



ASCEND
HEALTH

HEALTHY PPO




SOS
Saving Options & Solutions

www.ascend-healthplans.com

Bridging Your Healthcare Gap...

from early retirement to Medicare we've got you covered.

The Healthy PPO Option

As the "younger spouse" of someone who is 65 or older going on to Medicare, we understand that one of the biggest concerns is to find quality, affordable healthcare for you prior to your Medicare eligibility at age 65.

SOS is proud to offer additional healthcare plan options through our partnership with Ascend Health Plans, giving you access to high-quality, cost-effective coverage designed with your needs in mind.

Ascend Health provides affordable, comprehensive healthcare plans that integrate modern medical care with innovative benefits. The newest offering, the Healthy PPO, features access to a national PPO network and includes 100% coverage for preventive services as outlined by the ACA, along with doctor visit copays, prescription coverage, lab work, imaging, mental health services, unlimited telemedicine, a user-friendly health benefits app, and worldwide emergency, surgical, and hospitalization protection through a Health Share component.



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> 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 <i>(Number of counseling sessions determined per what is clinically appropriate based on the issue)</i>
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-Existing 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.

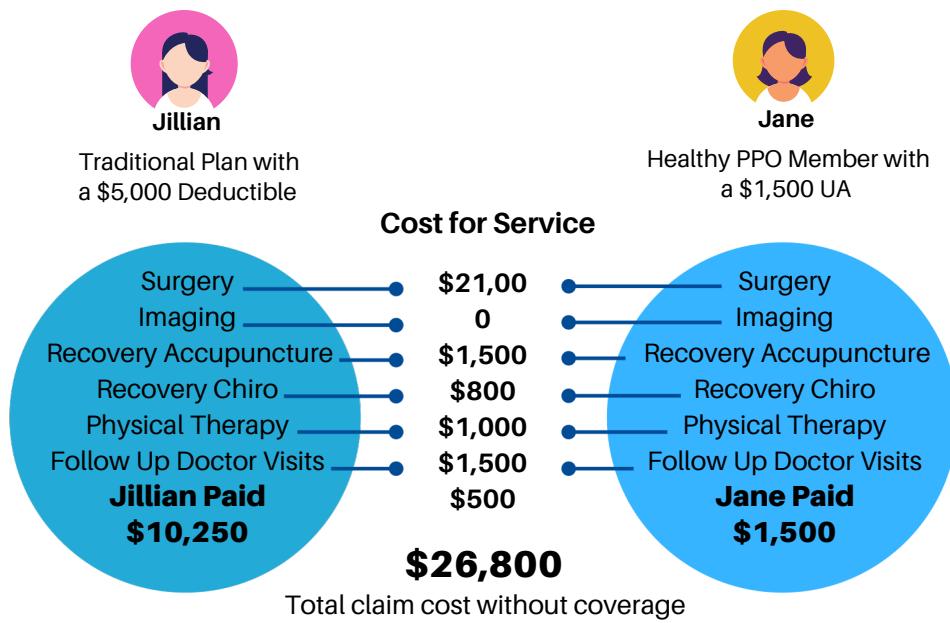
After the UA is met, additional eligible medical expenses are provided for. If you chose an UA of \$1,500 and are hospitalized with a heart attack, you pay the UA. That's it!

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.

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 Unshareable 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

- ✉ info@ascend-healthplans.com
- 📞 602.722.4196
- 🌐 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.





HealthWallet

CHANGING THE WAY BENEFITS ARE DELIVERED

All of your concierge medical services consolidated into one complete mobile health care experience.



Benefits

Your HealthWallet profile will give you useful information for all of the benefits you are enrolled in



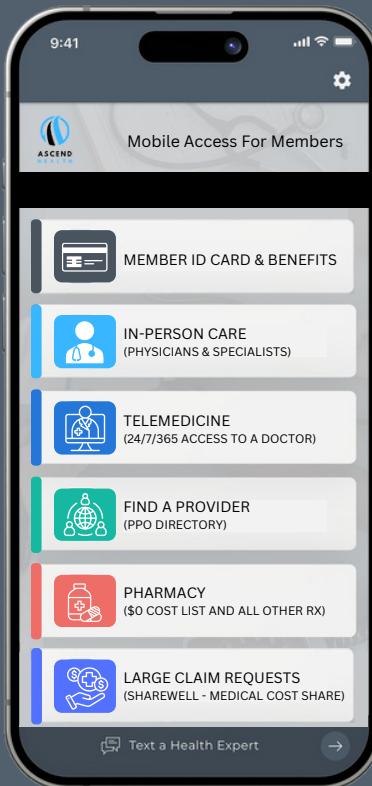
Provider Search

Easily locate and evaluate health Benefits professionals with our comprehensive feature .



Virtual Care

Access to board-certified physicians to diagnose and prescribe sickness and illnesses right from your phone



Discounted Services

Nationwide access to pre-negotiated discounts for in-person healthcare services

How to login to HealthWallet

- 1 Type in get.thehealthwallet.com in your browser on your phone
- 2 Download the app that the above web address brings you to
- 3 Open "The HealthWallet App"
- 4 To Login, Choose your login option instructed by your benefit plan.
- 5 Access your HealthWallet Services & Features



Your medical card data, beautifully organized from now on

