



Medical Service Deductible Information*	
Deductible	In Network Services
Individual	\$2,000
Family	\$4,000
Out-of-Pocket Information***	
Individual	\$7,150
Family	\$14,300
Medical Services*	
Doctor Visit	\$25 Copay
Specialist Visit	\$50 Copay
Preventive & Wellness	100%
Outpatient Labs	\$50 Copay
Outpatient X-Rays	\$50 Copay
Outpatient CT/MRI/Pet Scans	50% Coinsurance/Test
Rehabilitation Services & Habilitation Services	\$50 Copay
Urgent Care	\$50 Copay
Mental Health, Behavioral Health, Outpatient Services	\$50 Copay
Generic Drugs****	\$20 Copay

*See Summary of Benefits for Limitations and Exclusions before enrolling in this plan.

**This Plan Provides 1095 Form.

***This Plan is not Major Medical. Out of network Coverage is not available.

**** RX Claims will not be subject to the deductible.

Monthly Rates

Individual	Individual & Spouse	Individual & Child	Family
\$210	\$342	\$351	\$503

Schedule of Benefits & Plan Design

The following table represents the type of medical services currently covered under the WellCARE™ Plan as well as the permitted interval and any requirements of such medical services. Note that some requirements may be defined by the benefit itself, such as cholesterol abnormalities screening: men 35 and older. Only men aged 35 or older may access such benefits by fiat of the benefit itself.

Schedule of Benefits Provided

Medical Service	In Network Benefit	Out of Network Benefit	Limitations & Exceptions
Preventive Care/ Screening	100% by Plan; No Cost to Member	Not Covered	Limit of 1 visit per plan year.
Preventive Care/ Immunization Services	100% by Plan; No Cost to Member	Not Covered	See Schedule of Preventive Services below.
PCP Office Visit	\$25 Member Copay	Not Covered	Not covered if services are provided at hospital.
Specialist Office Visit	\$50 Member Copay	Not Covered	Not covered if services are provided at hospital.
Outpatient Imaging: CT, PET Scans, MRI	50% Member Coinsurance; 50% Plan Obligation	Not Covered	Not covered if services are provided at hospital. Pre-authorization required. Failure to comply will result in claim denial and member will be responsible for 100% of claim.
Medical Service	In Network Benefit	Out of Network Benefit	Limitations & Exceptions
Outpatient X-rays and Diagnostic Tests	\$50 Member Copay	Not Covered	Not covered if services are provided at hospital.
Outpatient Laboratory	\$50 Member Copay	Not Covered	Not covered if services are provided at hospital.
Occupational and Rehabilitative Physical Therapy	\$50 Member Copay	Not Covered	Combined limit for all rehabilitation and habilitation therapies of 20 visits per plan year.
Rehabilitative Speech Therapy	\$50 Member Copay	Not Covered	

Occupational and Rehabilitative Physical Therapy	\$50 Member Copay	Not Covered	Combined limit for all rehabilitation and habilitation therapies of 20 visits per plan year.
Rehabilitative Speech Therapy	\$50 Member Copay	Not Covered	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$50 Member Copay	Not Covered	
Urgent Care	\$50 Member Copay	Not Covered	Not covered if services are provided at hospital.
Emergency Room	50% Member Coinsurance; 50% Plan Obligation	Lesser of 50% Coinsurance or 100% Medicare Reimbursement Rate	Emergency room stay over 24 hours will be considered inpatient hospitalization and not covered. Limit of 1 per plan year.
Emergency Medical Transportation	\$100 Member Copay	Not Covered	By land only.
Generic Drugs	\$20 Member Copay	Not Covered	All standard generics only.

Schedule of Wellness and Preventative Benefits Provided

Preventive and Wellness Services			
Benefit	Interval	Requirements	
Abdominal aortic aneurysm screening	1 per lifetime	Men aged 65-75, previous smoker.	
Alcohol misuse screening and counseling	1	Adults 18 years or older.	
Anemia screening	1	Pregnant women	
Aspirin: preventive medication	As prescribed	Adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, not at increased risk for bleeding, with a life expectancy of at least 10 years, and willing to take low-dose aspirin daily for at least 10 years.	
		Pregnant women at high risk for preeclampsia.	
Bacteriuria screening	1	Pregnant women at 12-16 weeks' gestation or at the first prenatal visit, if later.	
Blood pressure screening	1	Adults aged 18 or older.	

Breast cancer preventive medications	1	Women at high risk for breast cancer and at low risk for adverse medication effects.
Breast cancer screening	1 time every 2 years	Women aged 40 or older.
Breastfeeding counseling	2 (during pregnancy and after birth)	
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women aged 21 to 65.
Cervical cancer screening: with cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women aged 30-65 who want to lengthen the screening interval.
Chlamydial screening	1	Women age 24 or younger if: <ul style="list-style-type: none"> • Pregnant, or • Sexually active increased risk of infection.
		Women aged 24 or older who are at increased risk.
Cholesterol abnormalities screening	1	Women aged 20-45 if at increased risk for coronary heart disease.
		Women 45 and older if at increased risk for coronary heart disease.
		Men aged 20-35 if at increased risk for coronary heart disease.
		Men 35 and older.
Colorectal cancer screening	1 time every 5 years	Adults aged 50-75.
Contraceptive methods and counseling	As prescribed	Women with reproductive capacity; approved by FDA. Not including abortifacient drugs.
Dental caries prevention	1	Infants and children up to 5 years.
Depression screening	1	Adolescents aged 12-18.
		Adults aged 18 or older.
Diabetes screening	1	Asymptomatic adults aged 18 or older with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.
Falls prevention: exercise or physical therapy	1	Adults aged 65 years and older who are at increased risk for falls.

Falls prevention: vitamin D	As prescribed	Adults aged 65 years and older who are at increased risk for falls.
Gestational diabetes screening	1	Pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Gonorrhea prophylactic medication	1	Newborns
Gonorrhea screening	1	Sexually active women age 24 years or younger and in older women who are at increased risk for infection.
Healthy diet and physical activity counseling	1	Adults aged 18 or older who are overweight or obese and have additional cardiovascular disease (CVD) risk factors.
Hearing loss screening	1	Newborns
Hemoglobinopathies screening	1	Newborns
Hepatitis B screening	1	Adolescents aged 12-18 and adults aged 18 or older at high risk for infection.
		Pregnant women
Hepatitis C screening	1	Adolescents aged 12-18 and adults aged 18 or older at high risk for infection.
		Adults born between 1945 and 1965.
HIV screening	1	Adolescents 15 or younger at high risk.
		Adolescents and adults ages 15 to 65 years.
		Adults older than 65 at increased risk.
		Pregnant women
Human Papillomavirus (HPV) DNA Test	1 every 3 years	Women age 30 and older with normal cytology results.
Hypothyroidism screening	1	Newborns

Intimate partner violence screening	1	Women of childbearing age.
Iron supplementation	As prescribed	Children aged 6-12 months who are at increased risk for iron deficiency anemia.
Lung cancer screening	1	Adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.
Obesity screening and counseling	1	Children aged 6-18.
		Adults aged 18 or older with a body mass index of 30 kg/m ² or higher.
Osteoporosis screening	1	Women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
Phenylketonuria screening	1	Newborns
Rh incompatibility screening: first pregnancy visit	1	Pregnant women
Rh incompatibility screening: 24–28 weeks' gestation	1	Pregnant women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Sexually transmitted infections counseling	1	Sexually active adolescents aged 12-18 and adults aged 18 or older at increased risk for sexually transmitted infections.
Skin cancer behavioral counseling	1	Aged 10-24 who have fair skin.
Statin preventive medication	As prescribed	Adults ages 40-75 years without a history of cardiovascular disease (CVD) when all of the following criteria are met: 1) they have 1 or more CVD risk factors; and 2) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.
Tobacco use counseling and interventions	2	Children and Adolescents
		Adults aged 18 or older who use tobacco.
		Pregnant women who smoke.

Tuberculosis screening	1	Adults aged 18 or older at high risk.
Syphilis screening	1	Adolescents aged 12-18 and adults aged 18 or older at increased risk.
		Pregnant women
Visual acuity screening	1 time every 2 years	Children aged 3-5.
Well-woman visits	1	Adult women aged 18 or older.
Immunizations		
Vaccine	Interval Per Plan Year	Requirements
HepB-1	1	Newborn
HepB-2	1	Aged 4 weeks – 2 months
HepB-3	1	Aged 24 weeks – 18 months
DTaP-1	1	Aged 6 weeks – 2 months
DTaP-2	1	Aged 10 weeks – 4 months
DTaP-3	1	Aged 14 weeks – 6 months
DTaP-4	1	Aged 12-18 months
DTaP-5	1	Aged 4-6
Hib-1	1	Aged 6 weeks – 2 months
Hib-2	1	Aged 10 weeks – 4 months
Hib-3	1	Aged 14 weeks – 6 months
Hib-4	1	Aged 12-15 months
IPV-1	1	Aged 6 weeks – 2 months
IPV-2	1	Aged 10 weeks – 4 months
IPV-3	1	Aged 14 weeks – 18 months
IPV-4	1	Aged 4-6
PCV-1	1	Aged 6 weeks – 2 months
PCV-2	1	Aged 10 weeks – 4 months
PCV-3	1	Aged 14 weeks – 6 months
PCV-4	1	Aged 12-15 months
MMR-1	1	Aged 12-15 months
MMR-2	1	Aged 13 months – 6
Vericella-1	1	Aged 12-15 months
Vericella-2	1	Aged 15 months – 6

HepA-1	1	Aged 12-23 months
HepA-2	1	Aged 18 months or older
Influenza, inactivated	1	Aged 6 months or older
LAIV (intranasal)	1	Aged 2-49
MCV4-1	1	Aged 2-12
MCV4-2	1	Aged 11 years, 8 weeks – 16
MPSV4-1	1	Aged 2 or older
MPSV4-2	1	Aged 7 or older
Td	1	Aged 7-12
Tdap	1	Aged 7 or older
PPSV-1	1	Aged 2 or older
PPSV-2	1	Aged 7 or older
HPV-1	1	Aged 9-12
HPV-2	1	Aged 9 years, 4 weeks – 12 years, 2 months
HPV-3	1	Aged 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	1	Aged 6 weeks – 2 months
Rotavirus-2	1	Aged 10 weeks – 4 months
Rotavirus-3	1	Aged 14 weeks – 6 months
Herpes Zoster	1	Aged 60 years or older

Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - a. Sports,
 - b. Camp,
 - c. Employment,
 - d. Travel,
 - e. Insurance,
 - f. Marriage,
 - g. Legal proceedings.

2. Routine foot care for treatment of the following:
 - a. Flat feet,

- b. Corns,
 - c. Bunions,
 - d. Calluses,
 - e. Toenails,
 - f. Fallen arches,
 - g. Weak feet,
 - h. Chronic foot strain.
3. Dental procedures.
 4. Any other medical service, treatment, or procedure not covered under this Plan.
 5. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Appendix A or otherwise explicitly provided in this *Plan Document*, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.
 6. Claims unrelated to treatment of medical care or treatment.
 7. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition.
 8. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits to the Plan Document.
 9. Any claim related to an injury arising out of or in the course of any employment for wage or profit.
 10. Claims which would otherwise be covered by a Worker's Compensation policy for which a participant is entitled to benefit.
 11. Any claim arising from service received outside of the United States, except for the reasonable cost of claims billed by the Veterans Administration or Department of Defense for benefits covered under this Plan and not incurred during or from service in the Armed Forces of the United States.
 12. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed.
 13. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted.
 14. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant.
 15. Claims due to the use of illegal drugs.
 16. Claims due to an act of war, declared or undeclared, not including acts of terrorism.

17. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy.
18. Elective, voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus were carried to term.
19. Travel, unless specifically provided in the schedule of benefits.
20. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill.
21. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits.
22. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials.
23. Services or supplies which are primarily educational.
24. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression.
25. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion.
26. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change.
27. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant.
28. Any claims for fertility or infertility treatment.
29. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits.
30. Claims for or disability resulting from reversal of sterilization.
31. Claims for telephone consultations, the completion of forms, or failure to keep scheduled appointments.
32. Recreational or diversional therapy.
33. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider.

34. 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.
35. Claims that arise primarily due to medical tourism.
36. Podiatry.
37. Supportive devices of the foot.
38. Treatments for sexual dysfunction.
39. Aquatic or massage therapy.
40. Claims arising while legally intoxicated under the influence of illegal drugs, irrespective whether a criminal charge arose, unless the claim arose due to a drug addiction.
41. Biofeedback training.
42. Skilled nursing facility stay.
43. Durable medical equipment and prosthetics.
44. Home health care or hospice care.
45. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury.
46. Claims for temporomandibular joint syndrome.
47. Claims for biotech or specialty prescriptions.
48. Any claim which is not explicitly covered in the schedule of benefits.
49. Genetic testing unless explicitly covered in the schedule of benefits.
50. Outpatient hospital services unless explicitly covered in the schedule of benefits.
51. Inpatient hospital services unless explicitly covered in the schedule of benefits.
52. Organ transplants.
53. Emergency Room visits in excess of twenty-four (24) hours.
54. Claims for cosmetic surgery, not related to mastectomy reconstruction, to produce a symmetrical appearance or prosthesis or physical complications which result from such procedures.
55. Chiropractic care.
56. Radiation and chemotherapy.

57. Dialysis.
58. Acupuncture.
59. Alternative medicine/homeopathy.
60. Children dental and vision.
61. Outpatient surgery at hospital.
62. Outpatient surgery at ambulatory surgery center.
63. PCP surgery.
64. Specialist surgery.
65. Inpatient hospitalization including MHSA.
66. Anesthesia.