



North American Health Plans

REINVENTING HEALTH CARE CHOICES.



The background features a light blue gradient with several dark blue geometric shapes, including a large arrow pointing right that frames the text. A large, faint '@' symbol is visible in the lower right quadrant.

Daily Care Options

SelectMed

	SelectMed Base	SelectMed Pro	SelectMed Max
Evidence of insurability	Guaranteed Acceptance	Guaranteed Acceptance	Guaranteed Acceptance
PPO Network		First Health®	
Deductible	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
Individual	n/a	n/a	\$2,000
Family	n/a	n/a	\$4,000
Out-of-Pocket Maximum	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
Individual	n/a	\$7,900	\$7,900
Family	n/a	\$15,800	\$15,800
SelectMed Medical Services	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
MedCall Now	Included (No Copay)	Included (No Copay)	Included (No Copay)
Preventative & Wellness*	100% Covered in Network-No copay and No deductibles		
Primary Care Visit to Treat Injury or Illness	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year ¹	\$25.00 Copay per visit
Specialist Visit		\$25.00 Copay Max 5 Visits Per Calendar Year ¹	\$50.00 Copay per visit
Outpatient Diagnostic Test (X-Ray, Blood Work)		\$25.00 Copay Max 5 Tests Per Calendar Year	\$50.00 Copay per test
Prescription Benefit	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs
		20% Copay-Generic Only 12 Prescriptions Maximum 30 day supply Maximum	Brand/Generic, \$10 Formulary Generic / \$50 Formulary Brand; Mail \$30 Formulary Generic / \$150 Formulary Brand, \$750 Per Member / \$1,500 Per Family Annual Maximum ²
Urgent Care	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year ¹	\$50.00 Copay per visit
Outpatient CT/MRI /Pet Scans			50% Coinsurance per test ³ Subject to deductible
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services		Not Covered	\$50.00 Copay per visit
Rehabilitation Services & Habilitation Services			\$50.00 Copay per visit Combined limit for all therapies of 20 visits per plan year
Monthly Rates			
Individual	\$75.75	\$102.25	\$194.80
Individual + Spouse	\$130.10	\$168.17	\$328.65
Individual + Child	\$120.40	\$161.55	\$337.02
Family	\$173.75	\$221.25	\$491.98

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

Insurance coverage is provided through Providence Insurance Company, LLC.

¹Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.

²The prescription provided by DataRx is not available in AZ, CA, CO, CT, KS, ME, MD, MI, MN, MT, NJ, NM, NY, NC, PA, RI, UT, VA, VT, WA, WV. In the states noted, \$20 co-pay generic only, 30 day supply max.

³Pre-authorization required.

For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc.

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Preventative and Wellness Services - Covered Benefits				
Abdominal aortic aneurysm screening	Depression screening	Lung cancer screening		
Alcohol misuse screening and counseling	Diabetes screening	Obesity screening and counseling		
Aspirin: preventative medication	Falls prevention: exercise or physical therapy	Osteoporosis screening		
Bacteriuria screening	Falls prevention: vitamin D supplementation	Phenylketonuria screening		
Blood pressure screening	Folic acid supplementation	Preeclampsia screening		
BRCA risk assessment and genetic counseling/testing	Gestational diabetes mellitus screening	Rh incompatibility screening: first pregnancy visit		
Breast cancer prevention medications	Gonorrhea prophylactic medication	Rh incompatibility screening: 24-28 weeks' gestation		
Breast cancer screening	Gonorrhea screening	Sexually transmitted infections counseling		
Breastfeeding interventions	Healthy diet and physical activity counseling to prevent cardiovascular disease	Skin cancer behavioral counseling		
Cervical cancer screening: with cytology (Pap smear)	Hemoglobinopathies screening	Statin preventive medication		
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	Hepatitis B screening	Tobacco use counseling and interventions		
Chlamydia screening	Hepatitis C virus (HCV) infection screening	Tuberculosis screening		
Colorectal cancer screening	HIV screening	Syphilis screening		
Contraceptive methods and counseling	Hypothyroidism screening	Vision screening		
Dental cavities prevention: infants and children up to age 5 years	Intimate partner violence screening	Well-woman visits		
*See Schedule of Benefits for Limitations, Intervals and Requirements.				
Vaccines				
HepB-1	Hib-2	PCV-3	LAIV (intranasal)	HPV-1
HepB-2	Hib-3	PCV-4	MCV4-1	HPV-2
HepB-3	Hib-4	MMR-1	MCV4-2	HPV-3
DTaP-1	IPV-1	MMR-2	MPSV4-1	Rotavirus-1
DTaP-2	IPV-2	Varicella-1	MPSV4-2	Rotavirus-1
DTaP-3	IPV-3	Varicella-2	Td	Rotavirus-2
DTaP-4	IPV-4	HepA-1	Tdap	Rotavirus-3
DTaP-5	PCV-1	HepA-2	PPSV-1	Herpes Zoster
Hib-1	PCV-2	Influenza, inactivated	PPSV-2	

*Above benefits are subject to: **Limitations, Intervals and Requirements. See plan Summary of Benefits.**

*For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

