

Rates
Individual
Employee + Child
Employee + Spouse
Employee + Family

Pro
\$732.59
\$928.03
\$1070.27
\$1363.49

Deductible
Out-of-Pocket Max
Preventative & Wellness Office Visits
Telemedicine
Primary Care Office Visit
Specialist Office Visit
Laboratory Services
Radiology
Imaging (CT/MRI/MRA/PET Scans)
Urgent Care
Emergency Room Services
Inpatient Hospitalization
Preventative Prescriptions (Generic)
Preferred Prescription Drugs (amount shown or less)
Inpatient Surgery
Outpatient or Free-Standing Facility
Treatment: Chemical Abuse/Dependency
Home Health Care
Pregnancy Benefits

PRO
✓ \$0 Individual / \$0 Family
✓ \$4,000 Individual / \$8,000 Family
✓ \$0 Copay
✓ \$0 Consult Fee
✓ \$10 Copay
✓ \$20 Copay (Limit 10/year)
✓ \$50 Copay (Limit 3/year)
✓ \$350 Copay/image (Limit 2/year)
✓ \$40 Copay
✓ \$350 Copay + 50% Coins (Limit 1/year)
✓ \$350 Copay (Limit 9 days/year)
✓ \$0 Copay
✓ Tier 1 = \$0; Tier 2 = \$10; Tier 3 = \$25; Tier 4 = \$50
✓ \$350 Copay + 20% Coins (Limit 3 surgeries/year)^
✓ \$350 Copay + 20% Coins (Limit 1 surgery/year)^
Outpatient: \$350 Copay (1 admission/year)^ Inpatient: \$350 Copay/admission (Limit 9 days)^; (See plan documents; Precertification required)
✓ \$20 Copay (Limit 10/year)
✓ \$350 Copay + 50% Coins (Childbirth/Delivery);^ \$350 Copay (Professional Services)^

## Plan Limitations and Exclusions

### Plan Exclusions

1. **Abortion.** Services, supplies, care, or treatment in connection with an abortion, unless the life of the mother is endangered by the continued Pregnancy, or the Pregnancy is the result of rape or incest.
2. **Acupuncture.**
3. **Adoption.** Any charges associated with Adoption.
4. **Allergy testing**
5. **Alternative medicine/homeopathy**
6. **Any other medical service, treatment, or procedure not covered under this Schedule of Benefits.**
7. **Ambulance Charges, Ground or Air.**
8. **Alcohol or Drugs.** Services, supplies, care, or treatment to a Covered Person for an Injury or Sickness which occurred as a result of that Covered Person's illegal use of alcohol or drugs. A person will be conclusively presumed to be under the influence of alcohol or drugs and such influence will be conclusively presumed to be a cause of the illness, condition, accident or injury for the purposes of this exclusion if:
  - a. Either the person's blood alcohol level was equal to or greater than the legal limit for driving in the state where the accident occurred, or
  - b. If a blood, urine, or other medically reliable test determines that there was any amount of illegal drugs in the person's system at the time of the cause or occurrence of the illness, condition, or accident.
  - c. The presence of alcohol or drugs may be determined by
    - i. Tests performed by or for law enforcement authorities
    - ii. Tests performed in the course of treating the person, or
    - iii. Other reliable means.
  - d. The Plan Administrator in its sole discretion shall determine whether a claim is excluded under these rules. There need not be a determination or action by any other person or party as to criminal fault.
  - e. Expenses will be covered for Injured Covered Persons other than the person illegally using alcohol or other substances.
  - f. This exclusion does not apply if the Injury resulted from an act of domestic violence.
  - g. Screening and counseling to reduce alcohol misuse will be covered under preventive care.
9. **Ambulatory Services.** Including dialysis treatment, respiration therapy, radiation, and chemotherapy.
10. **Aquatic or massage therapy**
11. **Bereavement Counseling Services and Supplies.**
12. **Cardiac Rehabilitation or Rehabilitation Services.**
13. **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**
14. **Chemotherapy or Radiation**
15. **Chiropractic Services/Spinal Manipulation.**
16. **Complications of Non-Covered Treatments.** Care, services, or treatment required as a result of complications from a treatment not covered under the Policy.
17. **Contact Lenses or Glasses Following Cataract Surgery.**
18. **Cosmetic Procedures.** A procedure performed primarily for psychological purposes or to preserve or improve appearance rather than to restore the anatomy and /or functions of the body which are lost or impaired due to an illness or injury.
19. **Counseling Services.** Counseling for educational, social, occupational, religious, or other maladjustments. Counseling for treatment of a gambling addiction. Sensitivity or stress management training, self-help training unless specifically stated in the Schedule of Benefits.
  - a. Counseling services mandated by the PPACA are covered as specifically stated in the Schedule of Benefits.
20. **Custodial Care.** Services or supplies provided mainly as a rest cure, maintenance, or Custodial Care.
21. **Day Treatment.** Means a day treatment program that offers intensive, multidisciplinary services not otherwise offered in an Outpatient setting. The treatment program generally consists of a minimum of 20 hours of scheduled programming extended over

a minimum of five days per week. The program is designed to treat patients with serious mental or nervous disorders and offers alternative to Inpatient treatment.

- 22. Dental Care.**
- 23. Dialysis.**
- 24. Durable Medical Equipment.**
- 25. Educational or Vocational Testing.** Services for educational or vocational testing or training, except in regard to education and training for diabetic management.
- 26. Emergency Room Services for non-emergent services.**
- 27. Error.** This policy reserves the right to recover any payments made by this policy that were:
  - a. Made in error, or
  - b. Made to you or any party on your behalf where this policy determines the payment to you or any party is greater than the amount payable under this policy, or
  - c. This policy has the right to recover against you if this policy has paid you or any other party on your behalf.
- 28. Exams or Treatment Required by Third Party.** Physical, psychiatric, and psychological exams or treatments and related services that are required by third parties. For example, exams and tests that are required for recreational activities, employment, insurance, and school; court-ordered exams and services, except when they are medically necessary services.
- 29. Excess Charges.** The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Maximum Allowable Charge.
- 30. Exercise Programs.** Exercise programs for treatment of any condition.
- 31. Experimental.** Care and treatment that is either Experimental, Investigational, or Exploratory.
- 32. Eye Care.** Radial keratotomy, Lasik surgery, or other eye surgery to correct refractive disorders. Lenses for the eyes and exams for their fitting.
- 33. Foot Care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses, toenails, and foot inserts.
- 34. Foreign Travel.** Care, treatment, or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services.
- 35. Genetic Testing.** To detect suspected genetic abnormalities in an unborn child for a mother over age 345. Also included is testing to identify hereditary gene for breast/ovarian cancer. All other genetic testing is excluded from coverage unless medically necessary. Genetic testing is only for women at high risk of BRCA gene mutation: (must meet at least one of the requirements).
  - a. Only for women (men not covered)
  - b. Testing only covers BRCA1 and BRCA2.
  - c. Panel testing or testing for genes outside BRCA1/BRCA2 are not covered.
  - d. Multi-gene testing (MGT) is not covered.
  - e. Testing is only covered if certain criteria are met per NCCN guidelines:
  - f. A family member with a BRCA1/2 gene mutation (or other inherited gene mutation linked to breast cancer)
  - g. A personal history of breast cancer at age 45 or younger
  - h. A personal history of triple negative breast cancer (breast cancer that is estrogen receptor-negative, progesterone receptor-negative and HER2-negative) diagnosed at age 60 or younger
  - i. Ashkenazi Jewish heritage and a personal history of breast cancer
  - j. A personal history of breast cancer at age 46-50 and a close family member (parent, sibling, child, grandparent, grandchild, uncle, aunt, nephew, niece or first cousin) diagnosed with breast cancer or aggressive prostate cancer at any age
  - k. A personal history of breast cancer at any age and a close family member diagnosed with breast cancer at age 50 or younger
  - l. A personal history of breast cancer at any age and 2 or more close family members diagnosed with breast cancer at any age
  - m. A personal history of breast cancer at any age and a close family member diagnosed with pancreatic cancer or metastatic prostate cancer at any age
  - n. A close family member diagnosed with breast cancer at age 45 or younger



- b. Treatment, services, or supplies when the Covered Person is not under the regular care of a Physician.
  - c. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.
- 55. **Not Specified as Covered.** Non-traditional medical services, treatments, and supplies which are not specified as covered under this policy.
- 56. **Obesity.** Care and treatment of obesity, weight loss, or dietary control whether or not it is a part of the treatment plan for another Sickness.
  - a. Specifically excluded are charges for Bariatric Surgery, including but not limited to:
    - i. Gastric Bypass,
    - ii. Stapling and Intestinal Bypass, and
    - iii. Lap Band Surgery, including reversals.
    - iv. Medically Necessary charges for Morbid Obesity will not be covered.
    - v. Nutritional counseling will be covered under preventive care.
- 57. **Occupational.** Care and treatment of an Injury or Sickness that is occupational. Occupational means that it arises from work for wage or profit, including self-employment.
- 58. **Occupational Therapy.**
- 59. **Orthotic Appliances.**
- 60. **Oxygen.**
- 61. **Physical Therapy.**
- 62. **Plan Design Excludes.** Charges excluded by the policy design as mentioned in this document.
- 63. **Private Duty Nursing Care.**
- 64. **Private room unless medically necessary or if a semi-private room is not available.**
- 65. **Prosthetic Devices.** Purchase, fitting and repair of fitted prosthetic devices which replace body parts.
- 66. **Reconstructive Surgery.** Correction of abnormal congenital conditions and reconstructive mammoplasties
- 67. **Recreational or diversional therapy**
- 68. **Replacement Braces.** Replacement of braces of the leg, arm, back, neck, or artificial arms or legs.
- 69. **Residential Treatment Facilities.**
- 70. **Respiration Therapy.**
- 71. **Sales Tax.**
- 72. **Self-Inflicted.** Any loss due to an intentionally self-inflicted injury.
- 73. **Services Before or After Coverage.** Care, treatment, or supplies for which a charge was incurred before a person was covered under this policy or after coverage ceased under this policy.
- 74. **Services deemed medically unnecessary.**
- 75. **Sex Changes.** Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical, or psychiatric treatment.
- 76. **Sexual Dysfunction.** Behavioral treatment or drug therapy for sexual dysfunction and sexual function regardless if cause of dysfunction is due to physical or psychological reasons.
- 77. **Skilled Nursing Facility or Physician Care.**
- 78. **Sleep Disorders or Studies.**
- 79. **Smoking / Tobacco Cessation.** Care and treatment for smoking cessation programs, including smoking deterrent patches. Counseling for tobacco use is covered under preventive care.
- 80. **Speech Therapy.**
- 81. **Surgical Sterilization Reversal.** Care and treatment for reversal of surgical sterilization.
- 82. **Surrogate Pregnancy Services.** Services incurred in connection with an agreement to act as a surrogate mother. This excludes pregnancy-related charges incurred by an insured who is acting as a surrogate mother as well as pregnancy-related charges incurred by a non-insured who is acting as a surrogate for an insured.
- 83. **TMJ or Orthognathic Services.** Treatment is not covered.
- 84. **Travel or Accommodations.** Charges for travel or accommodations, whether or not recommended by a Physician.

- 85. Vision Therapy Services.** Services incurred to treat vision therapy is not covered.
- 86. War.** Any loss that is due to a declared or undeclared act of war. Including nuclear reaction or the release of nuclear energy. This exclusion will not apply if the loss is sustained within 90 days of the initial incident. To be covered under the policy, the loss must be caused by fire, heat, explosion or other physical trauma that is a result of the release of nuclear energy. The covered person must be within a 25-mile radius of the release site at the time of the release or within 24 hours of the start of the release.
- 87. Workers Compensation.** Injury or illness that is covered by any Workers Compensation or Occupational Disease law.