



Schedule of Benefits & Plan Design 18MP

Medical Services Deductible Information

Deductible	Participating Providers (In Network)	Non-Participating Providers (Out of Network)
Individual	\$1,000	Not Covered
Family	\$2,000	Not Covered

Out of Pocket Information

Out of Pocket Maximum	Participating Providers (In Network)	Non-Participating Providers (Out of Network)
Individual	\$7,150	Not Covered
Family	\$14,300	Not Covered

Schedule of Benefits

The following table represents the type of medical services currently covered under the **WellPLUS 18MP™ Plan** as well as the permitted interval and any requirements of such medical services. This plan does not utilize a network for any facilities. All services performed in a medical facility (for example, a hospital as opposed to a primary care physician's office) will be subject to reference based pricing reimbursements based on the Medicare reimbursement rate.

Plan Provisions	Member Pays		Limitations & Exceptions
	Participating Provider (In Network)	Non-Participating Provider (Out of Network)	
Primary Care Office Visit	\$15 Copay after deductible	Not Covered	Not covered if services are provided at a hospital.
Specialist Office Visit	\$25 Copay after deductible	Not Covered	Not covered if services are provided at a hospital.
Preventive and Wellness Services	\$0 Copay	Not Covered	Not subject to the deductible. Plan pays 100% of covered preventive and wellness services. See Schedule of Preventive Health Services: Limitations, Intervals, and Requirements section. Not covered if services are provided at a hospital.

WELLPLUSTM

Laboratory Services	\$50 Copay per panel tested after deductible		This plan does not utilize a network for any facilities. All services performed in a medical facility (for example, a hospital as opposed to a primary care physician's office) will be subject to reference based pricing reimbursements based on the Medicare reimbursement rate. Not covered if services are provided at a hospital.
Radiology	\$50 Copay per image billed after deductible		
CT/MRI/MRA/PET Scans	\$400 Copay per image billed after deductible		
Emergency Room Services	\$400 Copay plus 25% Member Coinsurance after deductible		Emergency room stay over 24 hours will be considered inpatient hospitalization. This plan does not utilize a network for any facilities. All services performed in a medical facility (for example, a hospital as opposed to a primary care physician's office) will be subject to reference based pricing reimbursements based on the Medicare reimbursement rate.
Urgent Care	\$100 Copay after deductible	Not Covered	
Inpatient Room & Board (including Mental and Behavioral Health and Substance Abuse)	\$500 Copay per Admission and 60% Coinsurance	Not Covered	This plan does not utilize a network for any facilities. All services performed in a medical facility (for example, a hospital as opposed to a primary care physician's office) will be subject to reference based pricing reimbursements based on the Medicare reimbursement rate. Combined limited to 5 days per plan year for all inpatient services. Neonatal intensive care (NICU) not covered. Coverage limited to facility fees.
Mental and Behavioral Health and Substance Abuse Outpatient Office Visit	\$25 Copay after deductible	Not Covered	Not covered if services are provided at a hospital.



Generic Drugs	\$15 Copay/prescription (retail) \$45 Copay/prescription (mail)	Not Covered	Not subject to deductible. Covers up to a 30-day supply (retail); 31-90 days supply (mail order prescription). Subject to formulary.
Preferred Brand Drugs	\$25 Copay/prescription (retail) \$75 Copay/prescription (mail)	Not Covered	
Non-Preferred Brand Drugs	\$75 Copay/prescription (retail) \$225 Copay/prescription (mail)	Not Covered	
Specialty Drugs	Not Covered	Not Covered	Biotech is considered a specialty high-cost drug.

Preventive Health Services: Limitations, Intervals, and Requirements

Preventive Health Services		
Benefit	Interval	Requirements
Abdominal aortic aneurysm screening	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked
Adult Annual Physical	1 per plan year	Standard Preventive Adult Physical.
Alcohol misuse: screening and counseling	1	Screenings for adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse

Preventive Health Services		
Benefit	Interval	Requirements
Aspirin: preventive medication	As prescribed	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years
		Use of low-dose aspirin (81 mg/d) after 12 weeks of gestation in pregnant women who are at high risk for preeclampsia
Bacteriuria screening	1	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening	1	Screening for high blood pressure in adults aged 18 or older
BRCA risk assessment and genetic counseling/testing	1	Screening to women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (<i>BRCA1</i> or <i>BRCA2</i>). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medications	1	Risk-reducing medications, such as tamoxifen or raloxifene for women who are at increased risk for breast cancer and at low risk for adverse medication effects.
Breast cancer screening	1 time every 2 years	Screening mammography for women aged 50 to 74 years. Coverage limited to 2D mammograms only.
Breastfeeding interventions	2	Interventions during pregnancy and after birth to support breastfeeding
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women age 21 to 65 years
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women age 30 to 65 years who want to lengthen the screening interval



Preventive Health Services		
Benefit	Interval	Requirements
Chlamydia screening	1	Sexually active women age 24 and younger and in older women who are at increased risk infection
Colorectal cancer screening	1 time every 5 years	Starting in adults at age 50 years and continuing until age 75 years
Contraceptive methods and counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs
Dental caries prevention: infants and children up to age 5 years	1	Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption and prescription of oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient
Depression screening	1	Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
		Screening for depression in the general adult population, including pregnant and postpartum women . Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	1	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Falls prevention: exercise or physical therapy	1	Community-dwelling adults age 65 years and older who are at increased risk for falls
Falls prevention: vitamin D supplementation	As prescribed	Community-dwelling adults age 65 years and older who are at increased risk for falls
Folic acid supplementation	As purchased	Daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy



Preventive Health Services		
Benefit	Interval	Requirements
Gestational diabetes mellitus screening	1	Asymptomatic pregnant women after 24 weeks of gestation
Gonorrhea prophylactic medication	1	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum
Gonorrhea screening	1	Sexually active women age 24 years and younger and in older women who are at increased risk for infection
Healthy diet and physical activity counseling to prevent cardiovascular disease	1	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies screening	1	Screening for sickle cell disease in newborns
Hepatitis B screening	1	Adolescents and adults at high risk for infection
		Pregnant women at their first prenatal visit
Hepatitis C virus (HCV) infection screening	1	Adolescents and adults at high risk for infection
		Adults born between 1945 and 1965
HIV screening	1	Adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
		Pregnant women including those who present in labor who are untested and whose HIV status is unknown
Hypothyroidism screening	1	Screening for congenital hypothyroidism in newborns
Intimate partner violence screening	1	Women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.



Preventive Health Services		
Benefit	Interval	Requirements
Lung cancer screening	1	With low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and counseling	1	To children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
		Screening all adults . Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions
Osteoporosis screening	1	In Women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors
Phenylketonuria screening	1	Screening for phenylketonuria in newborns
Preeclampsia screening	1	Pregnant women with blood pressure measurements throughout pregnancy
Rh incompatibility screening: first pregnancy visit	1	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care
Rh incompatibility screening: 24–28 weeks' gestation	1	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
Sexually transmitted infections counseling	1	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections
Skin cancer behavioral counseling	1	Counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer



Preventive Health Services		
Benefit	Interval	Requirements
Statin preventive medication	As prescribed	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Tobacco use counseling and interventions	2	Ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco
		Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco
		Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents
Tuberculosis screening	1	Adults at increased risk
Syphilis screening	1	In persons who are at increased risk for infection
		All pregnant women
Vision screening	1 time every 2 years	All children aged 3 to 5 years to detect amblyopia or its risk factors
Well-woman visits	1	Adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.



Immunizations	
Vaccine	Requirements
HepB-1	Newborn
HepB-2	Aged 4 weeks – 2 months
HepB-3	Aged 24 weeks – 18 months
DTaP-1	Aged 6 weeks – 2 months
DTaP-2	Aged 10 weeks – 4 months
DTaP-3	Aged 14 weeks – 6 months
DTaP-4	Aged 12-18 months
DTaP-5	Aged 4-6
Hib-1	Aged 6 weeks – 2 months
Hib-2	Aged 10 weeks – 4 months
Hib-3	Aged 14 weeks – 6 months
Hib-4	Aged 12-15 months
IPV-1	Aged 6 weeks – 2 months
IPV-2	Aged 10 weeks – 4 months
IPV-3	Aged 14 weeks – 18 months
IPV-4	Aged 4-6
PCV-1	Aged 6 weeks – 2 months
PCV-2	Aged 10 weeks – 4 months
PCV-3	Aged 14 weeks – 6 months
PCV-4	Aged 12-15 months
MMR-1	Aged 12-15 months
MMR-2	Aged 13 months – 6
Vericella-1	Aged 12-15 months
Vericella-2	Aged 15 months – 6
HepA-1	Aged 12-23 months
HepA-2	Aged 18 months or older
Influenza, inactivated (flu shot)	Aged 6 months or older
LAIV (intranasal)	Aged 2-49
MCV4-1	Aged 2-12
MCV4-2	Aged 11 years, 8 weeks – 16
MPSV4-1	Aged 2 or older
MPSV4-2	Aged 7 or older



Immunizations	
Vaccine	Requirements
Td	Aged 7-12
Tdap	Aged 7 or older
PPSV-1	Aged 2 or older
PPSV-2	Aged 7 or older
HPV-1	Aged 9-12
HPV-2	Aged 9 years, 4 weeks – 12 years, 2 months
HPV-3	Aged 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	Aged 6 weeks – 2 months
Rotavirus-2	Aged 10 weeks – 4 months
Rotavirus-3	Aged 14 weeks – 6 months
Herpes Zoster	Aged 60 years or older

Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - a. Sports,
 - b. Camp,
 - c. Employment,
 - d. Travel,
 - e. Insurance,
 - f. Marriage,
 - g. Legal proceedings

2. Routine foot care for treatment of the following:
 - a. Flat feet,
 - b. Corns,
 - c. Bunions,
 - d. Calluses,
 - e. Toenails,
 - f. Fallen arches,
 - g. Weak feet,
 - h. Chronic foot strain

3. Rehabilitative therapies



4. Dental procedures
5. Any other medical service, treatment, or procedure not covered under this Plan
6. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Appendix A or otherwise explicitly provided in this *Plan Document*, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service
7. Claims unrelated to treatment of medical care or treatment
8. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition
9. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits to the Plan Document
10. Any claim related to an injury arising out of or in the course of any employment for wage or profit
11. Claims which would otherwise be covered by a Worker's Compensation policy for which a participant is entitled to benefit
12. Any claim arising from service received outside of the United States, except for the reasonable cost of claims billed by the Veterans Administration or Department of Defense for benefits covered under this Plan and not incurred during or from service in the Armed Forces of the United States
13. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed
14. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted
15. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant
16. Claims due to the use of illegal drugs
17. Claims due to an act of war, declared or undeclared, not including acts of terrorism
18. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy



19. Elective, voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus were carried to term
20. Travel, unless specifically provided in the schedule of benefits
21. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
22. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits
23. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
24. Services or supplies which are primarily educational
25. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression
26. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion
27. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change
28. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
29. Any claims for fertility or infertility treatment
30. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
31. Claims for or disability resulting from reversal of sterilization
32. Claims for telephone consultations, the completion of forms, or failure to keep scheduled appointments
33. Recreational or diversional therapy
34. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider



35. Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, rock climbing, rappelling, or hang gliding
36. Claims that arise primarily due to medical tourism
37. Podiatry
38. Supportive devices of the foot
39. Treatments for sexual dysfunction
40. Aquatic or massage therapy
41. Claims arising while legally intoxicated under the influence of illegal drugs, irrespective whether a criminal charge arose, unless the claim arose due to a drug addiction
42. Biofeedback training
43. Ambulance services
44. Skilled nursing facilities
45. Durable medical equipment and prosthetics
46. Home health care or hospice care
47. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury
48. Claims for temporomandibular joint syndrome
49. Claims for biotech or specialty prescriptions
50. Any claim which is not explicitly covered in the schedule of benefits
51. Genetic testing unless explicitly covered in the schedule of benefits
52. Outpatient hospital services unless explicitly covered in the schedule of benefits
53. Inpatient hospital services unless explicitly covered in the schedule of benefits
54. Organ transplants
55. Emergency Room visits in excess of twenty-four (24) hours



56. Claims for cosmetic surgery, not related to mastectomy reconstruction, to produce a symmetrical appearance or prosthesis or physical complications which result from such procedures
57. Chiropractic care
58. Radiation and chemotherapy
59. Dialysis
60. Acupuncture
61. Alternative medicine/homeopathy
62. Children dental and vision
63. Neonatal intensive care (NICU)