

# FirstPlan<sup>SM</sup> | Conversion Coverage for Individuals

This benefit schedule is an outline of benefits you'll receive from FirstPlan. Coverages are for care Provided by, or arranged and authorized through, a First Plan physician. **This schedule is only a summary of our contract. Only the actual policy provisions as found in the member's Health Care Certificate apply.**

BENEFIT	COVERAGE
<b>PRIMARY CARE PHYSICIAN</b> <ul style="list-style-type: none"> <li>• Service provided at your Primary Care Office (PCO) (Clinic, lab, x-ray and other tests provided at your PCO)</li> </ul>	\$10 Member Copayment
<b>PREVENTIVE MEDICINE SERVICES</b> <ul style="list-style-type: none"> <li>• Routine Physicals, Eye Exams, Vaccinations, Well Baby Care</li> </ul>	100% Coverage
<b>REFERRAL PHYSICIAN SERVICES</b> <ul style="list-style-type: none"> <li>• Care provided by a physician other than your PCO physician and authorized in advance by your PCO physician</li> </ul>	100% Coverage
<b>PRESCRIPTION DRUGS</b>	\$9.50 per prescription per month supply
<b>INPATIENT HOSPITAL</b>	80% Coverage
<b>OUTPATIENT HOSPITAL</b>	80% Coverage
<b>HOME HEALTH CARE</b>	80% Coverage
<b>AMBULANCE</b>	80% Coverage
<b>CHIROPRACTIC</b>	80% Coverage
<b>PHYSICAL THERAPY</b>	80% Coverage
<b>SUPPLEMENTAL BENEFITS</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment, Diabetic Supplies (Insulin covered under Prescription Drug Benefit)</li> </ul>	80% Coverage
<b>MENTAL HEALTH</b> <ul style="list-style-type: none"> <li>• Inpatient facility</li> <li>• Inpatient professional</li> <li>• Outpatient facility</li> <li>• Outpatient professional</li> </ul>	100% Coverage 80% Coverage 80% Coverage 100% Coverage
<b>CHEMICAL DEPENDENCY</b> <ul style="list-style-type: none"> <li>• Inpatient facility</li> <li>• Inpatient professional</li> <li>• Outpatient facility</li> <li>• Outpatient professional</li> </ul>	80% Coverage 100% Coverage 80% Coverage 100% Coverage
<b>EMERGENCY CARE IN-AREA</b>	80% Coverage
<b>EMERGENCY CARE OUT-OF-AREA</b>	80% Coverage
<b>OUT OF AREA EMERGENCY MAXIMUM</b>	\$250,000 per person, per calendar year
<b>MAXIMUM OUT-OF-POCKET EXPENSE</b>	\$1,500 per person, per calendar year