



Transforming Data Through Knowledge

*Coverage for Individuals and Families Who Cannot Afford or Qualify
for Full Comprehensive Medical Plans*









✦ **America's Choice**

Provided by America's Choice Health Care

Administered by Detego Health for Working Owners of Healthcare Analytics, LLC









TDK 1

Physician Services ¹ (Utilizes the First Health Network) ²		Details	
Primary Care Office Visit 3 visits / yr	Co-Pay	Maximum / Visit	
	\$25	\$150	
Specialist Care Office Visit 1 visit / yr	Co-Pay	Maximum / Visit	
	\$50	\$300	
Urgent Care Office Visit 1 visit / yr	Co-Pay	Maximum / Visit	
	\$50	\$300	
In-Patient Hospitalization Benefit	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,000	\$5,000	
Virtual Visits		Details	
 MyLiveDoc Your health, your time	Telemedicine		
Virtual Care	\$0 Consult Fee		No Maximum
Prescriptions	70+ Free Prescriptions. Discount with Prescription Card.		
Wellness		Details	
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard		
Advocacy		Details	
	Hospital Bill Reducer		
<div><div><div>Healthcare Data Analytics Transforming Data to Knowledge</div></div><div>First Health Network</div><div><div>DetegoHealth Discover A Better Plan</div></div></div>			
<p>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.</p> <p>(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.</p> <p>(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Plan Doc for the first Twelve [12] Months of coverage.</p> <p>This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.</p> <p>This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</p>			









TDK 2

Physician Services ¹ (Utilizes the First Health Network) ²		Details	
Primary Care Office Visit 4 visits / yr	Co-Pay	Maximum / Visit	
	\$25	\$150	
Specialist Care Office Visit 2 visit / yr	Co-Pay	Maximum / Visit	
	\$50	\$300	
Urgent Care Office Visit 2 visit / yr	Co-Pay	Maximum / Visit	
	\$50	\$300	
In-Patient Hospitalization Benefit	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,000	\$10,000	
Virtual Visits		Details	
 MyLiveDoc Your health, your time	Telemedicine		
Virtual Care	\$0 Consult Fee		No Maximum
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.		
Wellness		Details	
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard		
Advocacy		Details	
 Navi Claim	Hospital Bill Reducer		
<div><div> Healthcare Data Analytics Transforming Data to Knowledge</div><div> First Health[®] Network</div><div> DetegoHealth Discover A Better Plan</div></div>			
<p>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.</p> <p>(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.</p> <p>(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in the Plan Doc for the first Twelve [12] Months of coverage.</p> <p>This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.</p> <p>This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</p>			









TDK 3

Physician Services ¹ (Utilizes the First Health Network) ²		Details	
Primary Care Office Visit 4 visits / yr	Co-Pay	Maximum / Visit	
	\$25	\$150	
Specialist Care Office Visit 4 visit / yr	Co-Pay	Maximum / Visit	
	\$50	\$300	
Urgent Care Office Visit 4 visit / yr	Co-Pay	Maximum / Visit	
	\$50	\$300	
In-Patient Hospitalization Benefit	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,000	\$15,000	
Virtual Visits		Details	
 MyLiveDoc Your health, your time	Telemedicine		
Virtual Care	\$0 Consult Fee	No Maximum	
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.		
Wellness		Details	
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard		
Advocacy		Details	
 Navi Claim	Hospital Bill Reducer		
<div><div> Healthcare Data Analytics Transforming Data to Knowledge</div><div> First Health[®] Network</div><div> DetegoHealth Discover A Better Plan</div></div>			
<p>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.</p> <p>(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.</p> <p>(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in the Plan Doc for the first Twelve [12] Months of coverage.</p> <p>This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.</p> <p>This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</p>			









TDK 4

Physician Services ¹ (Utilizes the First Health Network) ²		Details	
Wellness Exam 1 visit / yr	Co-Pay	Maximum / Visit	
	\$0	\$150	
Primary Care Office Visit 4 visits / yr	Co-Pay	Maximum / Visit	
	\$50	\$150	
Specialist Care Office Visit 4 visit / yr	Co-Pay	Maximum / Visit	
	\$75	\$300	
Urgent Care Office Visit 4 visit / yr	Co-Pay	Maximum / Visit	
	\$75	\$300	
In-Patient Hospitalization Benefit	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,000	\$10,000	
Out-Patient Surgery	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,000	\$2,000	
Emergency Room (if admitted)	Per Incident		12/12 month Pre-Existing ³
	\$1,000		
Ambulance Benefit (if admitted)	Per Incident		12/12 month Pre-Existing ³
	\$500		
Virtual Visits		Details	
 MyLiveDoc Your health, your time	Telemedicine		
Virtual Care	\$0 Consult Fee		No Maximum
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.		
Wellness		Details	
 PERSONAL HEALTH DASHBOARD	* Track your medical records, fitness, sleep, hydration and other items. * Access to discount lab and DNA testing. * A wide array of additional benefits.		
Advocacy		Details	
	Hospital Bill Reducer		
<div><div> Healthcare Data Analytics Transforming Data to Knowledge</div><div> First Health Network</div><div> DetegoHealth Discover A Better Plan</div></div>			
<p>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.</p> <p>(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.</p> <p>(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in the Plan Doc for the first Twelve [12] Months of coverage.</p> <p>This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.</p> <p>This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</p>			



TDK 5

Physician Services ¹ (Utilizes the First Health Network) ²		Details	
Wellness Exam 1 visit / yr	Co-Pay	Maximum / Visit	
	\$0	\$150	
Primary Care Office Visit 5 visits / yr	Co-Pay	Maximum / Visit	
	\$50	\$150	
Specialist Care Office Visit 5 visit / yr	Co-Pay	Maximum / Visit	
	\$75	\$300	
Urgent Care Office Visit 5 visit / yr	Co-Pay	Maximum / Visit	
	\$75	\$300	
In-Patient Hospitalization Benefit	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,500	\$15,000	
In/Out-Patient Surgery	Per Day	Year Maximum	12/12 month Pre-Existing ³
	\$1,500	\$4,500	
Emergency Room (if admitted)	Per Incident		12/12 month Pre-Existing ³
	\$1,000		
Ambulance Benefit (if admitted)	Per Incident		12/12 month Pre-Existing ³
	\$500		
Virtual Visits		Details	
 MyLiveDoc Your health, your time		Telemedicine	
Virtual Care	\$0 Consult Fee	No Maximum	
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.		
Wellness		Details	
 PERSONAL HEALTH DASHBOARD		• Track your medical records, fitness, sleep, hydration and other items. • Access to discount lab and DNA testing. • A wide array of additional benefits.	
Advocacy		Details	
		Hospital Bill Reducer	
<div><div>Healthcare Data Analytics Transforming Data to Knowledge</div><div> First Health Network</div><div>DetegoHealth Discover A Better Plan</div></div>			
<div>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not. (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in the Plan Doc for the first Twelve [12] Months of coverage.</div> <p>This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.</p> <p>This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</p>			



MEC/Preventative Health Services Summary of Benefits

Preventive Health Services - Covered Benefits¹

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:

- Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See <https://www.uspreventiveservicestaskforce.org>
- 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 <https://www.hrsa.gov>
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

Benefit	Interval	Requirements
Abdominal Aortic Aneurysm Screening	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked.
Adult Annual Standard Physical	1 per plan year	Adults , one (1) physical preventive exam per plan year.
Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling	1 per plan year	Screenings for unhealthy alcohol use in adults 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.
Aspirin: Preventive Medication	As prescribed	Adults 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 women after 12 weeks of gestation who are at high risk for pre-eclampsia.
Bacteriuria Screening	1 per plan year	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
BRCA Risk Assessment and Genetic Counseling/Testing	1 per plan year	Screening to 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 (BRCA 1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast Cancer Preventive Medications	As prescribed	Risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors for women who are at increased risk for breast cancer and at low risk for adverse medication effects.
Breast Cancer Screening	1 time every 2 plan years	Screening mammography for women age 50 years and older. Coverage limited to 2D mammograms only.



MEC/Preventative Health Services Summary of Benefits

None of the Preventive Health Services are covered if they are provided at a hospital.

Preventive Health Services

Benefit	Interval	Requirements
Breastfeeding Support, Supplies and Counseling	In Conjunction with each birth	Interventions during pregnancy and after birth to support breastfeeding. Costs for renting breastfeeding equipment will be covered in conjunction with each birth.
Cervical Cancer Screening: with Cytology (Pap Smear)	1 time every 3 plan years	Women age 21 to 65 years with cervical cytology alone.
Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing	1 time every 5 plan years	Women age 30 to 65 years with high-risk papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology.
Chlamydia Screening	1 per plan year	Sexually active women age 24 and younger and in older women who are at increased risk infection.
Colorectal Cancer Screening benefit subject to at home test kit for initial screening. If positive, the plan will provide benefits for a colonoscopy.	1 time every 5 plan years	Starting in adults at age 50 years and continuing until age 75 years.
Contraceptive Methods and Counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs.
Dental Caries Prevention: Infants and Children Up to Age 5	1 per plan year	Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption and prescription of oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.
Depression Screening	1 per plan year	Screening for major depressive disorder (MDD) in adolescents 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 adult population, including pregnant and postpartum women . 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.
Diabetes Screening	1 per plan year	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults 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.
Fall Prevention: Older Adults	1 per plan year	Exercise interventions for community-dwelling adults age 65 years and older who are at increased risk for falls.
Folic Acid Supplementation	As prescribed	Daily supplement containing 0.4 to 0.8 mg (400 to 800µg) of folic acid for all women planning or capable of pregnancy.
Gestational Diabetes Mellitus Screening	1 per plan year	Asymptomatic pregnant women after 24 weeks of gestation.



MEC/Preventative Health Services Summary of Benefits

Preventive Health Services		
Benefit	Interval	Requirements
Gonorrhea Prophylactic Medication	As prescribed	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.
Gonorrhea Screening	1 per plan year	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 to Prevent Cardiovascular Disease	1 per plan year	Adults 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 newborns .
Hepatitis B Screening	1 per plan year	Non-pregnant adolescents and adults at high risk for infection. Pregnant women at their first prenatal visit.
Hepatitis C Virus (HCV) Infection Screening	1 per plan year	Persons at high risk for infection and Adults born between 1945 and 1965 .
High Blood Pressure Screening	1 per plan year	Screening for high blood pressure in adults aged 18 or older.
HIV Preexposure Prophylaxis for the Prevention of HIV Infection	As prescribed	Persons who are at high risk of HIV acquisition.
HIV Screening	1 per plan year	Adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. Pregnant women 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 newborns .
Intimate Partner Violence Screening	1 per plan year	Screening for intimate partner violence, in women of reproductive age and provide or refer women who screen positive to ongoing supporting services.
Lung Cancer Screening	1 per plan year	With low-dose computed tomography in 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. 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 children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. Screening all adults . Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.
Osteoporosis Screening	1 per plan year	In women aged 65 and older and in younger postmenopausal women at increased risk of osteoporosis.
Phenylketonuria Screening	1 per plan year	Screening for phenylketonuria in newborns .



MEC/Preventative Health Services Summary of Benefits

Preventive Health Services		
Benefit	Interval	Requirements
Preeclampsia Screening	1 per plan year	Pregnant women with blood pressure measurements throughout pregnancy.
Rh Incompatibility Screening: First Pregnancy Visit	1 per plan year	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy - related care.
RH Incompatibility Screening: 24–28 Weeks' Gestation	1 per plan year	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D) - negative.
Sexually Transmitted Infections Counseling	1 per plan year	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.
Skin Cancer Behavioral Counseling	1 per plan year	Counseling young adults, adolescents, children, and parents of young children 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.
Statin Preventive Medication	As prescribed	Adults 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.
Syphilis Screening	1 per plan year	Non-pregnant persons who are at increased risk for infection. All pregnant women.
Tobacco Use Counseling and Interventions	2 per plan year	Provide behavioral interventions for cessation to all adults 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 pregnant women who use tobacco. Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.
Tuberculosis Screening	1 per plan year	Screening for latent tuberculosis infection in populations at risk.
Vision Screening	1 time every 2 plan years	All children aged 3 to 5 years to detect amblyopia or its risk factors.
Well-Woman Visits	1 per plan year	Women under 65 to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.
Well-Child Visits	1 per plan year	Children 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.)



MEC/Preventative Health Services Summary of Benefits

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)
Immunizations		
Adults Nineteen Years or Older		



MEC/Preventative Health Services Summary of Benefits

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
<p>* 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 Claims Administrator.</p>		



Exclusions

2. No payment will be eligible under any portion of this Plan for expenses Incurred by a Covered Person for the expenses or circumstances listed below. If an expense is paid that is found to be excluded or limited as shown below, the Plan has the right to collect that amount from the payee, the Covered Person or from future benefits and any such payment does not waive the written exclusions, limitations or other terms of the Plan. Limitations listed can be informed in the Medical Benefits Section.

3. Abortion will not be considered eligible.

4. Acupuncture will not be considered eligible.

5. Adoption expenses will not be considered eligible.

6. Alcohol services, supplies, care or treatment to a Covered Person for an Injury or Sickness which occurred as a result of that Covered Person's illegal use of alcohol.

7. Allergy testing/injections will not be considered eligible.

8. Alternative Medicine or Complementary Medicine services and supplies related to alternative or complementary medicine, including but not limited to acupressure, acupuncture, aroma therapy, bioenergiol synchronization technique (BEST), contact reflex analysis, holistic medicine herbal therapy, hypnotism, iridology (study of the iris), naturopathy, Reiki therapy, Rolfing, thermography, or other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine of the National Institutes of Health or any similar or successor organization.

9. Ambulance Services – Ground / Air is limited, see Summary of Benefits Page.

10. Autism Services (Inpatient and Outpatient) will not be considered eligible.

11. Autopsy expenses will not be considered eligible.

12. Autotransfusions charges or cell saver transfusions occurring during or after surgery will not be considered eligible.

13. Biofeedback.

14. Blood or Other Body Tissue and Fluids, Including Storage will not be considered eligible.

15. Cardiac Rehabilitation will not be considered eligible.

16. Chemotherapy / Radiation Therapy will not be considered eligible.

17. Chiropractic Services will not be considered eligible.

18. Close Relative expenses for services, care or supplies provided by a person who normally resides in the Covered Person's home or by a Close Relative will not be considered eligible.

19. Complications services or treatment required as a result of complications from a treatment or procedure not covered under the Plan will not be considered eligible.



Exclusions

20. Contraceptives expenses (including placement and removal) will not be considered eligible, except as otherwise covered as a preventive service under the Schedule of Benefits and Medical Covered Charges section of the Plan.
21. Convenience Items expenses (personal hygiene and convenience) will not be considered eligible.
22. Cosmetic/Reconstructive Procedures expenses will not be considered eligible.
23. Counseling expenses for religious, marital, or relationship counseling will not be considered eligible.
24. Custodial Care expenses will not be considered eligible.
25. Dental Care expenses incurred in connection with dental care, treatment, x-rays, general anesthesia or Hospital expenses will not be considered eligible.
26. Developmental Delays expenses, including, but not limited to speech therapy, occupational therapy, physical therapy and any related diagnostic testing will not be considered eligible. This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism, ADD or ADHD and to expenses covered as a preventive service under the Schedule of Benefits and Medical Covered Charges section of the Plan.
27. Diagnostic Testing will not be considered eligible.
28. Dialysis will not be considered eligible.
29. Durable Medical Equipment will not be considered eligible.
30. Employment, Insurance, or License related care- physical exams or immunizations, or any other treatment required for enrollment in any insurance program, as a condition of employment, for licensing, or other similar purposes.
31. Exercise Programs will not be considered eligible.
32. Experimental and/or Investigational expenses for treatment, procedures, devices, drugs or medicines which are determined to be Experimental and/or Investigational will not be considered eligible.
33. Eye care- Radial keratotomy, Lasik surgery or other eye surgery to correct vision problems that are alternately correctable by vision lenses. Also, routine eye examinations, including refractions, lenses for the eyes and exams for their fitting (unless specified in the Schedule of Benefits). This exclusion does not apply to aphakic patients and soft lenses or sclera shells intended for use as corneal bandages or as may be covered under the well adult or well child sections of this Plan.
34. Foot Care expenses for routine foot care, treatment of weak, unstable or flat feet will not be considered eligible.
35. Genetic Testing will not be considered eligible.
36. Governmental Agency expenses for services and supplies which are provided by any governmental agency for which the Covered Person is not liable for payment will not be considered eligible. In the case of a state



Exclusions

sponsored medical assistance program, benefits payable under this Plan will be primary. Benefits payable under this Plan will also be primary for any Covered Person eligible under TRICARE (the government sponsored program for military dependents).

37. Hair Loss/transplants expenses will not be considered eligible.

38. Hazardous Hobby expenses for any condition, illness or injury, or complication thereof, arising out of engaging in a hazardous hobby or activity will not be considered eligible. For the purposes of this Plan, "hazardous hobby or activity" is defined as an unusual activity characterized by a constant threat of danger, such as skydiving, auto racing, hang gliding, bungee jumping, and jet ski operating. This does not include common recreational activities, such as water or snow skiing, horseback riding, boating, motorcycling, snowmobiling, all-terrain vehicle riding and team sports.

39. Hearing Exams/Aids expenses for routine hearing examinations, hearing aids (including the fitting thereof) and supplies will not be considered eligible, except as otherwise covered as a preventive service under the Schedule of Benefits and Medical Covered Charges section of the Plan.

40. Home Health Care will not be considered eligible.

41. Homeopathic Treatment expenses for naturopathic and homeopathic treatments, services and supplies will not be considered eligible.

42. Hospice Care will not be considered eligible.

43. Hypnotherapy expenses will not be considered eligible.

44. Illegal acts- charges for services received as a result of injury or sickness occurring directly or indirectly, as a result of an illegal act, or a riot, or public disturbance. For purposes of this exclusion, the term illegal act shall mean any act or series of acts that, if charged, prosecuted and convicted of a criminal offense, a sentence to a term of imprisonment in excess of one year could be imposed.

45. Illegal Occupation/Felony expenses for or in connection with an injury or illness arising out of an illegal occupation or commission of a felony will not be considered eligible.

46. Implantable Devices will not be considered eligible.

47. Infertility expenses for confinement, treatment, testing or services related to infertility (the inability to conceive) or the promotion of conception will not be considered eligible unless otherwise indicated in the Schedule of Benefits.

Nothing in this section is intended to exclude coverage for any infertility counseling or treatment required to be covered (if any) as a preventive service under the guidelines published by the Health Resources and Services Administration on August 1, 2011 (or any applicable subsequent guidelines).

48. Late submission charges for care, treatment, services or supplies which were incurred more than 12 months prior



Exclusions

to the date the charges were submitted to the Plan for payments will not be considered eligible.

49. Maintenance Therapy expenses for Maintenance Therapy of any type when the individual has reached the maximum level of improvement will not be considered eligible.

50. Massage Therapy expenses will not be considered eligible.

51. Maternity/Pregnancy Services will not be considered eligible.

52. Medically Necessary expenses will not be considered eligible.

53. Mental Health Services (Inpatient and Outpatient) will not be considered eligible.

54. Missed Appointments expenses for completion of claim forms, missed appointments or telephone consultations will not be considered eligible.

55. Motor vehicle injury charges incurred for the care or treatment of any injury sustained as a result of or related to any motor vehicle accident to the extent that such care or treatment for that injury is covered by any plan, program, policy or other arrangement providing insurance coverage for vehicles.

56. Negligence expenses for Injuries resulting from negligence, misfeasance, malfeasance, nonfeasance or malpractice on the part of any licensed Physician will not be considered eligible.

57. Never Events expenses for serious preventable adverse events ("Never Events") will not, in any event, be considered eligible. These Never Events include:

- a. Surgery performed on the wrong body part;
- b. Surgery performed on the wrong patient;
- c. Wrong Surgical procedure performed on a patient;
- d. Unintentional retention of a foreign object in a patient after Surgery or other procedure;
- e. Inoperative or immediate postoperative death in an ASA Class I patient;
- f. Patient death or serious disability associated with the use of contaminated Drugs, devices, or biologics provided by the healthcare facility;
- g. Patient death or serious disability associated with the use or function of a device in a patient in which the device is used for functions other than as intended;
- h. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility;
- i. Patient death or serious disability associated with patient leaving the facility without permission;
- j. Infant discharged to the wrong person;



Exclusions

- k. Patient death or serious disability associated with a medication error (e.g., error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparations, or wrong route of administration);
- l. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products;
- m. Maternal death or serious disability associated with labor and delivery in a low-risk Pregnancy while being cared for in a healthcare facility;
- n. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility;
- o. Death or serious disability associated with failure to identify and treat hyperbilirubinemia (condition where there is a high amount of bilirubin in the blood) in newborns;
- p. Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility; q. Patient death or serious disability due to spinal manipulative therapy;
- r. Artificial insemination with the wrong donor sperm or wrong egg;
- s. Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility;
- t. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;
- u. Patient death or serious disability associated with a burn Incurred from any source while being cared for in a healthcare facility;
- v. Patient death associated with a fall while being cared for in a healthcare facility;
- w. Patient death or serious disability associated with the use of restrains or bedrails while being cared for in a healthcare facility;
- x. Any instance of care ordered by or provided by someone impersonating a Physician, nurse, pharmacist, or other Provider;
- y. Abduction of a patient of any age;
- z. Sexual assault on a patient within or on the grounds of a healthcare facility; and
- aa. Death or significant Injury of a patient or staff member resulting from a physical assault (i.e. battery) that occurs within or on the grounds of a healthcare facility.

58. **No Legal Obligation** expenses for services provided for which the Covered Person has no legal obligation to pay will not be considered eligible. This exclusion will not apply to eligible expenses that may be covered by state Medicaid coverage where federal law requires this Employer's plan to be primary.

59. **Non-Covered Procedures** expenses for services related to a non-covered Surgery or procedure will not be considered eligible regardless of when the Surgery or procedure was performed.

60. **Not Performed Under the Direction of a Physician** expenses for services and supplies which are not prescribed or performed by or under the direction of a Physician will not be considered eligible.

61. **Not Recommended by a Physician** expenses by a Hospital or covered residential treatment center if hospitalization is not recommended or approved by a legally qualified Physician will not be considered eligible.



Exclusions

62. **Nutritional Counseling** expenses related to nutritional counseling will not be considered eligible, except as otherwise covered as a preventive service under the Schedule of Benefits and Medical Covered Charges section of the Plan.
63. **Nutritional Supplements** expenses for nutritional supplements or other enteral supplementation will not be considered eligible, except as specified under Schedule of Benefits and Medical Covered Charges of the Plan. Over-the-counter nutritional supplements or infant formulas will not be considered eligible even if prescribed by a Physician.
64. **Obesity-** surgical and non-surgical care and treatment of obesity including weight loss or dietary control, whether or not it is in any case a part of a treatment plan for another Illness, will not be considered eligible, except as otherwise covered as a preventive service under the Schedule of Benefits and Medical Covered Charges section of the Plan.
65. **Off-label drugs-** A charge for FDA-approved drugs that are prescribed for non-FDA-approved uses will not be considered eligible.
66. **Office visits**, physical examinations, immunizations, and tests when required solely for the following: a.
Sports
b. Camp
c. Employment d.
Travel
e. Marriage f.
Insurance
g. Legal Proceedings
67. **Operated by the Government** expenses for treatment at a facility owned or operated by the government will not be considered eligible, unless the Covered Person is legally obligated to pay. This does not apply to Covered Expenses rendered by a Hospital owned or operated by the United States Veteran's Administration when services are provided to a Covered Person for a non-service related Illness or Injury.
68. **Organ Transplants** will not be considered eligible.
69. **Outpatient surgery (Facility, Anesthesia and Physician charges)**, unless specified in the Schedule of Benefits, will not be considered eligible.
70. **Outside the United States (U.S.)** expenses for services or supplies if the Covered Person leaves the U.S. or the U.S. Territories for the express purpose of receiving medical treatment will not be considered eligible.
71. **Over-the-Counter (OTC) Medication** expenses for any over-the-counter medication will not be considered eligible. Expenses for drugs and medicines not requiring a prescription by a licensed Physician and not dispensed by a licensed pharmacist will not be considered eligible, except as otherwise covered as a preventive services under the Schedule of Benefits and Pharmacy Covered Charges section of the Plan.
72. **Physical/Speech/Occupational Therapy** will not be considered eligible.
73. **Plan Allowable Fee** expenses in excess of the Plan allowable fee charge will not be considered eligible.



Exclusions

74. **Plan Maximums**- Charges in excess of Plan maximums will not be considered eligible.
75. **Pre-Existing Conditions**-This plan does not cover pre-existing conditions for the first 12 months after enrollment.
76. **Prenatal/Postnatal Services** will not be considered eligible, except as required per ACA guidelines.
77. **Prior to Effective Date** expenses which are incurred prior to the effective date of your coverage under the Plan will not be considered eligible.
78. **Private Duty Nursing** expenses for inpatient private duty nursing will not be considered eligible.
79. **Prosthetics/Orthotics** will not be considered eligible.
80. **Pulmonary Rehabilitation** will not be considered eligible.
81. **Radioactive Contamination** expenses Incurred as the result of radioactive contamination or the hazardous properties of nuclear material will not be considered eligible.
82. **Radiology (CT, PET, MRI, MRA, SPECT)** will not be considered eligible.
83. **Recreational and Educational Therapy** expenses for recreational and educational services; learning disabilities; behavior modification services; any form of non-medical self-care or self-help training, including any related diagnostic testing; music therapy; health club memberships; aquatic or pool therapies; will not be considered eligible.
84. **Refractive Errors** expenses for radial keratotomy, Lasik Surgery or any Surgical Procedure to correct refractive errors of the eye will not be considered eligible.
85. **Replacement braces**- Replacement of braces of the leg, arm, back, neck, or artificial arms or legs, unless there is sufficient change in the Covered Person's physical condition to make the original device no longer functional, will not be considered eligible.
86. **Required by Law**- In any case where an individual is required by law to maintain insurance coverage (or to maintain any other security or reserve amount in lieu of insurance coverage), expenses of a Covered Person that would be paid by such insurance coverage are not eligible expenses, regardless of whether the individual is in fact covered under such coverage. For purposes of any required automobile, motorcycle or other vehicle coverage, otherwise eligible expenses below the minimum required coverage or the actual coverage elected, whichever is higher, will be excluded from coverage under this Plan.
87. **Riot/Revolt** expenses resulting from a Covered Person's participation in a riot or revolt will not be considered eligible.
88. **Safety devices**- For drivers and all passengers: charges for the treatment for injuries incurred when not wearing appropriate safety restraints and/or motorcycle helmets, when legally required, will be considered eligible.
89. **Sex Transformation** expenses in connection with sex transformation will not be considered eligible.



Exclusions

90. **Sexual Dysfunction/Impotence** expenses for services, supplies or drugs related to sexual dysfunction/impotence not related to organic disease will not be considered eligible. Expenses for sex therapy will not be considered eligible.
91. **Skilled Nursing Facility** will not be considered eligible.
92. **Stand-by Physician** expenses for technical medical assistance or stand-by Physician services will not be considered eligible.
93. **Sterilization** expenses for the reversal of elective sterilization will not be considered eligible. Male sterilization services will not be considered eligible.
94. **Substance Abuse Services (Inpatient and Outpatient)** will not be considered eligible.
95. **Surrogate** expenses relating to a surrogate pregnancy of any person who is not covered under this Plan, including but not limited to pre-pregnancy, conception, pre-natal, childbirth and post-natal expenses, will not be considered eligible.
96. **Transplant** expenses for services, supplies or drugs related to all organ or tissue transplant services, will not be considered eligible. Expenses for donor, transportation or travel will not be considered eligible.
97. **Travel** expenses for travel will not be considered eligible.
98. **War** expenses for the treatment of Illness or Injury resulting from a war or any act of war or terrorism, whether declared or undeclared, civil war, hostilities or invasion, or while in the armed forces of any country or international organization will not be considered eligible.
99. **Weekend Admissions** expenses for care and treatment billed by a Hospital for non-Medical Emergency admissions on a Friday or Saturday will not be considered eligible.
100. **Wig after Chemotherapy** will not be considered eligible.
101. **Worker's Compensation** expenses for or in connection with any Injury or Illness which arises out of or in the course of any occupation for which the Covered Person would be entitled to compensation under any Worker's Compensation Law or occupational disease law or similar legislation will not be considered eligible.
102. **Unrelated Claims:**
 103. Claims for disability resulting from reversal of sterilization
 104. Recreational or diversional therapy
 105. Claims for temporomandibular joint syndrome
 106. Routine eye care (Adult)
 107. Rehabilitative therapies
 - a. Pregnancy Benefits, including office visits and childbirth/delivery professional and facility services.



Exclusions

- b. Routine well-baby care of newborn infant while inpatient.

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.