



Healthy PPO

Our Healthy PPO program provides you and your family with a unique, cost-effective total healthcare solution.

This program includes 100% coverage for preventive services as outlined by the Affordable Care Act (ACA). Includes doctor office visit copays, pharmacy, lab, imaging, mental health, unlimited telemedicine, health benefits app, plus worldwide emergency, surgery and hospitalization Health Share.



First Health PPO Network

Large national provider network by First Health (wholly owned by Aetna)



Enroll Anytime

Sign up by the 20th to begin the 1st of the following month



No Long Term Contracts

No long term commitments. Withdraw anytime!



Care Coordination

Our care navigation team can help navigate the complexities of the healthcare system



ACA Compliant

Meets Part A of the Affordable Care Act (ACA)



Health Benefits App & Online Portal

Benefits, ID cards, Rx, telehealth, claims, and more are easily accessed in our app or online health portal

PPO Provider Network

Provider network by First Health PPO Network (wholly owned by Aetna).
To locate a provider visit <https://www.FirstHealthbp.com/>



*If you don't see your provider, call your provider's office to confirm as they may still be in-network.

Medical Benefits	
Preventive / Wellness	Covered at 100%
Primary Doctor & Pediatric-Sick Visits	\$25 copay - unlimited visits
Specialist Doctor	\$35 copay in-network - 5 visits per year
Urgent Care	\$50 copay in-network - 3 visits per year
Virtual Urgent Care, 24/7/365 with Licensed, Board- Certified Physicians	\$0 copay - unlimited
Diagnostic Labs	\$50 copay (must be performed in outpatient facility and not a hospital or emergency room)
Emergency Room	\$250 copay - 1 visit per year
Maternity Pre/Post Natal Consultation	\$25 copay - 3 visits per year
Mental Health, Substance Abuse Consultation	\$25 copay - 3 visits per year
Virtual Counseling - Consult with a Master-level Therapist/Counselor	\$0 copay. Number of counseling sessions will be clinically appropriate based on the issue.
Breast Cancer Mammography Screening	Plan pays 100%. Screenings every 1-2 years for women over 40 years old.
Cervical Cancer Screening	Plan pays 100%. Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test.
Colorectal Cancer Screening	Plan pays 100% starting at age 50
Immunizations Per ACA Guidelines	Plan pays 100%

Once copay limits have been reached, additional costs may qualify for Health Share after UA has been met.
Pre-existing condition limitations may apply. See page 3 for details.

Rx Benefits

Program provides over 1,000 routinely prescribed ACUTE and CHRONIC drugs at no cost. Plus, access to thousands of other medications at the fraction of retail cost.

Over 70,000 in-network retail pharmacies and mail-order available.

Access to thousands of drugs that are not on the formulary starting at just \$14.95 per fill.

Men's Health: Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per year.

Access to our Diabetic Supply, International Pharmacy, and Prescription Assistance Program.

Once pharmacy limits have been reached, additional costs may qualify for Health Share after UA has been met.
Pre-existing condition limitations may apply. See page 3 for details.

*Formulary available upon request.

**Provider network by First Health Group Corporation, a wholly owned subsidiary of Aetna Inc., a CVS Health Company.

Emergency, Surgery, Hospitalization, and Other Medical Expenses¹

Overview

Health Share covers your emergency, surgery, hospitalization, and other medical expenses.

- No annual caps or lifetime limits
- One-of-a-kind maternity program
- “Know before you go” pricing
- Holistic and alternative care options
- Quick bill processing
- Advocacy support

¹Pre-Existing Condition Benefit Limitations

For more information, refer to the "Pre-Exisitng Medical Conditions" section.

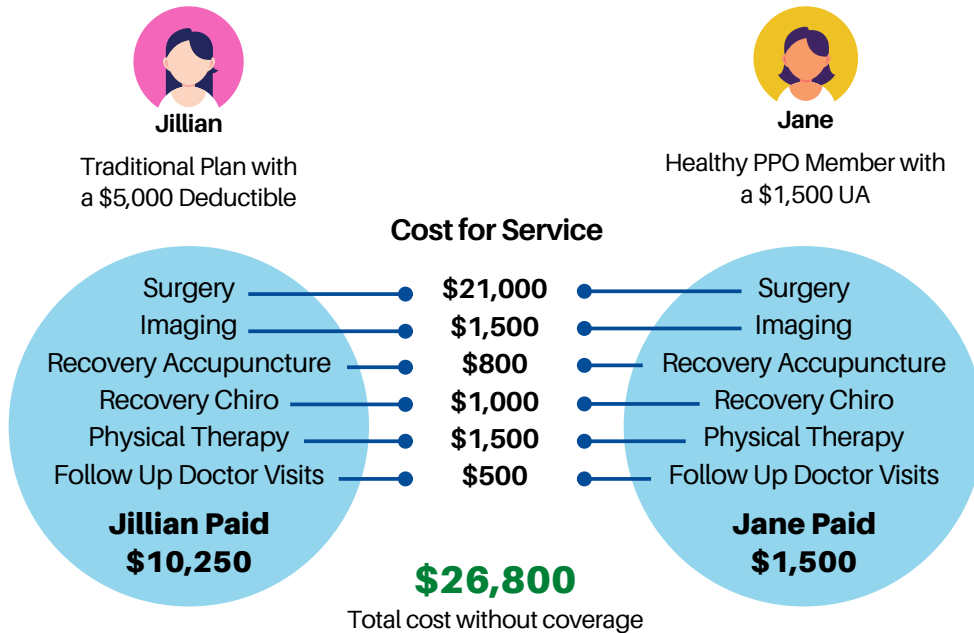
What is a UA?

Similar to a deductible, the Unshared Amount, or UA, is the amount a member will pay per incident before ShareWELL shares in medical expenses. The lower your UA, the higher your monthly contribution will be.

Members will pay two UAs per family in a rolling 12-month period. After the UA is met, additional eligible medical expenses are provided for. If you chose an UA of \$1,500 and are hospitalized with a heart attack, you pay the UA. That's it!

Comparison Scenario

Jane and Jillian both needed shoulder surgery. Their financial experiences were vastly different.



How does Health Share work?

- 1 Submit a sharing request: Unless it is an emergency, contact your Care Navigator prior to any medical appointment. Our Medical Advocacy team can help navigate your healthcare experience.
- 2 At your appointment, please present as a self-pay patient.
- 3 When your Sharing Request is determined eligible, we will work with you to coordinate provider payments. As you receive bills from your provider, request itemized statements and send them through your member portal.

Healthy PPO Member Pricing

Unshareable Amount per Medical Event x2 per rolling 12-month period	\$1500 UA		\$3000 UA		\$6000 UA	
	Under 50	Over 50	Under 50	Over 50	Under 50	Over 50
Member Only	\$556.00	\$607.00	\$496.00	\$545.00	\$460.00	\$512.00
Member + Spouse	\$877.00	\$930.00	\$748.00	\$812.00	\$714.00	\$766.00
Member + Child(ren)	\$882.00	\$915.00	\$746.00	\$808.00	\$718.00	\$773.00
Member + Family	\$1273.00	\$1343.00	\$1110.00	\$1196.00	\$1016.00	\$1099.00

Prices are current as of 09/2024 and are subject to change

**Surcharge added for tobacco use

Join SimpleNext today!

Email: troy@simplenext.com

Cell: (503) 213-0431

Web: www.simplenext.com

*Meets Part A of the Affordable Care Act (ACA) Preventative Services Requirements
Plan not available in WA or VT*



This section refers to pre-existing medical condition limitations for ShareWELL as listed on Page 3 (Emergency, Surgery, Hospitalization, and other Medical Expenses). Limitations are applied based on the first date of active membership. This section defines pre-existing medical conditions and outlines related sharing limitations.

Definition of Pre-Existing Medical Condition

Any illness or injury for which a person has had any of the following occur:

- Been examined
- Taken medication
- Had symptoms
- Received medical treatment

Within 24 months prior to the effective date of the membership is considered a pre-existing condition.

Pre-existing For Cancer

Any testing, preventive treatments, prophylactics, or medications that were taken by the member 36 months prior to the start date of a previously diagnosed cancer will result in a recurrence of that type of cancer being considered a pre-existing condition.

Exceptions That Are Not Considered Pre-existing

High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered preexisting conditions as long as the member has not been hospitalized for the condition in the 12 months before enrollment.

Pre-Existing Condition Phase-in Period

- Pre-existing conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible. After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.
- Eligible amounts for pre-existing conditions:
 - Year One: \$0 (waiting period)
 - Year Two: \$30,000 maximum per need
 - Year Three: \$60,000 maximum per need
 - Year Four: \$150,000 maximum per need
 - Year Five: The sharing maximum is removed for all pre-existing conditions.

Maternity

There is a 30-day waiting period from membership start date for maternity expenses.