



Schedule of Benefits

Professional Services	In-Network benefits	Limitations
Deductible Individual Family	\$250 \$500	Plan only covers in network services.
Out of Pocket – Maximum for member accumulated deductible and copays Individual Family Out of Pocket – Maximum for services beyond the plan limits	\$9,200 \$18,400 Unlimited	Plan only covers in network services.
Preventive Care	\$0 Copay	See Preventive Care Guide
PCP Office Visit Specialist Office Visit (No Referral Needed) Urgent Care Office Visit	\$50 Copay (after deductible) \$50 Copay (after deductible) \$50 Copay (after deductible)	(10 visits per benefit period maximum is combined for PCP office visits, Specialist office visit, and Urgent Care office visits)
Surgery Performed in the Office	See Outpatient Surgery	
Chiropractic Care 12 visits per calendar year maximum	\$50 Copay (after deductible)	12 visits per calendar year maximum
Therapies: Physical, Speech, Occupational, Cardiac & Resp	\$50 Copay (after deductible)	16 visits per calendar year maximum combined
Labs	\$25 Copay (after deductible)	(3 per Benefit Plan Year)
X-rays	\$50 Copay (after deductible)	(3 per Benefit Plan Year)
Diagnostic Testing/Advanced Imaging (Pre-certification required)	\$200 Copay (after deductible)	(3 per Benefit Plan Year)



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<p>Emergency Services (Precertification is required within 48 hours of admission, if admitted)*</p> <p>Emergency Room - Accident</p> <p>Emergency Room - Sickness</p> <p>Emergency Medical Transportation</p>	<p>\$250 Copay (after deductible)</p> <p>\$250 Copay (after deductible)</p> <p>\$250 Copay (after deductible)</p>	<p>2 per year</p> <p>2 per year</p> <p>2 per year</p>
<p>Inpatient Hospital (Pre-certification required)</p> <p>Admission</p>	<p>\$1,000 Copay (after deductible)</p>	<p>10-day limit per hospitalization (2 hospitalizations per benefit year)</p>
<p>Surgery</p>	<p>\$1,000 Copay (after deductible)</p>	<p>2 per year (Elective surgery not covered)</p>
<p>Surgical Services</p>	<p>\$1,000 Copay (after deductible)</p>	<p>2 per year (Includes, anesthesia, and any other incurred service.)</p>
<p>Outpatient Surgery (Pre-certification required)</p> <p>Surgery in Office/Outpatient Facility</p>	<p>\$250 Copay (after deductible)</p>	<p>3 surgeries per benefit year; Elective Surgeries not covered</p>
<p>Outpatient Surgical Services</p>	<p>\$250 Copay (after deductible)</p>	<p>3 per year (Includes, anesthesia, and any other incurred service.)</p>
<p>Maternity Service -12 MONTH WAITING PERIOD (Pre-certification required)</p> <p>Routine Vaginal Delivery</p> <p>Routine C-section Delivery</p>	<p>\$250 Copay (after deductible)</p> <p>\$500 Copay (after deductible)</p>	<p>All Other Maternity Service 100% covered. (Other maternity services included: office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded: Genetic testing, unless medically necessary.)</p>



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Telemedicine	\$0 Copay	Unlimited Visits
Infusions / Injections (Pre-certification required)	\$100 Copay (after deductible)	10- visits per benefit year maximum is combined for infusion/injection drugs and Chemotherapy / Radiotherapy
Outpatient Chemotherapy (Pre-certification required)	\$100 Copay (after deductible)	
Outpatient Radiotherapy (Pre-certification required)	\$100 Copay (after deductible)	
Physical & Occupational Therapies	\$50 Copay (after deductible)	16 visits per benefit year maximum combined
Speech Therapy	\$50 Copay (after deductible)	
Cardiac Rehabilitation Therapy	\$50 Copay (after deductible)	
Home Health Care	\$50 Copay (after deductible)	10-day limit per benefit year
Inpatient Skilled Nursing Facility	\$50 Copay (after deductible)	10-day visit limit per benefit year
Durable Medical Equipment (DME)	\$50 Copay (after deductible)	Copayment is applied per item received; 5 items per benefit year
Allergy Shots	\$25 Copay (after deductible)	24 visits per benefit year
Allergy Visits/Testing	\$50 Copay (after deductible)	2 Visits per benefit year
Outpatient Mental Health Services	\$50 Copay (after deductible)	15 days per benefit year maximum
Inpatient Mental Health Services	\$250 Copay (after deductible)	Facility and professional fees included in the inpatient hospitalization limit;
Prescription Coverage		There is no coverage for Brand and Specialty. Subject to Formulary.
Preventive Generic	\$0 Copay	
Standard Generic	\$0 Copay (after deductible)	

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Notes:

- 1.Failure to obtain authorization will result in penalties. The penalty may be a 50% reduction of allowed charges or denial of claim.
2. Elective Surgery will not be covered.
- 3.If you're facing a true emergency, such as severe injury or life-threatening symptoms, you may go to the closest emergency room with no out of network penalty or denial.
- 4.In the case authorization is required for an emergency admission, there is a 48-hour grace period or next business day.

Preventive Care Guide

Adult Wellness

Screenings /Counseling /Medications

- 1.Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked.
- 2.Alcohol misuse screening and counseling.
- 3.Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk.
- 4.Blood pressure screening.
- 5.Cholesterol screening for adults of certain ages or at higher risk.
- 6.Colorectal cancer screening for adults 45 to 75.
- 7.Depression screening.
- 8.Diabetes (Type 2) screening for adults 40 to 70 years who are overweight.
- 9.Diet counseling for adults at higher risk for chronic disease.
- 10.Fall prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting.
- 11.Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- 12.Hepatitis C screening for adults aged 18 to 79 years.



13. HIV screening for everyone age 15 to 65, and other ages at increased risk.
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use.
15. Lung cancer screening for adults 50 to 80 at high risk for lung cancer due to heavy smoking or have quit in the past 15 years.
16. Obesity screening and counseling.
17. Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
18. Statin preventive medication for adults 40 to 75 at high risk.
19. Syphilis screening for adults at higher risk.
20. Tobacco use screening for all adults and cessation interventions for tobacco users.
21. Tuberculosis screening for certain adults without symptoms at high risk.

Immunization/Vaccines

(Dosage, age, and recommended populations vary)

Chickenpox (Varicella)	Human Papillomavirus (HPV)	Pneumococcal
Diphtheria	Measles	Rubella
Flu (influenza)	Meningococcal	Shingles
Hepatitis A	Mumps	Tetanus
Hepatitis B	Whooping Cough (pertussis)	

Women's Wellness

Screening/Testing

Services for pregnant women or women who may become pregnant.

1. Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies for pregnant and nursing women.
2. Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity.
3. Folic acid supplements for women who may become pregnant.
4. Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes.
5. Gonorrhea screening for all women at higher risk.
6. Hepatitis B screening for pregnant women at their first prenatal visit.
7. Maternal depression screening for mothers at well-baby visits.
8. Preeclampsia prevention and screening for pregnant women with high blood pressure.
9. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
10. Syphilis screening.
11. Expanded tobacco intervention and counseling for pregnant tobacco users.
12. Urinary tract or other infection screening.
13. Screening for interpersonal and domestic violence.

Screenings /Testing

Other covered preventive services for women

1. Bone density screening for all women over age 65 or women aged 64 and younger that have gone through menopause.
2. Breast cancer genetic test counseling (BRCA) for women at higher risk



3. Breast cancer mammography screenings every 2 years for women 50 and over, and as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
4. Breast cancer chemoprevention counseling for women at higher risk
5. Cervical cancer screening.
6. Pap test (also called a Pap smear) for women 21 to 65.
7. Chlamydia infection screening for younger women and other women at higher risk.
8. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before.
9. Domestic and interpersonal violence screening and counseling for all women.
10. Gonorrhea screening for all women at higher risk.
11. HIV screening and counseling for everyone age 15 to 65, and other ages at increased risk.
12. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use.
13. Sexually transmitted infections counseling for sexually active women.
14. Tobacco use screening and interventions.
15. Urinary incontinence screening for women yearly
16. Well-woman visits to get recommended services for all women

Newborn/Child Care

Screenings/Assessments/Supplements

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Bilirubin concentration screening for newborns
5. Blood pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
6. Blood screening for newborns
7. Depression screening for adolescents beginning routinely at age 12
8. Developmental screening for children under age 3
9. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
10. Fluoride supplements for children without fluoride in their water source
11. Fluoride varnish for all infants and children as soon as teeth are present
12. Gonorrhea preventive medication for the eyes of all newborns
13. Hearing screening for all newborns; regular screenings for children and adolescents as recommended by their provider
14. Height, weight, and body mass index (BMI) measurements taken regularly for all children
15. Hematocrit or hemoglobin screening for all children
16. Hemoglobinopathies or sickle cell screening for newborns
17. Hepatitis B screening for adolescents at higher risk
18. HIV screening for adolescents at higher risk
19. Hypothyroidism screening for newborns
20. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
21. Lead screening for children at risk of exposure



- 22. Obesity screening and counseling
- 23. Oral health risk assessment for young children from 6 months to 6 years
- 24. Phenylketonuria (PKU) screening for newborns
- 25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
- 26. Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- 27. Vision screening for all children
- 28. Well-baby and well-child visits

Immunization/Vaccines

(Dosage, age, and recommended populations vary)

Chickenpox (Varicella)	Human Papillomavirus (HPV)	Poliovirus (inactive)
Diphtheria, tetanus, & pertussis (DTaP)	Flu (influenza) Meningococcal Pneumococcal	Measles, Mumps & Rubella (MMR)
Haemophilus influenzae (B)		Rotavirus
Hepatitis A and B		Tetanus