



## HD/ESSENTIAL PLAN

### Summary of Benefits

DESCRIPTION OF BENEFITS	
All plan benefits shown as a percentage of Eligible Charges	
PLAN PROVISIONS	
PPO Network: Multiplan/SpecificServices	multiplan.com/specificservices
Annual Deductible	\$5,000 Individual/\$6,000 Family
Annual Out of Pocket Maximum	\$6,650 Individual / \$13,300 Family
Amounts in Excess of Negotiated Rates	<p>For Participating (In-Network) Providers, the Member is responsible for the difference between the Plan payment and 100% of the negotiated rate for Participating Providers.</p> <p><b>For Non-Participating (Out-of-Network)</b> When a multiplan.com/specificservices Provider is not available within a 50-mile radius, eligible expenses as defined in the Plan Benefits Document will be covered utilizing a Non-Network provider subject to the following limitation:</p> <p>The Maximum Allowable Charge for services rendered by a Non-Network Provider will be limited to 125% of the equivalent Medicare Allowed Amount.</p> <p>This does not apply to services that are in-eligible benefits as defined in the Benefits Plan Document.</p>
Maximum Lifetime Benefit Amount	Unlimited
Maximum Annual Benefit Amount	Unlimited
Dependent Coverage	Children to age 26
<b>PREVENTIVE CARE</b> <i>The specifically listed Preventive Care Services may be adjusted to coincide with federal government changes, updates, and revisions.</i>	<b>Member Pays Participating Providers</b>
BENEFITS FOR CHILDREN	
<p>Well Child Care Office Visits (at the frequency recommended by the <i>Bright Futures Guidelines</i> established by the American Academy of Pediatrics)</p> <p><i>The following summarizes the most commonly obtained Well Child preventive screenings, but is not meant to be an all-inclusive list: alcohol and drug use assessments for adolescents, autism screenings at 18 and 24</i></p>	No Charge

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months, behavioral assessments, blood pressure screenings, body mass index screenings, cervical dysplasia screening for sexually active females, congenital hypothyroidism screening for newborns, depression screening for adolescents, developmental screening for children under age 3, dyslipidemia screening for children at high risk of lipid disorders, gonorrhea preventivemedication for the eyes of all newborns, hearing screenings, hematocrit or hemoglobin screening, hemoglobinopathies screening for newborns, hepatitis C screening for adolescents at higher risk, HIV screening for adolescents at higher risk, iron supplements ages 6 - 12 months, lead screening for children at risk, obesity screening and counseling, PKU screening for newborns, sexually transmitted infection prevention counseling and screening for adolescents at higher risk, tuberculin testing for children at higher risk	
Well Child Care Lab Tests (as recommended by the <i>Bright Futures Guidelines</i> )	No Charge
<b>PREVENTIVE CARE</b> <i>The specifically listed Preventive Care Services may be adjusted to coincide with federal government changes, updates, and revisions.</i>	<b>Member Pays Participating Providers</b>
Childhood Immunizations - birth to age 18, as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)  <i>The following summarizes the most commonly obtained vaccinations, but is not meant to be an all-inclusive list: diphtheria, tetanus, and acellular pertussis (DTaP), haemophilus influenzae type B, hepatitis A, hepatitis B, human papillomavirus (HPV), influenza (flu shot), measles, mumps, and rubella (MMR), meningococcal serogroups, pneumococcal, poliovirus, rotavirus, varicella (chickenpox)</i>	No Charge
Oral Health exams, fluoride varnish, oral fluoride supplements (as recommended by the <i>Bright Futures Guidelines</i> )	No Charge
Visual acuity screenings (as recommended by the <i>Bright Futures Guidelines</i> )	No Charge
<b>ADULT PREVENTIVE SCREENING/TESTING</b>	
Annual (one per benefit year) adult physical examinations	No Charge
Immunizations - age 19 and over, as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)  <i>The following summarizes the most commonly obtained vaccinations, but is not meant to be an all-inclusive list: COVID-19, diphtheria, hepatitis A, hepatitis B, herpes zoster (shingles), human papillomavirus (HPV), influenza (flu shot), measles, meningococcal serogroups, mumps, pertussis, pneumococcal, rubella, tetanus, varicella (chickenpox)</i>	No Charge
Screening Tests (in accordance with recommendations set forth by the US Preventive Services Task Force (USPSTF) and the Health Resources and Services Administration (HRSA))  <i>The following summarizes the most commonly obtained preventive screenings, but is not meant to be an all-inclusive list: bone density, chemistry panels, cholesterol, colorectal cancer, diabetes (blood glucose), depression, PSA test, screening EKG, transmittable disease screenings</i>	No Charge

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(STDs, TB, Hepatitis), urinalysis, alcohol misuse assessment, lung cancer screens (55+ years with history of smoking)	
<p>Counseling Services (in accordance with recommendations set forth by USPSTF and HRSA)</p> <p><i>The following summarizes the most commonly obtained preventive counseling, but is not meant to be an all-inclusive list: diabetic education (3 visits per benefit year), nutritional counseling (3 visits per benefit year), behavioral counseling for weight loss (based on risk factors), smoking cessation, behavioral counseling interventions for unhealthy alcohol or drug use</i></p>	No Charge
<b>WOMEN'S PREVENTIVE CARE SERVICES</b>	
Annual (one per benefit year) Well Woman exam to obtain preventive services	No Charge
<p><b>PREVENTIVE CARE</b></p> <p><i>The specifically listed Preventive Care Services may be adjusted to coincide with federal government changes, updates, and revisions.</i></p>	<b>Member Pays Participating Providers</b>
<p>Screening Tests (in accordance with recommendations set forth by the US Preventive Services Task Force (USPSTF) and the Health Resources and Services Administration (HRSA)</p> <p><i>The following summarizes the most commonly obtained preventive screenings, but is not meant to be an all-inclusive list: mammography (women over 40), cervical cancer, sexually transmitted diseases, domestic and interpersonal violence, osteoporosis (women over 60), tobacco use</i></p>	No Charge
<p>Counseling Services (in accordance with recommendations set forth by USPSTF and HRSA)</p> <p><i>The following summarizes the most commonly obtained preventive counseling, but is not meant to be an all-inclusive list: BRCA counseling (genetic testing) for women at higher risk, breast cancer chemoprevention for women at higher risk, contraception education, domestic and interpersonal violence, HIV counseling</i></p>	No Charge
<p>Additional Preventive Services for Pregnancy</p> <p><i>Includes anemia screenings, urinary tract infection screening, breastfeeding counseling and supplies, folic acid supplements, hepatitis B screening, Rh incompatibility screening, expanded access to tobacco counseling</i></p>	No Charge
<p>Prescribed contraceptive methods</p> <p><i>Sterilization procedures and patient education. (Supply and administration of Contraceptive IUDs, Implants and Injectable in a physicians office); (Pharmacy - birth control pills, diaphragms, emergency contraceptive pill through your Pharmacy Benefits)</i></p>	No Charge
<b>PREVENTIVE MEDICINES (PRESCRIPTION DRUGS)</b>	
<p>Preventive Medications (in accordance with recommendations set forth by the US Preventive Services Task Force (USPSTF) and the Health Resources and Services Administration (HRSA)).</p> <p>In order for preventive medications to be covered at 100%, a</p>	No Charge

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prescription is required (including over-the-counter drugs).	
<b>PROFESSIONAL SERVICES.</b>	<b>Member Pays Participating Providers</b>
Virtual Primary Care	\$0 Copay Unlimited Use
Physician Office Visit (Primary Care)	\$20 copay per visit After Deductible
Physician Office Visit (Specialist)	\$50 copay per visit After Deductible
Office Procedures and Supplies	Not Covered
Surgery	Not Covered
Outpatient Rehabilitation	Not Covered

<b>HOSPITAL/FACILITY SERVICES</b>	<b>Member Pays Participating Providers</b>
Inpatient Room and Board	Not Covered
Inpatient Rehabilitation Services	Not Covered
Skilled Nursing Facility	Not Covered
Outpatient Surgery / Other Outpatient Facility Charges	Not Covered
<b>DIAGNOSTIC IMAGING AND LABORATORY SERVICES</b>	<b>Member Pays Participating Providers</b>
Diagnostic X-rays and Laboratory Services	\$50 Copay per visit After Deductible
Advanced Diagnostic Imaging <i>CT scan, MRI</i>	Not Covered
Therapeutic Radiology (Radiation Treatment / Chemotherapy)	Not Covered
<b>EMERGENCY SERVICES AND URGENT CARE</b>	<b>Member Pays Participating Providers</b>
Virtual Urgent Care	\$0 Copay Unlimited Use
Urgent Care Center Visit	\$50 Copay per visit After Deductible
Emergency Room Visit	Not Covered
Ambulance (Air or Ground)	Not Covered
<b>MATERNITY SERVICES</b>	<b>Member Pays Participating Providers</b>
Physician/Provider Services (global charges)	Not Covered

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Hospital/Facility Services	Not Covered
<b>MENTAL &amp; BEHAVIORAL HEALTH</b>	<b>Member Pays Participating Providers</b>
Virtual Mental & Behavioral Health	\$0 Copay Unlimited Use
Office Visits	Not Covered
Inpatient Care	Not Covered
Residential Programs	Not Covered
<b>OTHER SERVICES</b>	<b>Member Pays Participating Providers</b>
Allergy Injections	Not Covered
Alternative Care (Chiropractic / Acupuncture / Massage Therapy)	Not Covered
Dialysis and Supplies	Not Covered
Durable Medical Equipment (including Orthotics / Prosthetics)	Not Covered
Enteral Nutrition Therapy	Not Covered
Hearing Aids	Not Covered
Home Health Care	Not Covered
Hospice Services	Not Covered
<b>PRESCRIPTION DRUGS – RX VALET</b>	<b>Member Pays Participating Providers</b>
Tier 1 Formulary:	\$0 Copay
Tier 2 Formulary:	Copay under \$14.95
Non-Preferred	Industries Best Discounts
Diabetic Supplies	Industries Best Discounts