AHW



2025

Affordable Health and Wellness Plan 5

NETWORK

First Health Network

Welcome to First Health! We are grateful for the opportunity to serve you.

Our CORE VALUES

- **Put PeopleFirst**
- **Rise ToTheChallenge**
- **Join Forces**
- **Create Simplicity**
- **Inspire Trust**
- **Champion Safety And Quality**

NATIONAL PPO NETWORK

with more than...

5,700 HOSPITALS

52,000 ANCILLARY FACILITIES

993,000 PROFESSIONAL PROVIDERS



In order to find an in-network doctor, urgent care center, hospital or other provider, use our online provider search tool

TELEMEDICINE

relyMD®



24/7 ACCESS

- PRIMARY CARE
- URGENT CARE
- MENTAL HEALTH CARE

Connect with

BOARD-CERTIFIED PHYSICIANS, ANYTIME, ANYWHERE IN THE UNITED STATES.



NO CLAIMS OR COPAY



NATIONWIDE



CARE COORDINATION



EXCLUSIVE DOCTORS

BILL NEGOTIATOR

Lower High-Cost Medical Bills

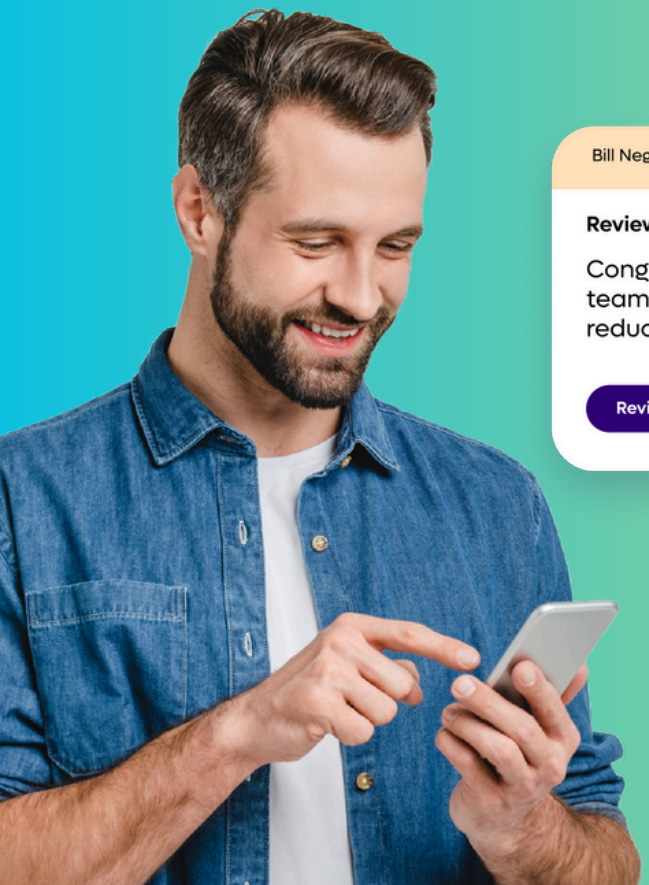
Evenwithinsurance,employees are vulnerable!
Out-of-pocket healthcare costs can be unaffordable, even with insurance, particularly for those with limited coverage or high-deductible health plans.

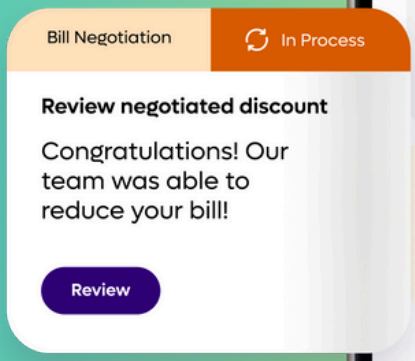
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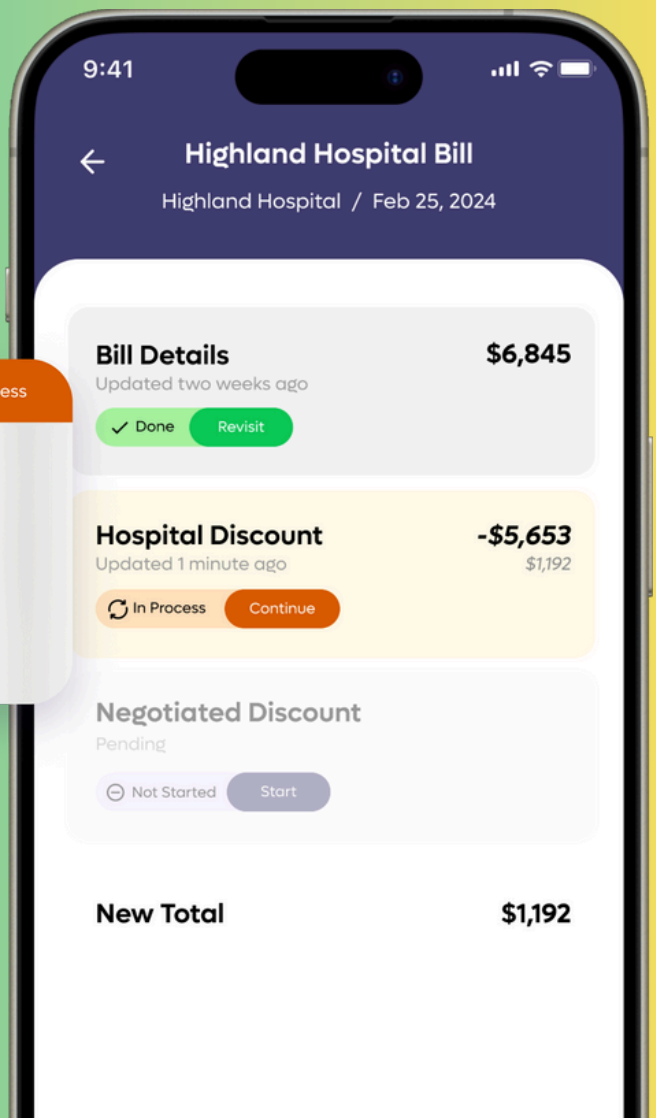
Nearly one in four Americans cannot afford a $400 emergency expense.
Economic Well-Being of U.S. Households survey

BillAssist seamlessly complements any health plan

Nomatter the benefit type or coverage, our technology makes it easy for employees to lower out-of-pocket costs through hospital financial assistance programs or bill negotiation. Remaining out-of-pocket costs are further reduced or completely eliminated through our optional DebtProtect program.







P5 Affordable Health and Wellness

Physician Services (Utilizes the First Health Network)	Details		
Primary Care Office Visit	5 visits / yr	Co-pay	Maximum/ Visit
		$50	$150
Specialist or Urgent Care Office Visit	5 visits / yr	Co-pay	Maximum / Visit
		$75	$300
In-Patient Hospitalization Benefit	$1,500 / Day	$15,000 / Year Maximum	12/12 mo Pre-Ex
In/Outpatient Surgery	$1,500 / Year	$4,500 / Year Maximum	12/12 mo Pre-Ex
Emergency Room (if admitted)	$1,000/Per Incident		12/12 mo Pre-Ex
Ambulance Benefit (if admitted)	$500/Per Incident		12/12 mo Pre-Ex

Pharmacy Retail - up to a 30 day supply	Details	
Preventive Generic	Member Pays	$0 Copay
Preferred Generic	Member Pays	$5 Copay
Non-Preferred Generic	Member Pays	$5 & $10 Copay
Brand (Prior Authorization Required)	Member Pays	$40 Copay

Prescription Terms & Conditions

Participating Pharmacies only. Non-Preventive Maintenance Prescriptions - (All available generic and brand drugs. Specialty drugs are not covered). For all non-preventive generic & brand name drugs there is $150 benefit limit per person per month. RX Plan includes discounts when the monthly benefit limit of $150 per person is exceded. Specialty drugs are not covered. Discounts may be provided for non covered drugs (subject to formulary).

Important Information

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.
(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.
(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage
This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.
This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.

Preventive Health Services Summary of Benefits

Preventive Health Services - Covered Benefits[1]

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

• Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See https://www.uspreventiveservicestaskforce.org

• Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in https://www.hrsa.gov

• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See https://www.cdc.gov/vaccines/acip

Benefit	Interval	Requirements
Abdominal Aortic Aneurysm Screening	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked.
Adult Annual Standard Physical	1 per plan year	**Adults**, one (1) physical preventive exam per plan year.
Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling	1 per plan year	Screenings for unhealthy alcohol use in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief be- havioral counseling interventions to reduce unhealthy alcohol use.
Aspirin: Preventive Medication	As prescribed	**Adults** ages 50 to 59 with high risk of cardiovascular diseases and for the primary prevention of cardiovascular disease and colorectal cancer. Low-dose aspirin (81 mg/d) as preventive medication for **women** after 12 weeks of gestation who are at high risk for pre- eclampsia.
Bacteriuria Screening	1 per plan year	Screening for asymptomatic bacteriuria with urine culture in **pregnant women** at 12 to 16 weeks' gestation or at the first prena- tal visit, if later.
BRCA Risk Assessment and Genetic Counseling/Testing	1 per plan year	Screening to **women** who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA 1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast Cancer Preventive Medications	As prescribed	Risk-reducing medications, such as tamox- ifen, raloxifene, or aromatase inhibitors for women who are at increased risk for breast cancer and at low risk for adverse medica- tion effects.
Breast Cancer Screening	1 time every 2 plan years	Screening mammography for **women** age 50 years and older. Coverage limited to 2D mammograms only.

[1] **None of the Preventive Health Services are covered if they are provided at a hospital.**

Preventive Health Services Summary of Benefits

Preventive Health Services

Benefit	Interval	Requirements
Breastfeeding Support, Supplies and Counseling	In Conjunction with each birth	Interventions during **pregnancy** and **after birth** to support breastfeeding. Costs for renting breastfeeding equipment will be covered in conjunction with each birth.
Cervical Cancer Screening: with Cytology (Pap Smear)	1 time every 3 plan years	**Women** age 21 to 65 years with cervical cytology alone.
Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing	1 time every 5 plan years	**Women** age 30 to 65 years with high-risk papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combi- nation with cytology.
Chlamydia Screening	1 per plan year	Sexually active **women** age 24 and younger and in older women who are at increased risk infection.
Colorectal Cancer Screening benefit subject to at home test kit for initial screening. If positive, the plan will provide benefits for a colonoscapy.	1 time every 5 plan years	Starting in **adults** at age 50 years and con- tinuing until age 75 years.
Contraceptive Methods and Counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, steriliza- tion procedures, and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs.
Dental Caries Prevention: Infants and Children Up to Age 5	1 per plan year	Application of fluoride varnish to the prima- ry teeth of all **infants and children** starting at the age of primary tooth eruption and prescription of oral fluoride supplementation starting at age **6 months for children** whose water supply is fluoride deficient.
Depression Screening	1 per plan year	Screening for major depressive disorder (MDD) in **adolescents** aged 12 to 18 years. Screening should be implemented with ad- equate systems in place to ensure accurate diagnosis, effective treatment, and appropri- ate follow-up
		Screening for depression in the general **adult** population, including **pregnant and postpartum women**. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effec- tive treatment, and appropriate follow- up. Pregnant and postpartum persons at increased risk of perinatal depression should be refer to counseling interventions.
Diabetes Screening	1 per plan year	Screening for abnormal blood glucose as part of cardiovascular risk assessment in **adults** aged 40 to 70 years who are over- weight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling inter- ventions to promote a healthful diet and physical activity.

Preventive Health Services Summary of Benefits

Preventive Health Services

Benefit	Interval	Requirements
Fall Prevention: Older Adults	1 per plan year	Exercise interventions for community-dwell- ing adults age 65 years and older who are at increased risk for falls.
Folic Acid Supplementation	As prescribed	Daily supplement containing 0.4 to 0.8 mg (400 to 800µg) of folic acid for all **women** planning or capable of pregnancy.
Gestational Diabetes Mellitus Screening	1 per plan year	Asymptomatic **pregnant women** after 24 weeks of gestation.
Gonorrhea Prophylactic Medication	As prescribed	Prophylactic ocular topical medication for all **newborns** for the prevention of gono- coccal ophthalmia neonatorum.
Gonorrhea Screening	1 per plan year	Sexually active **women** age 24 years or younger and in older women who are at increased risk for infection.
Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease	1 per plan year	**Adults** who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavior- al counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies Screening	1 per plan year	Screening for sickle cell disease in **newborns.**
Hepatitis B Screening	1 per plan year	**Non-pregnant** adolescents and adults at high risk for infection. **Pregnant women** at their first prenatal visit.
Hepatitis C Virus (HCV) Infection Screening	1 per plan year	**Persons** at high risk for infection and **Adults born between 1945 and 1965**.
High Blood Pressure Screening	1 per plan year	Screening for high blood pressure in **adults** aged 18 or older.
HIV Preexposure Prophylaxis for the Prevention of HIV Infection	As prescribed	**Persons** who are at high risk of HIV acquisition.
HIV Screening	1 per plan year	**Adolescents and adults** aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. **Pregnant women** including those who present in labor, who are untested and whose HIV status is unknown.
Hypothyroidism Screening	1 per plan year	Screening for congenital hypothyroidism in **newborns.**
Intimate Partner Violence Screening	1 per plan year	Screening for intimate partner violence, in **women** of reproductive age and provide or refer women who screen positive to ongo- ing supporting services.

Preventive Health Services Summary of Benefits

Preventive Health Services		
Benefit	**Interval**	**Requirements**
Lung Cancer Screening	1 per plan year	With low-dose computed tomography in **adults** aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substan- tially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and Counseling	1 per plan year	To **children and adolescents** 6 years and older and offer or refer them to compre- hensive, intensive behavioral interventions to promote improvements in weight status.
		Screening all **adults**. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive, multicom- ponent behavioral interventions.
Osteoporosis Screening	1 per plan year	In **women** aged 65 and older and in young- er postmenopausal **women** at increased risk of osteoporosis.
Phenylketonuria Screening	1 per plan year	Screening for phenylketonuria in **newborns.**
Preeclampsia Screening	1 per plan year	**Pregnant women** with blood pressure mea- surements throughout pregnancy.
Rh Incompatibility Screening: First Pregnancy Visit	1 per plan year	Rh (D) blood typing and antibody testing for all **pregnant women** during their first visit for pregnancy - related care.
RH Incompatibility Screening: 24–28 Weeks' Gestation	1 per plan year	Repeated Rh (D) antibody testing for all un- sensitized Rh (D)-negative **women** at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D) - negative.
Sexually Transmitted Infections Counseling	1 per plan year	Intensive behavioral counseling for all sexually active **adolescents and for adults** who are at increased risk for sexually transmitted infections.
Skin Cancer Behavioral Counseling	1 per plan year	Counseling young **adults, adolescents, chil- dren, and parents of young children** about minimizing their exposure to ultraviolet radi- ation for persons aged 6 months to 24 years with fair skin types to reduce their risk for skin cancer.

Preventive Health Services Summary of Benefits

Preventive Health Services

Benefit	Interval	Requirements
Statin Preventive Medication	As prescribed	**Adults** without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smok- ing); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Iden- tification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Syphilis Screening	1 per plan year	**Non-pregnant persons** who are at increased risk for infection.
		All **pregnant women.**
Tobacco Use Counseling and Interventions	2 per plan year	Provide behavioral interventions for cessation to **all adults** who use tobacco, advise them to stop using tobacco, and provide behavioral interventions, U.S. Food and Drug Adminis- tration (FDA) approved pharmacotherapy for cessation to adults who use tobacco is covered.
		Provide behavioral interventions for cessation to **pregnant women** who use tobacco.
		Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged **children and adolescents.**
Tuberculosis Screening	1 per plan year	Screening for latent tuberculosis infection in **populations** at risk.
Vision Screening	1 time every 2 plan years	**All children** aged 3 to 5 years to detect am- blyopia or its risk factors.
Well-Woman Visits	1 per plan year	**Women** under 65 to obtain the recommended preventive services that are age and develop- mentally appropriate, including preconception care and many services necessary for prenatal care.
Well-Child Visits	1 per plan year	**Children** to obtain the recommended preven- tive services that are age and developmentally appropriate. (Covers 1 visit except as more frequently recommended for children under the age of 3 years.)

Preventive Health Services Summary of Benefits

Birth Through Six Years Old

Abbreviations	Vaccines	Age Requirements and Limitations
HepB	Hepatitis B	Ages 4 weeks- 2 months
		Ages 6 months- 18 months
DTaP	Diphtheria, tetanus, and acellular pertussis	Ages 15 months- 18 months
Hib	Haemophilus influenzae type b	Ages 12 months- 15 months
PCV13	Pneumococcal 13-valent conjugate	Ages 12 months- 15 months
IPV	Inactivated poliovirus	Ages 6 months-18 months
Flu	Influenza (yearly)	Ages 6 months- 6 years
MMR	Measles, mumps, and rubella	Ages 12 months- 15 months
VAR	Varicella	Ages 12 months- 15 months
HepA	Hepatitis A	Ages 12 months-23 months (1st dose)
		Six months after the last dose (2nd dose)
RV	Rotavirus	Ages 2 months- 6 months (if recommended)

Children From Seven Through Eighteen Years Old

Abbreviations	Vaccines	Age Requirements and Limitations
Flu	Influenza (yearly)	Ages 7 - 18 years
Tdap	Tetanus, diphtheria, and acellular pertussis	Ages 11- 12 years
HPV	Human papillomavirus	Ages 11- 12 years (2 shots series) Note: A 3-shot series of HPV vaccine is needed for those with weakened immune systems and those who start the series at 15 years or older
MenACWY	Meningococcal serogroups A,C,W,Y	Ages 11- 12 years
MenACWY	Meningococcal A,C,W,Y Booster	Age 16 (recommended)

Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
a. Sports, e. Insurance,
b. Camp, f. Marriage,
c. Employment, g. Legal proceedings
d. Travel,
2. Routine foot care for treatment of the following:
a. Flat feet, e. Toenails,
b. Corns, f. Fallen arches,
c. Bunions, g. Weak feet,
d. Calluses, h. Chronic foot strain
3. Dental procedures
4. Any other medical service, treatment, or procedure not covered under this Plan
5. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Ap- pendix A or otherwise explicitly provided in this Plan Document, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service
6. Claims unrelated to treatment of medical care or treatment
7. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition
8. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits to the Plan Document
9. Any claim related to an injury arising out of or in the course of any employment for wage or profit
10. Claims which would otherwise be covered by a Worker's Compensation policy for which a participant is entitled to benefit 11. Any claim arising from service received outside of the United States, except for the reasonable cost of claims billed by the Veterans Administration or Department of Defense for benefits covered under this Plan and not incurred during or from service in the Armed Forces of the United States
12. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed
13. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted
14. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant
15. Claims due to an act of war, declared or undeclared, not including acts of terrorism
16. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
17. Abortion Services
18. Travel, unless specifically provided in the schedule of benefits
19. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
20. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the sched- ule of benefits
21. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
22. Services or supplies which are primarily educational
23. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical con- dition such as depression
24. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion
25. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change

Exclusions

26. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
27. Any claims for fertility or infertility treatment
28. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
29. Claims for disability resulting from reversal of sterilization
30. Claims for the completion of forms, or failure to keep scheduled appointments
31. Recreational or diversional therapy
32. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider
33. Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, rock climbing, rappelling, or hang gliding
34. Claims that arise primarily due to medical tourism
35. Supportive devices of the foot
36. Treatments for sexual dysfunction
37. Aquatic or massage therapy
38. Biofeedback training
39. Skilled nursing facilities
40. Durable medical equipment and prosthetics
41. Hospice care, private duty nursing, or long-term care
42. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution li- censed for the primary purpose of treatment of an illness or injury
43. Claims for temporomandibular joint syndrome
44. Claims for biotech or specialty prescriptions
45. Any claim which is not explicitly covered in the schedule of benefits
46. Genetic testing unless explicitly covered in the schedule of benefits
47. Organ transplants
48. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physi- cal complications which result from such procedures.
49. Chiropractic care
50. Radiation and chemotherapy
51. Dialysis
52. Acupuncture
53. Alternative medicine/homeopathy
54. Children dental and vision
55. Neonatal intensive care (NICU)
56. Rehabilitative therapies
57. PCP surgery
58. Routine eye care (Adult)
59. Non-emergency care when traveling outside the U.S.
60. Pregnancy Benefits, including office visits and childbirth/delivery professional and facility services.
61. Routine well-baby care of newborn infant while inpatient.