

SCHEDULE OF BENEFITS

Coverage Information:

The following services are covered 100% as mandated by the Affordable Care Act (ACA).

Covered Services for Adults

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 for men and women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over
11. Hepatitis B screening for people at higher risk
12. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 –1965
13. HIV screening for everyone ages 15 to 65, and other ages at increased risk
14. Immunization vaccines for adults — doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papilloma virus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella
15. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
16. Obesity screening and counseling for all adults
17. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
18. Statin preventive medication for adults 40 to 75 years at higher risk
19. Syphilis screening for all adults at higher risk
20. Tobacco use screening for all adults and cessation interventions for tobacco users
21. Tuberculosis screening for certain adults with symptoms at higher risk

Covered Services for Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer (counseling only; not testing)
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer chemoprevention counseling for women at higher risk
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. Cervical Cancer screening
7. Chlamydia Infection screening for younger women and other women at higher risk
8. 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). This does not apply to health plans sponsored by certain exempt "religious employers."
9. 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



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Covered Services for Women (continued)

10. Domestic and interpersonal violence screening and counseling for all women
11. Folic Acid supplements for women who may become pregnant
12. Gestational diabetes screening for women 24 to 28 months pregnant and those at high risk of developing gestational diabetes
13. Gonorrhea screening for all women at higher risk
14. Hepatitis B screening for pregnant women at their first prenatal visit
15. HIV screening and counseling for sexually active women
16. Human Papilloma virus (HPV) DNA Test every 5 years for women with normal cytology results who are 30 or older
17. Osteoporosis screening for women over age 60 depending on risk factors
18. Preeclampsia prevention and screening for pregnant women and follow-up testing for women at higher risk
19. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
20. Sexually Transmitted Infections counseling for sexually active women
21. Syphilis screening for all pregnant women or other women at increased risk
22. Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users
23. Urinary tract or other infection screening, including urinary incontinence
24. Well-woman visits to get recommended services for women under 65

Covered Services for Children

1. Alcohol and Drug Use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children at the following ages: 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 at the following ages: 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. Cervical Dysplasia screening for sexually active females
8. Depression screening for adolescents
9. Developmental screening for children under age 3
10. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
11. Fluoride Chemo prevention supplements for children without fluoride in their water source
12. Fluoride varnish for all infants and children as soon teeth are present
13. Gonorrhea preventive medication for the eyes of all newborns
14. Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
15. Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
16. Hematocrit or hemoglobin screening for all children
17. Hemoglobinopathies or sickle cell screening for newborns
18. Hepatitis B screening for adolescents ages 11 to 17 years at high risk
19. HIV screening for adolescents at higher risk
20. Hypothyroidism screening for newborns
21. Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus and Varicella
22. Iron supplements for children ages 6 to 12 months at risk for anemia
23. Lead screening for children at risk of exposure
24. Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
25. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. Obesity screening and counseling
27. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
28. Phenylketonuria (PKU) screening for this genetic disorder in newborns

Covered Services for Children (continued)

29. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
30. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
31. Vision screening for all children.

Benefits are not limited to the schedule above. For more information on covered services visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Additional Coverage Information:

- Annual deductible - \$0
- Out-of-pocket maximum (for covered services) - \$1,850 individual / \$3,700 family

Additional Medical Services

- Office visits - \$15 copay
- Urgent care - \$50 copay
- Laboratory services - \$50 copay
- X-rays - \$50 copay



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EXCLUSIONS, LIMITATIONS & DEFINITIONS

Exclusions:

- Abortion
- Acupuncture/spinal manipulation and chiropractic care
- Diagnostic imaging including CT/PET scans, MRIs and ultrasounds
- Biofeedback
- Chemical dependency treatment
- Chemotherapy/radiation
- Childbirth/delivery facility services and professional services
- Cochlear implants
- Cosmetic surgery
- Dental care
- Diabetic supplies including insulin injectors and pumps
- Diagnostic mammograms (preventive mammograms are covered)
- Dialysis
- Durable medical equipment including boots, canes, crutches, splints, prosthetics, orthotics, hospital beds, oxygen equipment, sleep apnea machines, walkers, wheelchairs and scooters
- Electrocardiogram
- Electrocardiography
- Emergency room care and transportation including ambulance
- Experimental drugs, procedures or studies including sleep studies
- Eye care
- Foot care
- Genetic testing including breast cancer (BRCA)
- Habilitation services
- Hearing aids
- Home health care, hospice, skilled nursing care and long-term care
- Hospice Services
- Hospitalization including facility fees and physician/surgeon fees
- Infertility treatment
- Mental health/behavioral health services
- Naturopathic services
- Nutritional supplies, vitamins or supplements
- Occupational/Physical therapy including speech therapy
- Out-of-network services including care outside the United States
- Outpatient laboratory services in hospital setting
- Pathology
- Prescription Drugs
- Private duty nursing
- Rehabilitation services including substance abuse and physical therapy
- Sexual dysfunctional services including drugs, supplies and therapy
- Sex change services including drugs, supplies, therapy and surgery
- Strength and performance services including devices and drugs
- Surgical procedures including transplants and outpatient surgery, facility fees, physician/surgeon fees and anesthesia
- TMJ and orthognathic services
- Weight loss drugs, procedures (including gastric bypass surgery and lap banding), programs and supplies

Limitations:

- Birth control implants including intrauterine devices (IUD) insertion/removal – limit 1 per plan year unless due to medical necessity
- Breast cancer genetic testing (BRCA) – counseling only no testing
- COVID-19 testing is limited to FFCRA¹ and CDC² guidelines or due to medical necessity. Testing is also limited to outpatient settings excluding emergency facilities and/or hospitals.
- Preventive breast cancer mammography screening – limit 1 per plan year
- Routine preventive/wellness visits (men, woman and children) – limit 1 per plan year

¹Families First Coronavirus Response Act

²Centers for Disease Control and Prevention

Definitions:

- Counseling – providing patients with advice or education about a condition or disease and the potential treatment options available
- Medical Necessity – determined to be of need as evidenced by documented diagnosis from an individual's attending healthcare provider
- Screening – a method of identifying a medical condition or disease without the existence of any signs or symptoms
- Testing – a process or procedure performed to detect, diagnose or monitor a condition or disease based on a patient's illness, injury or symptoms

THIS LIST IS NOT INTENDED TO BE A COMPLETE LIST OF EXCLUSIONS. ADDITIONAL EXCLUSIONS/LIMITATIONS MAY APPLY. ONLY THE SERVICES LISTED UNDER THE SUMMARY OF BENEFITS ARE COVERED BY THE PLAN. AN OMISSION OF A NON-COVERED SERVICE FROM THE EXCLUSIONS LIST DOES NOT IMPLY THE SERVICE IS COVERED BY THE PLAN. MEMBERS AND PROVIDERS ARE ADVISED TO CONFIRM IF SERVICES ARE COVERED BY THE PLAN PRIOR TO THE SERVICES BEING RENDERED.