

OSHA
SHA Premier SHA003
2020 Schedule of Medical Sharing
 Option ID: OSH9A

Group ID: GSOSH

* Pre-Certification: Delmar - 800-805-6727

Needs Submission Address

P.O. Box 1810
 Draper, Utah 84020
 Emdeon Payor ID: 88067

Customer Service: 888-644-7555

Coverage begins the day of enrollment. Coverage ends the date of termination.

PPO Provider Network:

Wyoming: First Choice of the Midwest
All other states: PHCS - Practitioner & Ancillary
Facilities & Non-Network Providers:
 120% of Medicare

Shared Limit accumulations are based on a Calendar Year.
 Beginning January 1 and ending December 31.

MRA refers to "Member Responsibility Amount" and applies to every billed line item.

| Lifetime Max: None | Network Providers | Non-Network Providers | Shared Limits Per Plan Year |
|--|--|---|--|
| PCP Office Visit | \$30 MRA, then plan shares 100% of PPO Amount | ** \$30 MRA then Plan shares 100% up to 120% of Medicare Allowed Amount | Sharing Limited to 3 visits per calendar year. Ineligible for sharing if in excess of 3 visits. |
| Specialist Office Visit (Includes Maternity/OB/GYN) | \$65 MRA, then plan shares 100% of PPO Amount | ** \$65 MRA then Plan shares 100% up to 120% of Medicare Allowed Amount | Sharing Limited to 3 visits per calendar year. Ineligible for sharing if in excess of 3 visits. |
| Diagnostic Services (Minor): - Laboratory and Radiology services in the Physician's office. | \$50 MRA, then plan shares 100% of PPO amount. | ** \$50 MRA, then plan shares 100% of 120% of Medicare Allowed Amount. | Limited to 5 services per calendar year Shared services include: X-ray, EKG, diagnostic mammography, biopsy, ultrasounds, echography, bone densitometry, thyroid, hepatobiliary, lung scans, renal studies, Cardiac stress tests, EEG, and walk-in labs like Labcorp or Quest Diagnostics |
| Diagnostic Services (Minor): - Free Standing Lab or Radiology Center | Plan shares 50% of PPO amount. | ** Plan shares 50% of 120% of Medicare Allowed Amount. | Limited to 1 service per calendar year Ineligible for sharing if in excess of 1 visits. Services are only eligible in a Non-Hospital Setting Shared services include: X-ray, EKG, diagnostic mammography, biopsy, ultrasounds, echography, bone densitometry, thyroid, hepatobiliary, lung scans, renal studies, Cardiac stress tests, EEG, and walk-in labs like Labcorp or Quest Diagnostics |
| D * Diagnostic Services (Major): CT / MRI - Physician's Office | Plan shares 50% of PPO amount. | ** Plan shares 50% of 120% of Medicare Allowed Amount. | Limited to 1 service per calendar year. |
| D * Diagnostic Services (Major): CT / MRI - Independent Radiology Center | Plan shares 50% of PPO amount. | ** Plan shares 50% of 120% of Medicare Allowed Amount. | CT/MRI Services will ONLY be eligible for sharing in a non-hospital setting . |
| Urgent Care | \$75 MRA, then plan shares 100% of PPO Amount | ** \$75 MRA then Plan shares 100% up to 120% of Medicare Allowed Amount | Office Visit Only. Sharing Limited to 3 visits per calendar year. Ineligible for sharing if in excess of 3 visits. All other services may be shareable under other sharing provisions and are subject to separate MRA. |

PREVENTIVE MAMMOGRAMS AND COLONOSCOPIES IN A HOSPITAL ARE NOW SHAREABLE - see below

Shared Preventive Services for Adults as defined by CMS Preventive Services

| Wellness Office Visits and Lab Services | Network Providers | Non-Network Providers | Shared Limits |
|--|------------------------------------|---|--|
| Office Visit Exam & Includes Services For: | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Limited to preventive diagnosis only |
| Abdominal Aortic Aneurysm | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | One time screening for males of ages 65 to 75 who have ever smoked |
| Alcohol Misuse Screening and Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Aspirin use for Men and Women | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | A low-dose aspirin for prevention of cardiovascular disease and colorectal cancer in adults aged 50-59 years |
| Blood Pressure Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | One screening every two years for ages 18 to 39 One Screening per plan year for ages 40 and over |
| Cholesterol Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | One screening per plan year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease. |

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| Colorectal Cancer Screening | Plan shares up to \$1500 of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for adults over age 50 |
| Depression Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for depression in the general adult population, including pregnant and postpartum women. |
| Type 2 Diabetes Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for adults with high blood pressure only. |
| Diet Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for adults at higher risk of chronic disease. |
| Hepatitis B Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For members at high risk, including members in countries with 2% or more Hepatitis B prevalence, and US born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence. |
| Hepatitis C Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For adults at increased risk, and one time for everyone born between 1945 - 1965 |
| HIV Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for adults at higher risk |
| Immunizations Hepatitis A Hepatitis B Herpes Zoster Human Papillomavirus Influenza (Flu Shot) Measles, Mumps, Rubella Meningococcal Pneumococcal Tetanus, Diphtheria, Pertussis Varicella | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Listed immunizations are once per plan year. Human Papillomavirus shots up to age 26. Pneumococcal shots for adults 65 and older |
| Latent Tuberculosis Infection | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for latent tuberculosis infection (LTBI) in populations at increased risk |
| Lung Cancer Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years |
| Obesity Screening and Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Sexually Transmitted Infection (STI) Screening and Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Prevention counseling for adults at higher risk, includes syphilis screening |
| Statin | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Adults aged 40-75 years with no history of cardiovascular disease (CVD) use a low to moderate dose statin for the prevention of CVD events and mortality when they have one or more cardiovascular disease risk factors and a calculated 10-year CVD event risk of 10% or greater; screening for cardiac risk may include assessment of blood pressure, smoking status, screening for lipid disorders and use of ACC/AHA CVD to estimate 10-year risk. |
| Syphilis Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all adults at higher risk |
| Tobacco Use Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screenings for adults and cessation interventions for tobacco users |
| Shared Preventive Services for Women - Including Pregnant Women | | | |
| Wellness Office Visits and Lab Services | Network Providers | Non-Network Providers | Shared Limits |
| Well-Women Visits | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Anemia Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For pregnant women |
| Bacteriuria urinary tract or infection Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For pregnant women |
| BRCA Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Includes genetic test for women at high risk |
| Breast Cancer Mammography Screening | Plan shares up to \$500 of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screenings every 1 to 2 years for women over 40 through age 74. |
| Breast Cancer Chemoprevention Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Counseling for women at high risk |
| Breast Pumps | Not Shareable | | |
| Breastfeeding Consultations | Not Shareable | | |

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| Cervical Cancer Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For ages 21-29, PAP smear every 3 years For ages 30-65, with cytology and human papillomavirus testing (HPV) with Pap smear every 5 years or a regular cytology alone (without HPV testing) every 3 years Women with an average risk shouldn't be screened more than once every 3 years |
| Chlamydia Infection Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For younger women and women at high risk |
| Contraception | Not Shareable | | ONLY the office visit is shareable. Oral Generic Birth Control Pills may be shared under your Rx program if applicable. |
| Depression Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for depression in the general adult population, including pregnant and postpartum women |
| Domestic and Interpersonal Violence Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Annual screening for women to obtain a referral to initial intervention services, which includes counseling, education, harm reduction strategies and referral to appropriate support services. |
| Folic Acid Supplements | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | All women who are planning or capable of pregnancy take a daily supplement containing 0.4-0.8mg |
| Gestational Diabetes Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For women 24 to 28 weeks pregnant and / or at high risk of developing gestational diabetes should be screened prior to 24 weeks of gestation |
| Gonorrhea Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all women at higher risk |
| Hepatitis B Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For pregnant women at their first prenatal visit |
| Human Immunodeficiency Virus (HIV) Screening and counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For women sexually active |
| Human Papillomavirus (HPV) DNA Test | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | One test every 3 years for women with normal cytology results who are 30 or older |
| Osteoporosis Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For women over age 60 or at high risk |
| Preeclampsia | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy |
| Rh Incompatibility Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For pregnant women and follow-up testing for women at higher risk |
| Tobacco Use Screening and interventions | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Syphilis Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all pregnant women or other women at increased risk |
| Sexually Transmitted Infection (STI) and Sexually transmitted Diseases (STD) Screening and counseling, includes Gonorrhea & Syphilis Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Counseling for sexually active women |
| Urinary Tract or other Infection Screening for Pregnant Women | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Shared Preventive Services for Children | | | |
| Wellness Office Visits and Lab Services | Network Providers | Non-Network Providers | Shared Limits |
| Office Visit Exam & Includes Services For: 7 visits Birth to 12 months 3 visits during age 1 2 visits during age 2 1 visit during age 3 through 21 | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Limited to preventive diagnosis only |
| Alcohol and Drug Use Assessments | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Autism Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children at 18 months to 24 months |
| Behavioral Assessments | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children to age 18 |
| Blood Pressure Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children to age 18 |
| Cervical Dysplasia Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For sexually active females |
| Congenital Hypothyroidism Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For newborns |
| Contraception | Not Shareable | | ONLY the office visit is shareable. Oral Generic Birth Control Pills may be shared under your Rx program if applicable. |

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| Depression Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years |
| Developmental Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children under age 3 and surveillance throughout childhood |
| Dyslipidemia Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children at high risk of lipid disorders |
| Fluoride Chemoprevention Supplements | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children without fluoride in their water sources |
| Gonorrhea Preventive Medication for the Eyes of all Newborns | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Hearing Screenings | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all newborns |
| Height, Weight and Body Mass Index Measurements | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children to age 18 |
| Hematocrit or Hemoglobin Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children to age 18 |
| Hemoglobinopathies of Sickle Cell Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all newborns |
| HIV Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For sexually active children |
| Hypothyroidism Screening for Newborns | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | |
| Immunizations: Acellular Pertussis Diphtheria, Tetanus, Pertussis Haemophilus influenza type B Hemophilia Hepatitis A Hepatitis B Human Papillomavirus Inactivated Poliovirus Influenza (Flu Shot) Measles, Mumps, Rubella Meningococcal Meningococcal B Vaccine Pneumococcal Rotavirus Varicella | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children to age 18 |
| Interpersonal and Domestic Violence Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Annual screening for women to obtain a referral to initial intervention services, which includes counseling, education, harm reduction strategies and referral to appropriate support services. |
| Iron Supplements | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children ages 6 to 12 months at risk of anemia |
| Lead Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children at risk of exposure |
| Medical History | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all children throughout development |
| Obesity | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening for obesity in children and adolescents six years and older and offer to refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status |
| Oral Health | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | At risk assessment for your children ages newborn to age 10 |
| Phenylketonuria (PKU) Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For genetic disorders in newborns |
| Sexually Transmitted Infection (STI) and Sexually Transmitted Diseases (STD) Screening and Counseling | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children at higher risk, includes gonorrhea preventive medication for newborn eyes |
| Syphilis Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For all adolescents at higher risk |
| Tuberculin Testing | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | For children at higher risk of tuberculosis to age 18 |
| Vision Screening | Plan shares 100% of the PPO Amount | ** Plan shares 100% up to 120% of Medicare Allowed Amount | Screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors. |
| Prescription Sharing | | | |
| *** SHARx | Prescription Advocacy Program | | This program is designed to give members assistance by helping them receive large discounts on medications. Register at http://www.sharxplan.com/allied . After registration is complete a member advocate will reach out to the member with 48 hours. |

| Virtual Primary Care | | |
|----------------------|------------------------------|--|
| Sherpaa | \$99 MRA per episode of care | Unlimited Visits To get started, go to www.sherpaa.com/allied |
| 1-800MD | \$0 MRA | To request a physician consultation by telephone, call 1-800-530-8666 or visit: www.1800md.com available 24/7/365 |

Effective: July 2019

* **Pre Certification Required. Failure to obtain Pre Certification may result in a reduction of \$250 or denial of Shared Limits.**

** **Payment will be capped at 120% of the Medicare Allowable Payment. If provider does not accept the Medicare Allowable Amount, patient may be balance billed.**

*** **Medications are accessed through Advocacy Program. ASH shares a monthly access fee on all members to waive access fees for our members.**

Dependents covered to age 26 **if single and a legal dependent (reported on parent's income tax).**

Timely Filing: Medical Need must be filed within **12** months from the date the service incurred.

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.

Needs are only shareable during active enrollment.

Please note that this is not Health Insurance.

If service is not listed on Schedule of Sharing, it is not covered.

Visit www.talltreehealth.com to view Schedule of Sharing, Plan Document, Enrollment information, Medical Need History, link to the PPO Network and more.

All Medical Need Submissions are subject to Plan provisions at the time of service. Any plan quoted telephonically or in writing is not a guarantee of payment.

Medical Need Submissions are determined upon receipt of the medical need and any additional information required to make a plan determination.