



Essential Health
Summary Plan Document

PREVENTATIVE SERVICES

Minimum Essential Coverage (MEC) – Details below

Plan pays 100% of ACA required preventative care services. You MUST utilize an Ovation Health contracted network provider for Preventive services to be covered.

BENEFIT WAITING PERIOD

- 60 days for Sickness per Covered Person
- 12 Months for pre-existing conditions

	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Routine Well Adult Care	100%	Not Covered
<p>Includes: Standard Preventive Care, office visits, pap smear, mammogram, gynecological exam, routine physical examination, x-rays, laboratory tests, immunizations/flu shots, tobacco cessation program, colonoscopies, bone density scans, stress tests and sigmoidoscopies. Some age limits apply.</p> <p>Frequency limits for mammogram Ages 40 and over annually</p> <p>Frequency limits for mammogram or Colorectal Cancer screening Ages 50 and over annually</p> <p>The list of services included as Standard Preventive Care may change from time to time, depending upon government guidelines. A current listing of required preventive care can be accessed at:</p> <ul style="list-style-type: none">• www.HealthCare.gov/center/regulations/prevention.html (and)• www.cdc.gov/vaccines/recs/acip/		
Routine Pregnancy Care	100%	Not Covered
<p>Includes: Well-woman visits to get recommended services for women under 65, including preconception care and certain prenatal care, tobacco cessation program and expanded counseling for pregnant tobacco users, Urinary tract or other infection screening, Syphilis screening, Rh Incompatibility screening, Hepatitis B screening, Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes, Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women.</p> <p>The list of services included as Standard Preventive Care may change from time to time, depending upon government guidelines. A current listing of required preventive care can be accessed at:</p> <ul style="list-style-type: none">• www.HealthCare.gov/center/regulations/prevention.html (and)• www.cdc.gov/vaccines/recs/acip/		
Routine Well Child Care	100%	Not Covered
<p>Includes: Standard Preventive Care, office visits, routine physical examination, laboratory tests, x- rays, immunizations, and other preventive care and services required by applicable law if provided by a Participating Network Provider through age 18.</p> <p>The list of services included as Standard Preventive Care may change from time to time, depending upon government guidelines. A current listing of required preventive care can be accessed at:</p> <ul style="list-style-type: none">• www.HealthCare.gov/center/regulations/prevention.html (and)• www.cdc.gov/vaccines/recs/acip/		



ROUTINE PREVENTIVE CARE FOR FEMALES

Covered Charges under Medical Benefits are payable for routine Preventive Care as described in the Schedule of Benefits. Standard Preventive Care shall be provided as required by applicable law if provided by a Panel/Network/Participating Provider. Standard Preventive Care for adults includes services with an "A" or "B" rating from the United States Preventive Services Task Force. Examples of Standard Preventive Care include:

- Anemia screening on a routine basis for pregnant women
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease
- Blood Pressure screening
- Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
- Breast Cancer Mammography screenings every 12 months for women over 40
- Breast Cancer Chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Cervical Cancer screening for sexually active women
- Chlamydia Infection screening for younger women and other women at higher risk
- Cholesterol screening for adults (ages 18+)
- Colorectal Cancer screening for adults ages 50-75 or with family history
- Contraception: 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 (not including abortifacient drugs).
- Depression screening
- Diabetes (Type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Domestic and interpersonal violence screening and counseling
- Folic Acid supplements for women who may become pregnant
- Gestational diabetes screening for pregnant women
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening
- Hepatitis C screening for adults at increased risk, and one time for everyone born between 1945 - 1965
- HIV screening
- Human Papillomavirus (HPV) DNA Test for women who are 30 or older
- Immunization vaccines (see details under separate section)
- Lung cancer screening for adults 55 - 80 at high risk for lung cancer with a history of smoking
- Obesity screening and counseling
- Osteoporosis screening for women over age 60
- Pregnancy Preventative Care
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infection (STI) prevention counseling
- Syphilis screening for women at higher risk
- Tobacco use screening and cessation interventions)
- Urinary tract or other infection screening for pregnant women
- Well-woman visits to get recommended services for women



ROUTINE PREVENTIVE CARE FOR MALES

Covered Charges under Medical Benefits are payable for routine Preventive Care as described in the Schedule of Benefits. Standard Preventive Care shall be provided as required by applicable law if provided by a Panel/Network/Participating Provider. Standard Preventive Care for adults includes services with an "A" or "B" rating from the United States Preventive Services Task Force. Examples of Standard Preventive Care include:

- Abdominal Aortic Aneurysm one-time screening for men over 65 who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease
- Blood Pressure screening
- Cholesterol screening for adults (ages 18+)
- Colorectal Cancer screening for adults over 50
- Depression screening
- Diabetes (Type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Hepatitis B screening
- Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 - 1965
- HIV screening
- Immunization vaccines (see details under separate section)
- Lung cancer screening for adults 55 - 80 at high risk for lung cancer with a history of smoking
- Obesity screening and counseling for all adults
- Osteoporosis screening for men over age 60
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for all adults at higher risk
- Tobacco Use screening for all adults and cessation interventions for tobacco users

ROUTINE IMMUNIZATIONS

Covered Charges under Medical Benefits are payable for routine Preventive Care as described in the Schedule of Benefits. Standard Preventive Care shall be provided as required by applicable law if provided by a Panel/Network/Participating Provider or Pharmacy. Standard Preventive Care for adults includes services with an "A" or "B" rating from the United States Preventive Services Task Force. Examples of Standard Preventive Care include:

- Hepatitis A
- Hepatitis B
- Herpes Zoster – age 60+
- Human Papillomavirus – males and females ages 9-26
- Influenza (Flu Shot)
- Measles, Mumps, Rubella – anyone born during or after 1957
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis (Whooping Cough)
- Varicella (Chickenpox)
- Haemophilus influenzae type b – ages Birth through age 19
- Inactivated Poliovirus – ages Birth through age 19
- Rotavirus – ages 2 mos to 8 mos



ROUTINE PREVENTIVE CARE FOR CHILDREN

Covered Charges under Medical Benefits are payable for routine Preventive Care as described in the Schedule of Benefits. Standard Preventive Care shall be provided as required by applicable law if provided by a Panel/Network/Participating Provider. Standard Preventive Care for adults includes services with an "A" or "B" rating from the United States Preventive Services Task Force. Examples of Standard Preventive Care include:

- Alcohol Misuse screening and counseling
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children
- Blood Pressure screening for children
- Cervical Dysplasia screening for sexually active females
- Depression screening
- Developmental screening for children under age 3
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, Weight and Body Mass Index measurements
- Hematocrit or Hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B Screening for adolescents at high risk, including adolescents (ages 11-17 years)
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- Immunization vaccines (see details under separate section)
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical History for all children throughout development through age 19
- Obesity screening and counseling
- Oral Health risk assessment for young children ages: Birth to 10 years.
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening



ESSENTIAL PLAN	CORE BENEFITS	ESSENTIAL ENHANCED PLAN
<p>ADDITIONAL MEDICAL SERVICE BENEFITS</p> <p>\$50 Physicians Office (6 per year)</p> <p>\$50 Diagnostic Xray (3 per year - Outpatient only)</p> <p>\$75 Advanced Diagnostics (3 per year - Outpatient only)</p> <p>\$100 Accident Injury Care (3 per year)</p> <p>\$75 Emergency Room Sickness (4 per year)</p> <p>ADDITIONAL SURGICAL BENEFITS</p> <p>\$500 Inpatient Surgical (1 day per year)</p> <p>\$250 Outpatient Surgical (per day)</p> <p>\$50 Outpatient Minor (per day)</p> <p>1 day per year Outpatient Benefit Maximum</p> <p>30% of Surgical Anesthesia</p> <p>ADDITIONAL IN-PATIENT SERVICE BENEFITS</p> <p>\$400 Hospital Admission (total per confinement)</p> <p>\$200 In-Hospital Indemnity (per day - 5 per year)</p> <p>\$400 Intensive Care (per day - 5 day max per year)</p> <p>\$125 Substance Abuse (per day - 5 day max per year)</p> <p>\$125 Mental Illness (per day - 5 day max per year)</p> <p>Included Teledoc 24/7</p> <p>Included Quest Labs</p> <p>Included Discount RX and Magic Pill</p> <p>BENEFIT WAITING PERIOD</p> <p>* 60 days for Sickness per Covered Person</p> <p>* 12 Months for pre-existing conditions</p>	<p>IN NETWORK</p> <p>100% ROUTINE WELL ADULT CARE Includes: Standard Preventive Care, office visits, pap smear, mammogram, gynecological exam, routine physical examination, x-rays, laboratory tests, immunizations/flu shots, tobacco cessation program, colonoscopies, bone density scans, stress tests and sigmoidoscopies. Some age limits apply.</p> <p>100% ROUTINE PREGNANCY CARE Includes: Well-woman visits for women under 65, including preconception care and certain prenatal care, tobacco cessation program and expanded counseling for pregnant tobacco users, Urinary tract or other infection screening, Syphilis screening, Rh Incompatibility screening, Hepatitis B screening, Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes, Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies for pregnant and nursing women.</p> <p>100% ROUTINE WELL CHILD CARE Includes: Standard Preventive Care, office visits, routine physical examination, laboratory tests, X-rays, immunizations, and other preventive care and services required by applicable law if provided by a Participating Network Provider through age 18.</p> <p>OUT OF NETWORK: Not Covered</p>	<p>ADDITIONAL MEDICAL SERVICE BENEFITS</p> <p>\$75 Physicians Office (6 per year)</p> <p>\$75 Diagnostic Xray (3 per year - Outpatient only)</p> <p>\$100 Advanced Diagnostics (3 per year - Outpatient only)</p> <p>\$200 Accident Injury Care (3 per year)</p> <p>\$100 Emergency Room Sickness (4 per year)</p> <p>ADDITIONAL SURGICAL BENEFITS</p> <p>\$750 Inpatient Surgical (1 day per year)</p> <p>\$500 Outpatient Surgical (per day)</p> <p>\$100 Outpatient Minor (per day)</p> <p>1 day per year Outpatient Benefit Maximum</p> <p>30% of Surgical Anesthesia</p> <p>ADDITIONAL IN-PATIENT SERVICE BENEFITS</p> <p>\$500 Hospital Admission (total per confinement)</p> <p>\$250 In-Hospital Indemnity (per day - 5 per year)</p> <p>\$500 Intensive Care (per day - 5 day max per year)</p> <p>\$250 Substance Abuse (per day - 5 day max per year)</p> <p>\$250 Mental Illness (per day - 5 day max per year)</p> <p>Included Teledoc 24/7</p> <p>Included Quest Labs</p> <p>Included Discount RX and Magic Pill</p> <p>BENEFIT WAITING PERIOD</p> <p>* 60 days for Sickness per Covered Person</p> <p>* 12 Months for pre-existing conditions</p>