

# WELLPREMIUM<sup>TM</sup>

## Schedule of Benefits & Plan Design Medical Services Deductible Information

<i>Deductible</i>	<b>Participating Providers (In Network)</b>	<b>Non Participating Providers (Out of Network)<sup>1</sup></b>
<b>Individual</b>	\$0	Not Covered
<b>Family</b>	\$0	Not Covered

## Out of Pocket Information

<i>Out of Pocket Maximum</i>	<b>Participating Providers (In Network)</b>	<b>Non Participating Providers (Out of Network)<sup>1</sup></b>
<b>Individual</b>	\$8,550	Not Covered
<b>Family</b>	\$17,100	Not Covered

## Schedule of Benefits

The WellPREMIUM<sup>TM</sup> Plan provides coverage for the preventive health services required by the PHSA § 2713 (a) without any cost sharing requirements. All covered In Network preventive service will be 100% covered by the Plan. Out of Network services will not be covered unless otherwise specified, and the Plan Member will owe 100% of the cost of these services.

<b>Plan Provisions</b>		<b>Prior Auth Required</b>	<b>Participating Providers (In Network)</b>	<b>Non Participating Providers (Out of Network)</b>
<b>Member Pays</b>				
<b>PHYSICIAN SERVICES</b>				
<b>Primary Care Office Visit</b>	<b>(Non-Hospital Based)</b>	No	\$35 Copay Existing Doctor \$70 Copay New Doctor	Not Covered 100% paid by Member
	<b>(Hospital Based)</b>	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Specialist Office Visit</b>	<b>(Non-Hospital Based)</b>	No	\$75 Copay Existing Doctor \$150 Copay New Doctor	Not Covered 100% paid by Member
	<b>(Hospital Based)</b>	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Urgent Care</b>		No	\$75 Copay	Not Covered 100% paid by Member

<sup>1</sup> If the Plan covers Emergency Room and/or Ambulance Services, those services will be covered if they are provided by an Out of Network provider and will be subject to the deductible and Out of Pocket Maximum.

# WELL PREMIUM™

Plan Provisions		Prior Auth Required	Participating Providers (In Network)	Non Participating Providers (Out of Network)
<b>Member Pays</b>				
<b>PREVENTIVE &amp; WELLNESS SERVICES</b>				
(See Schedule of Preventive Health Services section)	<b>(Non-Hospital Based)</b>	No	\$0 Copay (Plan pays 100% of covered preventive and wellness services)	Not Covered 100% paid by Member
	<b>(Hospital Based)</b>	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>HOSPITAL/FACILITY SERVICES</b>				
<b>Inpatient Room &amp; Board</b>	(Including Mental & Behavioral Health or Substance Abuse)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Other Inpatient Services</b>	(e.g., surgery)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Outpatient Services</b> <small>(Partial Hospitalization is not covered; Considered a Specialist Visit. See Limitations above)</small>	(Limited to Mental & Behavioral Health or Substance Abuse)	No	\$75 Copay Existing Doctor \$150 Copay New Doctor	Not Covered 100% paid by Member
<b>Outpatient Surgery: Facility fee</b>	(e.g., ambulatory surgery center)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Emergency Room Services</b>		No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>DIAGNOSTIC SERVICES</b>				
<b>Laboratory Service</b>	<b>(Non-Hospital Based)</b>	No	\$50 Copay per panel tested	Not Covered 100% paid by Member
	<b>(Hospital Based)</b>	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Radiology</b>	<b>(Non-Hospital Based)</b>	No	\$50 Copay per image billed	Not Covered 100% paid by Member
	<b>(Hospital Based)</b>	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>CT/MRI/MRA/PET Scan</b>	<b>(Non-Hospital Based)</b>	Yes	\$500 Copay per image billed	Not Covered 100% paid by Member
	<b>(Hospital Based)</b>	Not Applicable	Not Covered 100% paid by Member	Not Covered 100% paid by Member

# WELL PREMIUM™

Plan Provisions		Prior Auth Required	Participating Providers (In Network)	Non Participating Providers (Out of Network)
<b>Member Pays</b>				
<b>PREGNANCY BENEFITS</b>				
Office Visits	(Non-Hospital Based) (Considered a Specialist Visit. See Limitations above)	No	\$75 Copay Existing Doctor \$150 Copay New Doctor	Not Covered 100% paid by Member
	(Hospital Based)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
Childbirth/Delivery Professional Services		No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
Childbirth/Delivery Facility Services		No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>OTHER SERVICES</b>				
Rehabilitation/Habilitation Services		No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
Emergency Medical Transportation		No	Not Covered 100% paid by Member	Not Covered 100% paid by Member

PHARMACY BENEFITS		Participating Pharmacies	Non Participating Pharmacies
<b>Member Pays</b>			
<b>Preventive Prescriptions - (Subject to Formulary)</b>			
Pharmacy Retail – up to a 30 day supply		Generic - \$0 Copay (Limited to Preventive Generic)	Not Covered 100% paid by Member
<b>Non-Preventive Prescriptions - (Subject to Formulary)</b>			
Pharmacy Retail – up to a 30 day supply		Not Covered 100% paid by Member	Not Covered 100% paid by Member
Pharmacy Mail Order – 90 day supply		Not Covered 100% paid by Member	Not Covered 100% paid by Member
Specialty Drugs		Not Covered 100% paid by Member	Not Covered 100% paid by Member

# WELLPREMIUM™

## Preventive Health Services: Limitations, Intervals, and Requirements<sup>1</sup>

The following table represents the preventive services currently covered under the WellPREMIUM™ Plan as well as the permitted interval and any requirements of such preventive services.

Preventive Health Services		
Covered Benefits		
<p>Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:</p> <ul style="list-style-type: none"> <li>• Medical services with a rating of “A” or “B” from the current recommendations of the United States Preventive Services Task Force. See <a href="https://www.uspreventiveservicestaskforce.org">https://www.uspreventiveservicestaskforce.org</a></li> <li>• Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <a href="https://www.hrsa.gov">https://www.hrsa.gov</a></li> <li>• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <a href="https://www.cdc.gov/vaccines/acip">https://www.cdc.gov/vaccines/acip</a></li> </ul>		
Benefit	Interval	Requirements
<b>Abdominal Aortic Aneurysm Screening</b>	1 per lifetime	By ultrasonography in <b>men</b> ages 65-75 years who have ever smoked.
<b>Adult Annual Standard Physical</b>	1 per plan year	<b>Adults</b> , one (1) physical preventive exam per plan year.
<b>Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling</b>	1 per plan year	Screenings for unhealthy alcohol use in <b>adults</b> 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
<b>Aspirin: Preventive Medication</b>	As prescribed	<b>Adults</b> ages 50 to 59 with high risk of cardiovascular diseases and for the primary prevention of cardiovascular disease and colorectal cancer.  Low-dose aspirin (81 mg/d) as preventive medication for <b>women</b> after 12 weeks of gestation who are at high risk for preeclampsia.
<b>Bacteriuria Screening</b>	1 per plan year	Screening for asymptomatic bacteriuria with urine culture in <b>pregnant women</b> at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
<b>BRCA Risk Assessment and Genetic Counseling/Testing</b>	1 per plan year	Screening to <b>women</b> 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 ( <i>BRCA 1</i> or <i>BRCA2</i> ).  Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
<b>Breast Cancer Preventive Medications</b>	As prescribed	Risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors for <b>women</b> who are at increased risk for breast cancer and at low risk for adverse medication effects.
<b>Breast Cancer Screening</b>	1 time every 2 plan years	Screening mammography for <b>women</b> age 50 years and older. Coverage limited to 2D mammograms only.

<sup>1</sup> None of the Preventive Health Services are covered if they are provided at a hospital.

# WELL PREMIUM™

Preventive Health Services		
Benefit	Interval	Requirements
<b>Breastfeeding Support, Supplies and Counseling</b>	In Conjunction with each birth	Interventions during <b>pregnancy</b> and <b>after birth</b> to support breastfeeding. Costs for renting breastfeeding equipment will be covered in conjunction with each birth.
<b>Cervical Cancer Screening: with Cytology (Pap Smear)</b>	1 time every 3 plan years	<b>Women</b> age 21 to 65 years with cervical cytology alone.
<b>Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing</b>	1 time every 5 plan years	<b>Women</b> age 30 to 65 years with high-risk papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology.
<b>Chlamydia Screening</b>	1 per plan year	Sexually active <b>women</b> age 24 and younger and in older women who are at increased risk infection.
<b>Colorectal Cancer Screening</b>	1 time every 5 plan years	Starting in <b>adults</b> at age 50 years and continuing until age 75 years.
<b>Contraceptive Methods and Counseling</b>	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling for <b>all women</b> with reproductive capacity, not including abortifacient drugs.
<b>Dental Caries Prevention: Infants and Children Up to Age 5</b>	1 per plan year	Application of fluoride varnish to the primary teeth of all <b>infants and children</b> starting at the age of primary tooth eruption and prescription of oral fluoride supplementation starting at age <b>6 months for children</b> whose water supply is fluoride deficient.
<b>Depression Screening</b>	1 per plan year	Screening for major depressive disorder (MDD) in <b>adolescents</b> aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up
		Screening for depression in the general <b>adult</b> population, including <b>pregnant and postpartum women</b> . Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Pregnant and postpartum persons at increased risk of perinatal depression should be refer to counseling interventions.
<b>Diabetes Screening</b>	1 per plan year	Screening for abnormal blood glucose as part of cardiovascular risk assessment in <b>adults</b> aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
<b>Fall Prevention: Older Adults</b>	1 per plan year	Exercise interventions for community-dwelling <b>adults</b> age 65 years and older who are at increased risk for falls.
<b>Folic Acid Supplementation</b>	As prescribed	Daily supplement containing 0.4 to 0.8 mg (400 to 800µg) of folic acid for all <b>women</b> planning or capable of pregnancy.
<b>Gestational Diabetes Mellitus Screening</b>	1 per plan year	Asymptomatic <b>pregnant women</b> after 24 weeks of gestation.

# WELL PREMIUM™

Preventive Health Services		
Benefit	Interval	Requirements
Gonorrhea Prophylactic Medication	As prescribed	Prophylactic ocular topical medication for all <b>newborns</b> for the prevention of gonococcal ophthalmia neonatorum.
Gonorrhea Screening	1 per plan year	Sexually active <b>women</b> age 24 years or younger and in older women who are at increased risk for infection.
Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease	1 per plan year	<b>Adults</b> who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies Screening	1 per plan year	Screening for sickle cell disease in <b>newborns</b> .
Hepatitis B Screening	1 per plan year	<b>Persons</b> at high risk for infection.
		<b>Pregnant women</b> at their first prenatal visit.
Hepatitis C Virus (HCV) Infection Screening	1 per plan year	<b>Adults</b> aged 18 to 79 years.
High Blood Pressure Screening	1 per plan year	Screening for high blood pressure in <b>adults</b> aged 18 or older.
HIV Preexposure Prophylaxis for the Prevention of HIV Infection	As prescribed	<b>Persons</b> who are at high risk of HIV acquisition.
HIV Screening	1 per plan year	<b>Adolescents and adults</b> aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
		<b>Pregnant women</b> including those who present in labor, who are untested and whose HIV status is unknown.
Hypothyroidism Screening	1 per plan year	Screening for congenital hypothyroidism in <b>newborns</b> .
Intimate Partner Violence Screening	1 per plan year	Screening for intimate partner violence, in <b>women</b> of reproductive age and provide or refer women who screen positive to ongoing supporting services.
Latent Tuberculosis Screening	1 per plan year	Screening for latent tuberculosis infection in <b>populations</b> at risk.
Lung Cancer Screening	1 per plan year	With low-dose computed tomography in <b>adults</b> aged 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	1 per plan year	To <b>children and adolescents</b> 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
		Screening all <b>adults</b> . Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions to prevent obesity-related morbidity and mortality in <b>adults</b> .
Osteoporosis Screening	1 per plan year	In <b>women</b> aged 65 and older and in postmenopausal <b>women</b> younger than 65 years who are at increased risk of osteoporosis.
Phenylketonuria Screening	1 per plan year	Screening for phenylketonuria in <b>newborns</b> .

# WELL PREMIUM™

Preventive Health Services		
Benefit	Interval	Requirements
<b>Preeclampsia Screening</b>	1 per plan year	<b>Pregnant women</b> with blood pressure measurements throughout pregnancy.
<b>Rh Incompatibility Screening: First Pregnancy Visit</b>	1 per plan year	Rh (D) blood typing and antibody testing for all <b>pregnant women</b> during their first visit for pregnancy - related care.
<b>RH Incompatibility Screening: 24–28 Weeks' Gestation</b>	1 per plan year	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative <b>women</b> at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D) - negative.
<b>Sexually Transmitted Infections Counseling</b>	1 per plan year	Intensive behavioral counseling for all sexually active <b>adolescents and for adults</b> who are at increased risk for sexually transmitted infections.
<b>Skin Cancer Behavioral Counseling</b>	1 per plan year	Counseling <b>young adults, adolescents, children, and parents of young children</b> about minimizing their exposure to ultraviolet radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk for skin cancer.
<b>Statin Preventive Medication</b>	As prescribed	<b>Adults</b> without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met:  1) they are aged 40 to 75 years;  2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and  3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
<b>Syphilis Screening</b>	1 per plan year	<b>Persons</b> who are at increased risk for infection.  <b>All pregnant women.</b>
<b>Tobacco Use Counseling and Interventions</b>	2 per plan year	Provide behavioral interventions for cessation to all <b>adults</b> who use tobacco, advise them to stop using tobacco, and provide behavioral interventions, U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco is covered.  Provide behavioral interventions for cessation to <b>pregnant women</b> who use tobacco.  Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged <b>children and adolescents.</b>
<b>Unhealthy Drug Use Screening</b>	1 per plan year	Screening by asking questions about unhealthy drug use in <b>adults</b> 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)
<b>Vision Screening</b>	1 time every 2 plan years	All <b>children</b> aged 3 to 5 years to detect amblyopia or its risk factors.
<b>Well-Woman Visits</b>	1 per plan year	<b>Women</b> under 65 to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.
<b>Well-Child Visits</b>	1 per plan year	<b>Children</b> to obtain the recommended preventive services that are age and developmentally appropriate. (Covers 1 visit except as more frequently recommended for children under the age of 3 years.)

# WELL PREMIUM™

## Immunizations

IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults\*

Birth Through Six Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
HepB	Hepatitis B	Ages 4 weeks- 2 months
		Ages 6 months- 18 months
DTaP	Diphtheria, tetanus, and acellular pertussis	Ages 15 months- 18 months
Hib	Haemophilus influenzae type b	Ages 12 months- 15 months
PCV13	Pneumococcal 13-valent conjugate	Ages 12 months- 15 months
IPV	Inactivated poliovirus	Ages 6 months-18 months
Flu	Influenza (yearly)	Ages 6 months- 6 years
MMR	Measles, mumps, and rubella	Ages 12 months- 15 months
VAR	Varicella	Ages 12 months- 15 months
HepA	Hepatitis A	Ages 12 months-23 months (1st dose)
		Six months after the last dose (2nd dose)
RV	Rotavirus	Ages 2 months- 6 months (if recommended)

Children From Seven Through Eighteen Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
Flu	Influenza (yearly)	Ages 7 - 18 years
Tdap	Tetanus, diphtheria, and acellular pertussis	Ages 11- 12 years
HPV	Human papillomavirus	Ages 11- 12 years (2 shots series) Note: A 3-shot series of HPV vaccine is needed for those with weakened immune systems and those who start the series at 15 years or older
MenACWY	Meningococcal serogroups A,C,W,Y	Ages 11- 12 years
MenACWY	Meningococcal A,C,W,Y Booster	Age 16 (recommended)



# WELL PREMIUM™

## Immunizations

Adults Nineteen Years or Older		
Abbreviations	Vaccines	Age Requirements and Limitations
IIV	Influenza inactivated	Ages 19 ≥ 65 years ( 1 dose annually)
RIV	Influenza recombinant	
LAIV	Influenza live attenuated	Ages 19 - 49 years (1 dose annually)
Tdap	Tetanus, diphtheria, and acellular pertussis	Ages 19 ≥ 65 years (1 dose Tdap, then TD booster every 10 years)
MMR	Measles, mumps, and rubella	Ages 19 - 60 years - 1 or 2 doses depending on indication (if born in 1957 or later)
VAR	Varicella	Ages 19 -37 years - 2 doses (if born in 1980 or later)
RZV	Zoster recombinant	Ages 50 ≥ 65 years - 2 doses
ZVL	Zoster live	Ages 60 ≥ 65 years - 1 dose
HPV - Female	Human papillomavirus	Ages 19 - 26 years - 2 or 3 doses depending on age at initial vaccination
HPV- Male	Human papillomavirus	Ages 19 - 21 years - 2 or 3 doses depending on age at initial vaccination
PCV13	Pneumococcal 13-valent conjugate	Ages ≥ 65 years
PPSV23	Pneumococcal 23-valent polysaccharide	Ages ≥ 65 years

\* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

# WELLPREMIUM™

## 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. Rehabilitative therapies
4. Substance Abuse / Addiction Treatment Facilities
5. Dental procedures
6. Any other medical service, treatment, or procedure not specifically listed in this Schedule of Benefits
7. 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
8. Acupuncture
9. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
10. Chiropractic care
11. 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
12. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
13. Any claims for fertility or infertility treatment
14. Home health care, hospice care, private duty nursing, or long-term care
15. Routine eye care (Adult)
16. Non-emergency care when traveling outside the U.S.

"The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan."