$25 co-pay*	\$25 co-pay*	\$25 co-pay*	\$25 co-pay*
Maternity - Delivery	Not covered	Not covered	Not covered	Not covered
<b>Diagnostic</b>				
Outpatient Diagnostic Laboratory	\$75 co-pay**	\$75 co-pay**	\$75 co-pay**	\$75 co-pay**
Outpatient Diagnostic X-ray	\$75 co-pay**	\$75 co-pay**	\$75 co-pay**	\$75 co-pay**
Outpatient Diagnostic X-ray (Complex Imaging Services)	\$75 co-pay	\$75 co-pay	\$75 co-pay	\$75 co-pay
<b>Emergency Medical</b>				
Urgent Care Provider	\$50 co-pay*	\$50 co-pay*	\$50 co-pay*	\$50 co-pay*
<b>Pharmacy (Power by Shield PBM)</b>				
Retail (up to a 30-day supply)				
Generic Drugs (Formulary List)	\$1 co-pay	\$1 co-pay	\$1 co-pay	\$1 co-pay
Preferred Brand Drugs	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Non-Preferred Brand Drugs	20% up to \$200	20% up to \$200	20% up to \$200	20% up to \$200
Specialty Drugs (up to 30 day supply)	International & prescription assistance options -call customer care for additional information			
Mail Order Delivery (31-90 day supply)				
Generic Drugs	\$1 co-pay	\$1 co-pay	\$1 co-pay	\$1 co-pay
Preferred Brand Drugs	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Non-Preferred Brand Drugs	20% up to \$200	20% up to \$200	20% up to \$200	20% up to \$200
<p>* Limit of 10 utilizations per member per year; combined with primary, specialists, and urgent care.</p> <p>** Limit of 2 utilizations per member per year; combined laboratory and x-ray.</p>				

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<b>Surgical and Hospitalization</b>					
<b>Inpatient Hospital Confinement</b> (per Inpatient Day)		\$6,000	\$4,000	\$3,000	\$2,000
<b>Building Benefit Injury Reimbursement</b> Inpatient Hospitalization Benefits increase 25% each	Year 2	\$7,500	\$5,000	\$3,750	\$2,500
	Year 3	\$9,000	\$6,000	\$4,500	\$3,000
	Year 4	\$10,500	\$7,000	\$5,250	\$3,500
	Year 5	\$12,000	\$8,000	\$6,000	\$4,000
<b>Hospital Admission Benefits</b> (for the first Inpatient Day per calendar year)		\$3,000	\$2,000	\$1,000	\$1,000
<b>Emergency Room</b> (Per day/calendar year maximum)		\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
<b>Urgent Care</b> (Per day/calendar year maximum)		\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
<b>Surgery Benefit</b> Daily surgical benefits for both inpatient and outpatient surgery. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. (Maximum \$50,000 benefit per calendar year)		3 X the policy fee schedule	2.5 X the policy fee schedule	2 X the policy fee schedule	1 X the policy fee schedule
<b>Ambulatory Surgical Benefit</b> If outpatient surgery is performed in an Ambulatory Surgical Center or Outpatient Hospital facility, the benefits payable include the surgical and anesthesia benefits in addition to per day ambulatory/outpatient facility benefit.		\$3,000	\$2,500	\$2,000	\$1,000
<b>Daily Assistant Surgeon Benefit</b>	Pays 20% of the eligible surgical benefit				
<b>Daily Anesthesiologist Benefit</b>	Pays 25% of the eligible surgical benefit				
<b>Doctor's Office Visit with Rollover</b> (Per day/per calendar year)		\$200/10 days	\$175/10 days	\$125/8 days	\$75/6 days
		Rollover provision allows five-visit carryover per policy year.			
<b>Prescription Benefit</b> (Per Day)		\$75	\$50	\$50	\$25
<b>Outpatient Medical Benefits</b> Preventative Services: (per service)	Colonscopy	\$600	\$600	\$500	\$500
	Pap	\$300	\$300	\$250	\$250
	PSA	\$300	\$300	\$250	\$250
Laboratory Services: Other Laboratory Services	Surgical Pathology	\$300	\$300	\$200	\$200
		\$50	\$50	\$50	\$50
Therapy Services: (per day for physical, occupational, speech)		\$75	\$75	\$50	\$50
Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)		\$700/\$700/ \$700/\$300/\$250	\$600/\$600/ \$600/\$300/\$250	\$500/\$500/ \$500/\$250/\$200	\$300/\$300/ \$300/\$250/\$200
Calendar year limit for all Outpatient Benefits		\$8,000	\$6,000	\$4,000	\$4,000

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<b>Ground and Air Ambulance</b> Limit of 2 daily benefits per calendar year for all ambulance transportation (per day*)	\$150 Ground Ambulance \$1,500 Air Ambulance			
<b>Allergy Shots and Immunization**</b> (child only) (per day allergy shots/immunizations)	\$10/\$25			
<b>Cancer Benefit</b> Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)	\$2,000	\$2,000	\$1,000	\$1,000
<b>Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement</b>	\$1,000,000 calendar year limit			
<b>Prescription Benefit</b>	\$750 calendar year maximum			
<b>Allergy Shots and Immunization</b>	\$100 calendar year maximum			
<b>Lifetime Maximum</b>	\$5,000,000			

**\*\*\*\*\*Maternity Delivery, Diagnostic, X-Ray and Lab are NOT Covered\*\*\*\*\***  
**\*\*\*Surgical and Hospitalization has a 1-year Pre-Existing Period\*\*\***

**Breakpoint: 884.657.1575**  
**Manhattan Life: 800.669.9030**  
**First Health Network: 800.226.5116**  
**Prescriptions: 884.657.1575**  
**Virtual Urgent Care: 800.636.5116**

**www.breckpoint.com**  
**www.manhattanlife.com**  
**www.firsthealthlbp.com**  
**www.breakpointrx.com**  
**www.memd.me**

**\*\*\*\*\*This is not a guarantee of benefits, for more detailed information refer to the contact information given above\*\*\*\*\***