

MEDMAX⁺

The plan that fits your lifestyle and budget perfectly.



DEDUCTIBLE
VALUE
PLAN

NETWORK



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



Our CORE VALUES

- ✔ Put PeopleFirst
- ✔ Create Simplicity
- ✔ Rise ToTheChallenge
- ✔ Inspire Trust
- ✔ Join Forces
- ✔ 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](#)

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Benefits Covered

NOT subject to Deductible

Telemedicine*	Virtual Primary Care	\$0 Copay
	Urgent Care	
	Mental Health	
Preventive Care	For a complete list of services, Click Here	\$0 Copay

Deductible Options

(The amount the Covered Person pays each benefit year for Covered Services before the Copay is available.)

Individual	\$250	\$500	\$750	\$1,000	\$1,500
Family	\$500	\$1,000	\$1,500	\$2,000	\$3,000

Out-of-Pocket Limits

(Includes Deductible, Coinsurance, & Copayments for Covered Benefits)

Individual	\$9,200
Family	\$18,400

*Deductible does NOT apply.

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Physician Office Copay's		
After the Deductible is met		
Primary Care Physician	10 visits per benefit year maximum is combined for PCP office visits, Specialist Office visits, and Urgent Care visits. 12 visits per benefit year maximum for Chiropractic Care.	\$50 Copay
Specialist Office Visit		
Urgent Care Visit		
Chiropractic		
Testing Copay's		
After the Deductible is met		
Laboratory	3 per year	\$25 Copay
Radiology		\$50 Copay
Advanced Imaging**		\$200 Copay
Emergency Copay's		
After the Deductible is met		
Emergency Services	Emergency Room - Accident - 2 per year	\$250 Copay
	Emergency Room - Sickness - 2 per year	
	Emergency Medical Transportation - 2 per year	

** Prior Authorization Required.

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Hospital & Surgical Copay's

After the Deductible is met

Surgery in Office**	3 surgeries per benefit year; Elective Surgeries not covered	\$250 Copay
Outpatient Surgery**		
Outpatient Surgical Services**	(Includes surgeon, anesthesia and any other incurred services associated with outpatient surgery)	
Inpatient Surgery**	2 surgeries per benefit year; Elective Surgeries not covered	\$1,000 Copay
Inpatient Surgical Services**	(Includes surgeon, anesthesia and any other incurred services associated with outpatient surgery)	
Inpatient Hospital Admission**	Stays limited to 2 hospitalizations per benefit year; 10-day limit per hospitalization	

Maternity Services Copay's

After the Deductible is met

Routine Vaginal Delivery	All Other Maternity Service 100% covered. (Other maternity services included: office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded: Genetic testing, unless medically necessary.) 12 MONTH WAITING PERIOD	\$250 Copay
Routine C-section Delivery		\$500 Copay

** Prior Authorization Required.

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Other Covered Services Copay's

After the Deductible is met

Infusions / Injections**	10- visits per benefit year maximum is combined for infusion/injection drugs and Chemotherapy/ Radiotherapy	\$100 Copay
Outpatient Chemotherapy**		
Outpatient Radiotherapy**		
Physical & Occupational Therapies	16 visits per benefit year maximum combined	\$50 Copay
Speech Therapy		
Cardiac Rehabilitation Therapy		
Home Health Care	10-day limit per benefit year	\$50 Copay
Inpatient Skilled Nursing Facility	10-day visit limit per benefit year	\$50 Copay
Durable Medical Equipment (DME)	Copayment is applied per item received; 5 items per benefit year	\$50 Copay
Allergy Shots	24 visits per benefit year	\$25 Copay
Allergy Visits/Testing	2 Visits per benefit year	\$50 Copay

*** Prior Authorization Required.

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Mental Health Copay's

After the Deductible is met

Outpatient Mental Health Services	15 days per benefit year maximum	\$50 Copay
Inpatient Mental Health Facility	Facility and professional fees included in the inpatient hospitalization limit; 15 days per benefit year maximum	\$250 Copay

Prescription Drug Copay's

After the Deductible is met

Generic Rx	Preventive Generic is covered prior to meeting deductible. Standard Generics are covered after deductible	\$0 Copay
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Med Defender Pro

Medical Bill Negotiator	Helps to negotiate unexpected medical costs.	Included
Patient Assistance Program	Helps navigate patient assistance programs available in your area (subject to availability)	Included

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Monthly Rates		MedMax				
Age Band	Plan Tier	250	500	750	1000	1500
18-29	Employee	\$369	\$349	\$329	\$309	\$289
18-29	Employee & Spouse	\$689	\$669	\$649	\$629	\$609
18-29	Employee & Child(ren)	\$709	\$659	\$639	\$619	\$599
18-29	Family	\$959	\$909	\$889	\$869	\$849
Monthly Rates		MedMax				
30-44	Employee	\$439	\$409	\$389	\$369	\$339
30-44	Employee & Spouse	\$759	\$709	\$679	\$659	\$639
30-44	Employee & Child(ren)	\$739	\$699	\$669	\$649	\$623
30-44	Family	\$999	\$969	\$939	\$909	\$889
Monthly Rates		MedMax				
45-54	Employee	\$469	\$439	\$419	\$399	\$379
45-54	Employee & Spouse	\$769	\$749	\$719	\$699	\$689
45-54	Employee & Child(ren)	\$759	\$739	\$709	\$689	\$669
45-54	Family	\$1,049	\$1,019	\$999	\$979	\$959
Monthly Rates		MedMax				
55-64	Employee	\$519	\$489	\$469	\$449	\$429
55-64	Employee & Spouse	\$789	\$769	\$749	\$729	\$719
55-64	Employee & Child(ren)	\$769	\$749	\$729	\$719	\$679
55-64	Family	\$1,079	\$1,059	\$1,019	\$999	\$979

This plan is an ERISA-sponsored plan .

TELEMEDICINE



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

Even with insurance, 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.

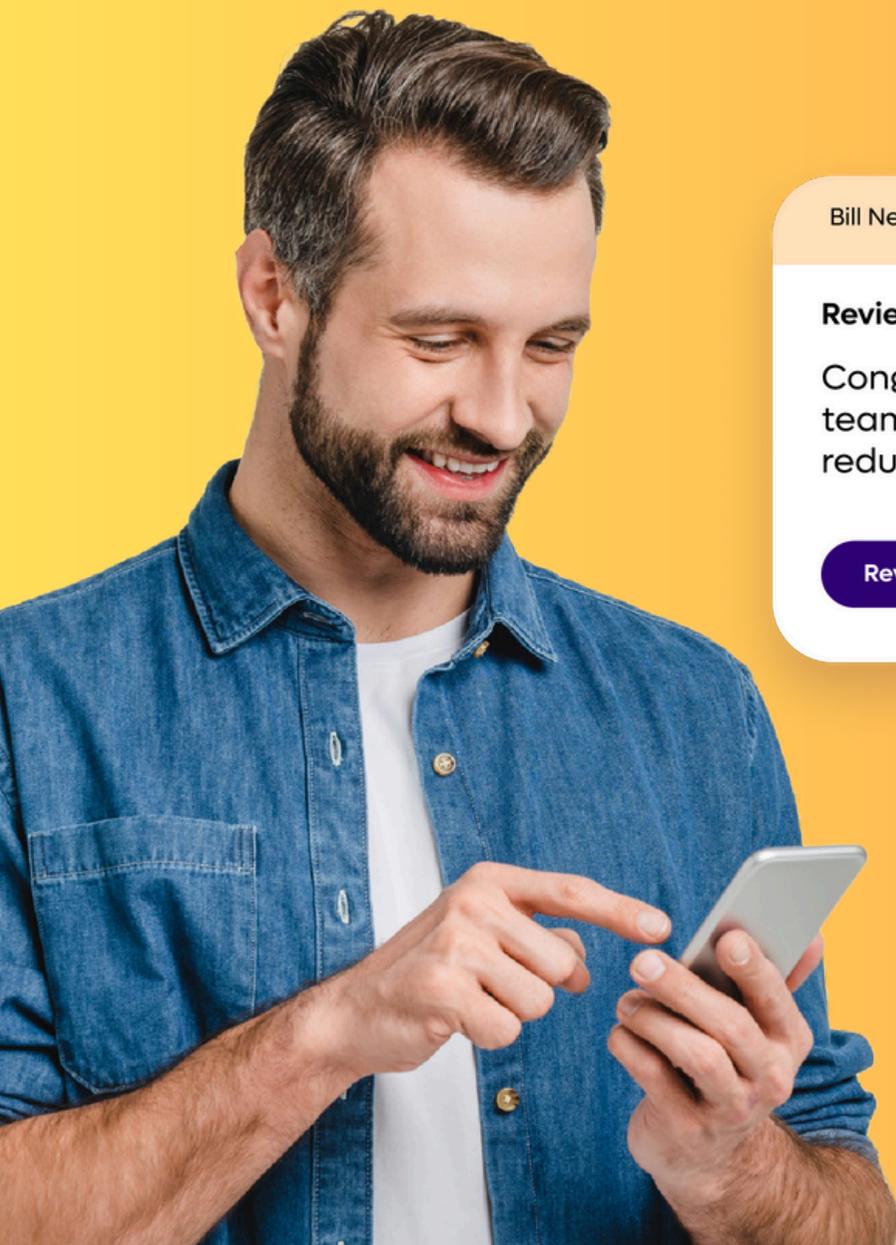
25%

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

No matter 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.



Bill Negotiation In Process

Review negotiated discount

Congratulations! Our team was able to reduce your bill!

[Review](#)

9:41

Highland Hospital Bill

Highland Hospital / Feb 25, 2024

Bill Details	\$6,845
Updated two weeks ago	
<input checked="" type="checkbox"/> Done	<input type="checkbox"/> Revisit

Hospital Discount	-\$5,653
Updated 1 minute ago	
<input checked="" type="checkbox"/> In Process	<input type="checkbox"/> Continue

Negotiated Discount	
Pending	
<input type="checkbox"/> Not Started	<input type="checkbox"/> Start

New Total	\$1,192
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