

**American Traveler Staffing Professionals
Preventive Benefit Plan**

**Effective December 1, 2021
Medical Schedule of Benefits
In-Network Benefits Only**

Important Notice: This Preventive Benefit Plan DOES NOT include coverage for services rendered by Non-PPO Network Providers. **This Plan is NOT a comprehensive major medical plan;** covered services are limited to benefits listed below.

Refer to the Plan Document and Summary Plan Description for details of Coverage.

Preventive Plan Benefits	First Health Limited Benefit PPO Network Providers (www.FirstHealthLBP.com)
Calendar Year Deductible	This Plan does not contain a Calendar Year deductible.
Out-of-Pocket Maximum	This Plan does not have an Out-of-Pocket Maximum. Participants will be responsible for all charges incurred after applicable PPO discounts and benefits payable by this Plan are applied.
Calendar Year Maximum Benefit	\$6,300 per Individual.
Lifetime Maximum Benefit	Unlimited.
Emergency Room Benefit	100% of eligible expenses following a \$500 Co-payment; Calendar Year maximum benefit of 1 (one) visit or \$2,000.
Inpatient Hospital Services	This Plan does not include coverage for Inpatient Hospital Services.
Outpatient Laboratory & X-Ray Benefit	100% of eligible expenses Laboratory / Pathology charges following a \$50 Co-payment and 100% of eligible expenses X-Ray/Imaging charges following a \$75 Co-payment; combined maximum benefit of \$600 per Calendar Year.
Outpatient Physician Office Visit Services	<p>Telemedicine Visit: 100% of eligible expenses following a \$10 Co-payment.</p> <p>Primary Care Physician Office Visit / Walk-in Clinic: 100% of eligible expenses following a \$25 Co-payment.*</p> <p>Specialist Office Visit: 100% of eligible expenses following a \$50 Co-payment.*</p> <p>*Combined Primary Care Physician Office Visit / Walk-in Clinic / Specialist Calendar Year maximum benefit of 4 (four) visits or \$600.</p> <p>Urgent Care Provider: 100% of eligible expenses following a \$75 Co-payment; Calendar Year maximum benefit payment of 2 (two) visits or \$600.</p> <p>The above Co-payment(s) include laboratory services performed in the Physician's office during the office visit. Co-payments DO NOT include x-ray/imaging or surgical procedures performed during the office visit. Refer to Outpatient Laboratory & X-Ray Benefit or Outpatient Surgical Procedures to determine if additional Co-payment(s) may apply.</p>
Outpatient Surgical Procedures	This Plan will pay 70% of eligible expenses for surgical procedures performed in a Physician's office. Calendar Year maximum benefit of 1 (one) visit or \$2,000.
Prescription Drug Benefit	<p>Generic Drugs: \$10 Co-payment</p> <p>Formulary Brand: \$30 Co-payment</p> <p>Non-Formulary Brand: \$60 Co-payment</p> <p>Calendar Year maximum prescription benefit of \$500.</p>
Preventive Care Services	This Plan will pay 100% of all ACA required Preventive Services. A complete list of covered ACA mandated routine services for women / adults is available at: https://www.healthcare.gov/coverage/preventive-care-benefits/

Questions regarding Coverage / Benefits should be directed to:

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