



## Schedule of Benefits & Plan Design

The following table represents the type of medical services currently covered under the WellPLUS™ Plan (automatically subject to change as per Section V.), 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.

| Medical Service  | In Network Benefit                           | Out of Network Benefit | Limitations & Exceptions    |
|--|--|------------------------|-----------------------------|
| Doctor's Office Visit  | \$15 Copay                                   | Not Covered            |                             |
| Preventive and Wellness Services, noted in detail below  | 100%   | Not Covered            |                             |
| Outpatient Laboratory and Professional Services<br><i>(Not covered if services are provided at a hospital)</i> | \$50 Copay                                   | Not Covered            |                             |
| Outpatient X-rays and Diagnostic Imaging<br><i>(Not covered if services are provided at a hospital)</i>        | \$50 Copay                                   | Not Covered            |                             |
| Outpatient Imaging: CT, PET scans, MRI<br><i>(Not covered if services are provided at a hospital)</i>          | \$400 Copay                                  | Not Covered            |                             |
| Emergency Room   | \$400 Copay                                  | Not Covered            |                             |
| Urgent Care  | \$200 Copay                                  | Not Covered            |                             |
| Hospitalization (Room and Board Only) including MHSA (Mental Health and Substance Abuse)                       | 60% Coinsurance<br>\$500 Copay Per Admission | Not Covered            | Limit 10 days per plan year |
| Generic Drugs  | \$15 Copay                                   | Not Covered            |                             |
| Preferred Brand Drugs  | \$25 Copay                                   | Not Covered            |                             |
| Non-Preferred Brand Drugs  | \$75 Copay                                   | Not Covered            |                             |
| Disease Management   | Included                                     | Not Covered            |                             |



### Medical Services Deductible Information

| Deductible | In Network Services | Out of Network Services |
|------------|---------------------|-------------------------|
| Individual | \$0                 | Not Covered             |
| Family     | \$0                 | Not Covered             |

### Out of Pocket Information

| Out of Pocket Maximum | In Network Services | Out of Network Services |
|-----------------------|---------------------|-------------------------|
| Individual Medical    | \$3,150             | Not Covered             |
| Family Medical        | \$12,700            | Not Covered             |

### Schedule of Wellness and Preventative Benefits Provided

| Benefit   | Interval      | Requirements  |
|---|---------------|---|
| Abdominal aortic aneurysm screening: men            | 1             | Aged 65-75, previous smoker   |
| Alcohol misuse screening and counseling             | 1             | Adults 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse  |
| Anemia screening: pregnant women                    | 1             | Asymptomatic pregnant women   |
| Aspirin to prevent cardiovascular disease: men      | As prescribed | Aged 45-79, when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage  |
| Aspirin to prevent cardiovascular disease: women    | As prescribed | Aged 55-79, when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage  |
| Bacteriuria screening: pregnant women               | 1             | Pregnant women at 12-16 weeks' gestation or at the first prenatal visit, if later   |
| Blood pressure screening in                         | 1             | Adults aged 18 or older   |
| BRCA risk assessment and genetic counseling/testing | 1             | Women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. |

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| Breast cancer preventive medications                           | 1                    | Tamoxifen for 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                    | To parent(s) of the child once during pregnancy and once <i>post-partum</i>   |
| Cervical cancer screening: Type A                              | 1 time every 3 years | Women aged 21-65 with cytology (Pap smear)  |
| Cervical cancer screening: Type B                              | 1 time every 5 years | Women aged 30-65 who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing   |
| Chlamydial infection screening: nonpregnant women              | 1                    | Non-pregnant women aged 24 or younger and older non-pregnant women who are at increased risk  |
| Chlamydial infection screening: pregnant women                 | 1                    | Pregnant women aged 24 or younger and older pregnant women who are at increased risk  |
| Contraception, subject to pending regulations                  | As prescribed        | FDA approved methods, sterilization procedures, not including abortifacient drugs   |
| Cholesterol abnormalities screening: men 35 and older          | 1                    |   |
| Cholesterol abnormalities screening: men younger than 35       | 1                    | Aged 20-35 if at increased risk for coronary heart disease  |
| Cholesterol abnormalities screening: women 45 and older        | 1                    | Increased risk for coronary heart disease   |
| Cholesterol abnormalities screening: women younger than 45     | 1                    | Aged 20-45 if at increased risk for coronary heart disease  |
| Colorectal cancer screening                                    | 1 time every 5 years | Aged 50-75  |
| Dental caries prevention: infants and children up to 5 years   | 1                    | Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians may prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. |
| Depression screening: adolescents                              | 1                    | Aged 12-18  |
| Depression screening: adults                                   | 1                    | Aged 18 or older  |
| Diabetes screening   | 1                    | Asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg   |
| Falls prevention in older adults: exercise or physical therapy | 1                    | Community-dwelling adults aged 65 years or older who are at increased risk for falls  |

|   |               |   |
|---|---------------|---|
| Falls prevention in older adults: vitamin D                                   | As prescribed | Community-dwelling adults aged 65 years or older who are at increased risk for falls  |
| Folic acid supplementation  | As purchased  | Women planning or capable of pregnancy  |
| Gestational diabetes mellitus screening                                       | 1             | Asymptomatic pregnant women after 24 weeks of gestation   |
| Gonorrhea prophylactic medication: newborns                                   | 1             | Newborns  |
| Gonorrhea screening: women  | 1             | Sexually active women at increased risk   |
| Healthy diet counseling   | 1             | Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease   |
| Hearing loss screening: newborns  | 1             |   |
| Hemoglobinopathies screening: newborns  | 1             |   |
| Hepatitis B screening: nonpregnant adolescents and adults                     | 1             | Persons at high risk for infection  |
| Hepatitis B screening: pregnant women   | 1             |   |
| Hepatitis B infection screening: adults                                       | 1             | Persons at high risk for infection or persons born between 1945 and 1965  |
| HIV screening: adolescents and adults   | 1             | Adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened  |
| HIV screening: pregnant women   | 1             | All pregnant women, including those who present in labor who are untested and whose HIV status is unknown   |
| Hypothyroidism screening: newborns  | 1             |   |
| Intimate partner violence screening and Counseling: women of childbearing age | 1             | Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse |
| Iron supplementation in children  | As prescribed | Aged 6-12 months who are at increased risk for iron deficiency anemia   |

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| Lung cancer screening  | 1                    | Screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. |
| Obesity screening and counseling: adults                     | 1                    | Offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions  |
| Obesity screening and counseling: children                   | 1                    | Aged 6-18   |
| Osteoporosis screening: women                                | 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: newborns                          | 1                    |   |
| 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 and for adults at increased risk for STIs   |
| Skin cancer behavioral counseling                            | 1                    | Aged 10-24 who have fair skin   |
| Tobacco use counseling and interventions: nonpregnant adults | 2                    | Adults who use tobacco  |
| Tobacco use counseling: pregnant women                       | 2                    | Pregnant women who smoke  |
| Tobacco use interventions: children and adolescents          | 2                    | Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents  |
| Syphilis screening: nonpregnant persons                      | 1                    | Persons at increased risk for syphilis infection  |
| Syphilis screening: pregnant women                           | 1                    |   |
| Visual acuity screening in children                          | 1 time every 2 years | Aged 3-5  |
| Well-woman visits  | 1                    | Women only  |
| HepB-1   | 1                    | Newborn   |

|                        |   |                             |
|------------------------|---|-----------------------------|
| 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                      |

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 unless prescribed by a physician.
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.
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.
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. Claims for treatment of smoking cessation, unless medically necessary due to severe lung illness or as explicitly provided in the schedule of benefits.
39. Treatments for sexual dysfunction.
40. Aquatic or massage therapy.
41. 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.
42. Biofeedback training.



43. Ambulance services.
44. Durable medical equipment and prosthetics.
45. Home health care or hospice care.
46. Mental health or substance abuse unless explicitly provided in the schedule of benefits.
47. Claims for temporomandibular joint syndrome.
48. Claims for biotech or specialty prescriptions.
49. Any claim which is not explicitly covered in the schedule of benefits.
50. Genetic testing unless explicitly covered in the schedule of benefits.
51. Outpatient hospital services unless explicitly covered in the schedule of benefits.
52. Inpatient hospital services unless explicitly covered in the schedule of benefits.
53. Organ transplants.
54. Emergency Room visits in excess of twenty-four (24) hours.
55. Claims for surgery, not related to mastectomy reconstruction, to produce a symmetrical appearance or prosthesis or physical complications which result from such procedures.
56. Chiropractic care.
57. Radiation and chemotherapy.
58. Cardiac rehabilitation.
59. Dialysis.
60. Dental check-ups.
61. Diabetic supplies.
62. Acupuncture.
63. Children dental or vision.
64. Alternative medicine/homeopathy.
65. Sports-Related Therapy or Medicine of any kind.