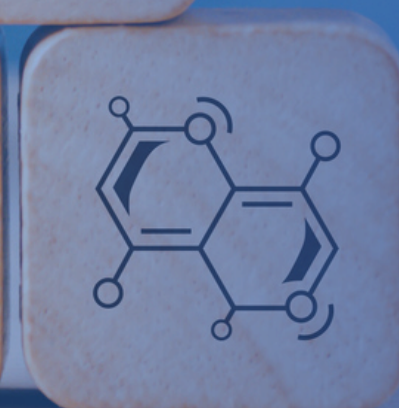


HEALTHY PPO



**ASCEND
HEALTH**

**HEALTHCARE
A BETTER WAY
FOR HEALTHY
INDIVIDUALS**



www.ascend-healthplans.com



Healthy PPO

As entrepreneurs, self-employed individuals, and business owners you often have to compromise quality to have access to affordable healthcare for you and your family.

Ascend Health offers affordable high quality total healthcare plans that bundle modern medicine with innovative benefits.

Our newest healthcare plan, the Healthy PPO, includes access to a national PPO network with 100% coverage for preventive services as outlined by (ACA), doctor office visit copays, pharmacy, lab, imaging, mental health, unlimited telemedicine, an easy to use health benefits app, and worldwide emergency, surgery and hospitalization Health Share.



First Health Aetna PPO Network

Large national provider network by First Health Aetna PPO Network



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 Aetna PPO Network. To locate a provider visit [https:// providerlocator.firsthealth.com/LocateProvider/SelectNetworkType](https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType) and select "First Health" as the 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 (UA is applied after copay limit is used)
Urgent Care	\$50 copay in-network - 3 visits per year (UA is applied after copay limit is used)
Virtual Urgent Care, 24/7/365 with Licensed, Board- Certified Physicians	\$0 copay - unlimited
Diagnostic Labs	\$50 copay (performed in outpatient facility and not a hospital or emergency room)
Emergency Room	\$250 copay - 1 visit per year (UA is applied after copay limit is used)
Maternity Pre/Post Natal Consultation	\$25 copay - 3 visits per year (UA is applied after copay limit is used)
Mental Health, Substance Abuse Consultation	\$25 copay - 3 visits per year (UA is applied after copay limit is used)
Virtual Counseling - Consult with a Master-level Therapist/Counselor	\$0 copay (Number of counseling sessions determined per what is 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:

The plan 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 Expenses*

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

*Pre-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 the ShareWELL shares in medical expenses. The lower your UA, the higher your monthly contribution will be.

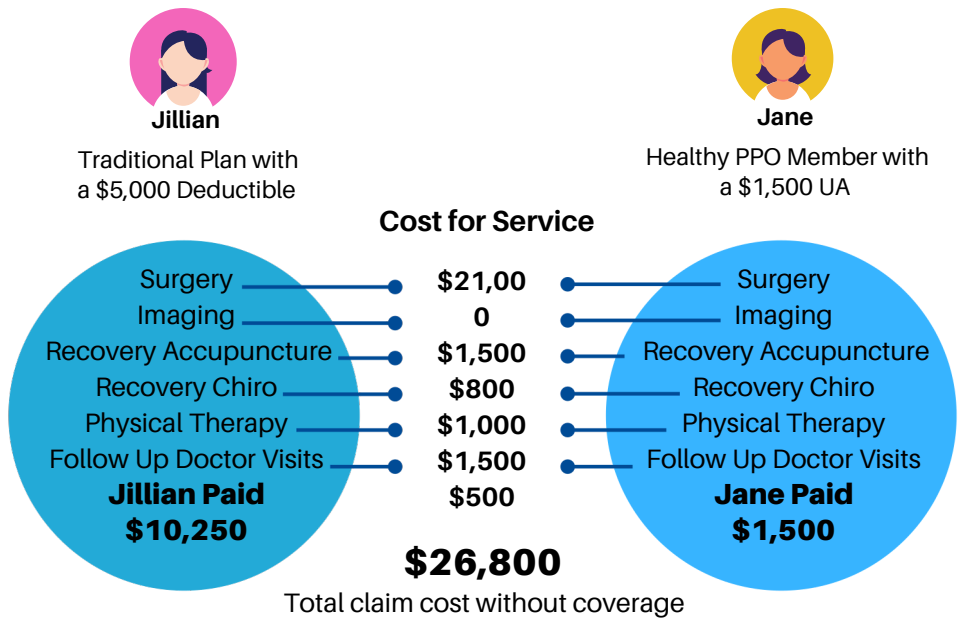
After the UA is met, additional eligible medical expenses are provided for. If you chose an UA of \$1,500 and are hospitalized with a heart attack, you pay the UA. That’s it!

Members do not pay for the same Sharing Request within 12 months of the last treatment date.

Additionally, members will not be responsible for more than two UAs in a rolling 12-month period.

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 to the provider 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.

Pre-existing Medical Conditions for Health Share

Powered by ShareWELL Health Share

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.



Healthy PPO Monthly Rates

A member is only required to pay the Unsharable Amount (UA) for up to 2 separate share requests per 12-month period for themselves and their dependents collectively	\$1,500 UA		\$3,000 UA		\$6,000 UA	
	Under 50	Over 50	Under 50	Over 50	Under 50	Over 50
Member Only	\$571.00	\$613.00	\$517.00	\$561.00	\$457.00	\$516.00
Member + Spouse	\$931.00	\$1,008.00	\$811.00	\$858.00	\$734.00	\$796.00
Member + Child(ren)	\$931.00	\$1,008.00	\$811.00	\$858.00	\$734.00	\$796.00
Member + Family	\$1,347.00	\$1,424.00	\$1,175.00	\$1,246.00	\$1,035.00	\$1,165.00

**Surcharge added for tobacco use

CONTACT US

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🌐 www.ascend-healthplans.com



This plan meets Part A of the Affordable Care Act (ACA) Preventative Services Requirements Plan and can be used with an employer sponsored ICHRA or to satisfy the individual insurance requirement of the following district or states: CA, DC, MA, NJ, RI. This plan is not available in WA or VT.

10/17/2024