

	TIER 1	TIER 2	TIER 3
<b>Orthotics:</b> <ul style="list-style-type: none"> <li>• Paid By Plan After Deductible</li> </ul>	90%	80%	50%
<b>Compression Stockings:</b> <ul style="list-style-type: none"> <li>• Maximum Benefit Per Calendar Year</li> <li>• Paid By Plan After Deductible</li> </ul>	90%	3 Pairs 80%	50%
<b>Physician Office Visit. This Section Applies To Medical Services Billed From A Physician Office Setting:</b>  <b>This Section Does Not Apply To:</b> <ul style="list-style-type: none"> <li>➢ Preventive / Routine Services</li> <li>➢ Manipulation Services Billed By Any Qualifying Provider</li> <li>➢ Dental Services Billed By Any Qualifying Provider</li> <li>➢ Therapy Services Billed By Any Qualifying Provider</li> <li>➢ Any Services Billed From An Outpatient Hospital Facility</li> </ul> <ul style="list-style-type: none"> <li>• Paid By Plan After Deductible</li> </ul>	90%	80%	50%
<b>Physician Office Services:</b> <ul style="list-style-type: none"> <li>• Paid By Plan After Deductible</li> </ul>	90%	80%	50%
<b>Preventive / Routine Care Benefits. See Glossary Of Terms For Definition. Benefits Include:</b>  <b>Preventive / Routine Physical Exams At Appropriate Ages:</b> <ul style="list-style-type: none"> <li>• Paid By Plan</li> </ul> <b>Immunizations:</b> <ul style="list-style-type: none"> <li>• Paid By Plan</li> </ul> <b>Preventive / Routine Diagnostic Tests, Lab, And X-Rays At Appropriate Ages:</b> <ul style="list-style-type: none"> <li>• Paid By Plan</li> </ul> <b>Preventive / Routine Mammograms And Breast Exams:</b> <ul style="list-style-type: none"> <li>From Age 40</li> <li>• Maximum Exams Per Calendar Year</li> <li>• Paid By Plan</li> </ul>	100% (Deductible Waived)  100% (Deductible Waived)  100% (Deductible Waived)  100% (Deductible Waived)	100% (Deductible Waived)  100% (Deductible Waived)  100% (Deductible Waived)  1 Exam 100% (Deductible Waived)	No Benefit

## COVERED MEDICAL BENEFITS

This Plan provides coverage for the following covered benefits if services are authorized by a Physician or other Qualified Provider, if applicable, and are necessary for the treatment of an Illness or Injury, subject to any limits, maximums, exclusions, or other Plan provisions shown in this SPD. The Plan does not provide coverage for services if medical evidence shows that treatment is not expected to resolve, improve, or stabilize the Covered Person's condition, or if a plateau has been reached in terms of improvement from such services.

In addition, any diagnosis change for a covered benefit after a payment denial will not be considered for benefits unless the Plan is provided with all pertinent records along with the request for change that justifies the revised diagnosis. Such records must include the history and initial assessment and must reflect the criteria listed in the most recent International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM) for the new diagnosis, or, if in a foreign country, must meet diagnostic criteria established and commonly recognized by the medical community in that region.

Important: Prior authorization may be required before benefits will be considered for payment. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs. Refer to the Care Management section of this SPD for a description of these services and prior authorization procedures.

1. **3D Mammograms, for claims initially processed on or after April 1, 2017**, for the diagnosis and treatment of a covered medical benefit or for preventive screenings as described under the Preventive / Routine Care Benefits.
2. **Abortions:** If a Physician states in writing that the mother's life would be in danger if the fetus were to be carried to term or if the pregnancy was the result of incest or rape.
3. **Allergy Treatment**, including: Injections, testing and serum.
4. **Ambulance Transportation:** Medically Necessary ground and air transportation by a vehicle designed, equipped, and used only to transport the sick and injured to the nearest medically appropriate Hospital.
5. **Anesthetics and Their Administration.**
6. **Aquatic Therapy.** (See Therapy Services below.)
7. **Autism Spectrum Disorders (ASD) Treatment**, when Medical Necessity is met.

(ASD includes Autistic Disorder, Asperger's Syndrome, Childhood Disintegrative Disorder, Rett Syndrome, and Pervasive Developmental Disorders.)

ASD treatment may include any of the following services: diagnosis and assessment; psychological, psychiatric, and pharmaceutical (medication management) care; speech therapy, occupational therapy, and physical therapy.

Treatment is prescribed and provided by a licensed health care professional practicing within the scope of his or her license.

Treatment is subject to all other Plan provisions as applicable (such as Prescription benefit coverage, behavioral/mental health coverage, and/or coverage of therapy services).

Coverage does not include services or treatment identified elsewhere in the Plan as non-covered or excluded (such as Experimental, Investigational, or Unproven treatment, custodial care, nutritional or dietary supplements, or educational services that should be provided through a school district).

8. **Breast Pumps** and related supplies. Coverage is subject to Medical Necessity as defined by this Plan. Benefits for breast pumps include the cost of purchasing one breast pump per pregnancy in conjunction with childbirth.
9. **Breast Reductions** if Medically Necessary.

**Emergency** means a serious medical condition, with acute symptoms that a Prudent Layperson would seek immediate care and treatment in order to avoid jeopardy to the life and health of the person.

**Employee** – see the Eligibility and Enrollment section of this SPD.

**Enrollment Date** means:

- For anyone who applies for coverage when first eligible, the first day of the Waiting Period.
- For anyone who enrolls under the Special Enrollment Provision, or for Late Enrollees, the first day coverage begins.

**ERISA** means the Employee Retirement Income Security Act of 1974, as amended from time to time, and applicable regulations.

**Essential Health Benefit** means any medical expense that falls under the following categories, as defined under the Patient Protection and Affordable Care Act; ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; Prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and Pediatric Services, including oral and vision care, if applicable.

**Experimental, Investigational, or Unproven** means any drug, service, supply, care, or treatment that, at the time provided or sought to be provided, is not recognized as conforming to accepted medical practice or to be a safe, effective standard of medical practice for a particular condition. This includes, but is not limited to:

- Items within the research, Investigational, or Experimental stage of development or performed within or restricted to use in Phase I, II, or III clinical trials (unless identified as a covered service elsewhere);
- Items that do not have strong, research-based evidence to permit conclusions and/or clearly define long-term effects and impact on health outcomes (i.e., that have not yet been shown to be consistently effective for the diagnosis or treatment of the specific condition for which it is sought). Strong, research-based evidence is identified as peer-reviewed published data derived from multiple, large, human, randomized, controlled clinical trials OR at least one or more large, controlled, national, multi-center, population-based studies;
- Items based on anecdotal and Unproven evidence (literature consisting only of case studies or uncontrolled trials), i.e., items that lack scientific validity, but may be common practice within select practitioner groups even though safety and efficacy is not clearly established;
- Items that have been identified through research-based evidence to not be effective for a medical condition and/or to not have a beneficial effect on health outcomes.

Note: FDA and/or Medicare approval does not guarantee that a drug, supply, care, or treatment is accepted medical practice; however, lack of such approval will be a consideration in determining whether a drug, service, supply, care or treatment is considered Experimental, Investigational, or Unproven. In assessing cancer care claims, sources such as the National Comprehensive Cancer Network (NCCN) Compendium, Clinical Practice Guidelines in Oncology™ or National Cancer Institute (NCI) standard of care compendium guidelines, or similar material from other or successor organizations will be considered along with benefits provided under the Plan and any benefits required by law. Furthermore, off-label drug or device use (sought for outside FDA-approved indications) is subject to medical review for appropriateness based on prevailing peer-reviewed medical literature, published opinions and evaluations by national medical associations, consensus panels, technology evaluation bodies, and/or independent review organizations to evaluate the scientific quality of supporting evidence.

**Maximum Benefit** means the maximum amount or the maximum number or days or treatments that are considered a Covered Expense by the Plan.

**Medically Necessary / Medical Necessity** means health care services provided for the purpose of preventing, evaluating, diagnosing, or treating an Illness, Injury, mental illness, substance use disorder, condition, or disease or its symptoms, that are all of the following as determined by us or our designee, within our sole discretion:

- In accordance with *Generally Accepted Standards of Medical Practice*; and
- Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for Your Illness, Injury, mental illness, substance use disorder, or disease or its symptoms; and
- Not mainly for Your convenience or that of Your doctor or other health care provider; and
- Not more costly than an alternative drug, service(s), or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of Your Illness, Injury, disease, or symptoms

The fact that a Physician has performed, prescribed, recommended, ordered, or approved a service, treatment plan, supply, medicine, equipment, or facility, or that it is the only available procedure or treatment for a condition, does not, in itself, make the utilization of the service, treatment plan, supply, medicine, equipment, or facility Medically Necessary.

*Generally Accepted Standards of Medical Practice* are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We reserve the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert, and the determination of when to use any such expert opinion will be within our sole discretion.

UnitedHealthcare Clinical Services develops and maintains clinical policies that describe the Generally Accepted Standards of medical Practice scientific evidence, prevailing medical standards, and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by UnitedHealthcare Clinical Services and revised from time to time), are available to Covered Persons by calling HealthFirst at the telephone number on the Plan ID card, and to Physicians and other health care professionals on UnitedHealthcareOnline.com.

**Medicare** means the program of medical care benefits provided under Title XVIII of the Social Security Act, as amended.

**Mental Health Disorder** means a disorder that is a clinically significant psychological syndrome associated with distress, dysfunction or Illness. The syndrome must represent a dysfunctional response to a situation or event that exposes the Covered Person to an increased risk of pain, suffering, conflict, Illness, or death.

**Morbid Obesity** means a Body Mass Index (BMI) that is greater than or equal to 40 kg/m<sup>2</sup>. If there are serious (life-threatening) medical condition(s) exacerbated by, or caused by, obesity not controlled despite maximum medical therapy and patient compliance with a medical treatment plan, a BMI greater than or equal to 35 kg/m<sup>2</sup> is applied. Morbid Obesity for a Covered Person who is less than 19 years of age means a BMI that falls above the 95<sup>th</sup> percentile on the growth chart.

**Multiple Surgical Procedures** means that more than one surgical procedure is performed during the same period of anesthesia.