



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-646-520-4529. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-646-520-4529 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	N/A.	Not applicable as this plan has no deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductible for specific services.
What is the out-of-pocket limit for this plan ?	Eligible services are covered at 100%. Plan Participants are not responsible for any Cost sharing expenses.	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit ?	This plan has no out-of-pocket expenses because all eligible expenses are covered at 100%.	This plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider ?	Yes. This plan uses the Multi Plan PHCS Preventive Services Only Network. A list of network providers can be found at www.multiplan.com or call 1-800-922-4362.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not covered	Not covered	No coverage for primary care visits to treat an injury or illness
	Specialist visit	Not covered	Not covered	No coverage for specialists.
	Preventive care/screening/immunization	No charge	Not covered	Includes preventive health services specified in the health care reform law. No coverage non-network.
If you have a test	Diagnostic test (x-ray, blood work)	Not covered	Not covered	No coverage for diagnostic tests.
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	No coverage for imaging.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.magellanrx.com or call 1-800-443-5715	Generic drugs	Not covered	Not covered	No coverage for prescription drugs, except for Generic Contraceptives covered at No Charge. Retail: Up to a 31 day supply Mail-Order: Up to a 90 day supply If you use a non-network pharmacy, you are responsible for any amount.
	Preferred brand drugs	Not covered	Not covered	
	Non-preferred brand drugs	Not covered	Not covered	
	Specialty drugs	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	No coverage for facility fee.
	Physician/surgeon fees	Not covered	Not covered	No coverage for physician/surgeon fees.
If you need immediate medical attention	Emergency room care	Not covered		No coverage for emergency room services.
	Emergency medical transportation	Not covered	Not covered	No coverage for emergency medical transportation.
	Urgent care	Not covered	Not covered	No coverage for urgent care.
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered	Not covered	No coverage for facility fee.
	Physician/surgeon fees	Not covered	Not covered	No coverage for physician/surgeon fees.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not covered	Not covered	No coverage for mental/behavioral health or substance abuse outpatient services.
	Inpatient services	Not covered	Not covered	No coverage for mental/behavioral health or substance abuse inpatient services.
If you are pregnant	Office visits	Routine Prenatal: No	Not covered	Cost sharing does not apply for preventive

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
		charge Postnatal: Not covered		services .
	Childbirth/delivery professional services	Not covered	Not covered	No coverage for delivery or inpatient professional services.
	Childbirth/delivery facility services	Not covered	Not covered	No coverage for delivery or inpatient facility services.
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered	No coverage for home health care.
	Rehabilitation services	Not covered	Not covered	No coverage for rehabilitation services.
	Habilitation services	Not covered	Not covered	No coverage for habilitative services.
	Skilled nursing care	Not covered	Not covered	No coverage for skilled nursing care.
	Durable medical equipment	Not covered	Not covered	No coverage for durable medical equipment.
	Hospice services	Not covered	Not covered	No coverage for hospice service.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	No coverage for eye exam
	Children's glasses	Not covered	Not covered	No coverage for glasses
	Children's dental check-up	Not covered	Not covered	No coverage for dental check-up

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

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| <ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Chiropractic care • Cosmetic surgery • Delivery and all inpatient services • Dental care (Adult) • Diagnostic test (x-ray, blood work) • Durable medical equipment • Emergency medical transportation • Emergency room services • Facility fee (e.g., hospital room) • Glasses (Adult) | <ul style="list-style-type: none"> • Habilitative services • Hearing aids • Home health care • Hospice service • Imaging (CT / PET scans, MRIs) • Infertility treatment • Long-term care • Mental / Behavioral health services • Non-emergency care when traveling outside the U.S. • Other practitioner office visit • Physician / surgeon fees | <ul style="list-style-type: none"> • Postnatal care • Private-duty nursing • Rehabilitation services • Routine eye care (Adult) – limitations may apply • Routine foot care • Skilled nursing care • Specialist visit • Substance Use Disorder services • Urgent care • Weight loss programs |
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. For more information on your rights to continue coverage, contact the plan at 1-646-520-4529. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the plan at 1-646-520-4529. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. "Additionally, a consumer assistance program can help you file your appeal Contact 888-614-5400. A list of states with Consumer Assistance Programs is available at: <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers> and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? No

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-646-520-4529.

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-646-520-4529

[Chinese (中文): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ 1-646-520-4529

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-646-520-4529

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$0.00
■ Specialist coinsurance	100%
■ Hospital (facility) coinsurance	100%
■ Other coinsurance	100%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,840
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$10,300
The total Peg would pay is	\$10,300

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0.00
■ Specialist coinsurance	100%
■ Hospital (facility) coinsurance	100%
■ Other coinsurance	100%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,460
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$7,239
The total Joe would pay is	\$7,239

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0.00
■ Specialist coinsurance	100%
■ Hospital (facility) coinsurance	100%
■ Other coinsurance	100%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,925
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$1,925
The total Mia would pay is	\$1,925

Preventive Plan Benefit Grid

*Preventive Care Services	No Co-payment Required For Preventative Care Services
Abdominal Aortic Aneurysm Screening: Men	One-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.
Alcohol Misuse - Screening And Counseling	Clinical screenings of adults age 18 years or older for alcohol misuse and brief behavioral counseling interventions to reduce alcohol misuse for persons engaged in risky or hazardous drinking.
Aspirin To Prevent Cardiovascular Disease: Men	Coverage for aspirin for men ages 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
Blood Pressure Screening In Adults	Clinical screening for high blood pressure in adults, age 18 years and older.
Cholesterol Abnormalities Screening: Men 35 And Older	Clinical screening for men age 35 years and older for lipid disorders.
Cholesterol Abnormalities Screening: Men Younger Than 35	Clinical screening for men ages 20 to 35 years for lipid disorders if they are at increased risk for coronary heart disease.
Colorectal Cancer Screening	Clinical screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years.
Depression Screening: Adolescents	Clinical screening of adolescents (ages 12-18 years) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.
Depression Screening: Adults	Clinical screening of adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.
Diabetes Screening	Clinical screening for type 2 diabetes in 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	Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
Falls Prevention In Older Adults: Vitamin D	Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
Gonorrhea Prophylactic Medication: Newborns	Coverage for prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.
Healthy Diet Counseling	Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
Hearing Loss Screening: Newborns	Clinical screening for hearing loss in all newborn infants.
Hemoglobinopathies Screening: Newborns	Clinical screening for sickle cell disease in newborns.
Hepatitis C Virus Infection Screening: Adults	Clinical screening for hepatitis C virus (HCV) infection in persons at high risk for infection. One-time screening for HCV infection to adults born between 1945 and 1965.
HIV Screening: Non-pregnant Adolescents And Adults	Clinical screening for HIV infection in adolescents and adults ages 15 to 65 years. Screening for younger adolescents and older adults who are at increased risk are also covered.

All services are provided at no cost to the employee, subject to an annual limitation as per PPACA. Employees must use a Provider in the Multiplan PHCS Preventive Services Only Network.

Preventive Plan Benefit Grid

*Preventive Care Services	No Co-payment Required For Preventative Care Services
Hypothyroidism Screening: Newborns	Clinical screening for congenital hypothyroidism in newborns.
Obesity Screening And Counseling: Adults	Clinical screening for all adults for obesity. Referrals for patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.
Phenylketonuria Screening: Newborns	Clinical screening for phenylketonuria in newborns.
Sexually Transmitted Infections Counseling	High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) in all sexually active adolescents and for adults at increased risk for STIs.
Syphilis Screening: Non-pregnant Persons	Clinical screening for all individuals at increased risk for syphilis infection.
Tobacco Use Counseling And Interventions: Non-pregnant Adults	Counseling for all adults regarding tobacco use and tobacco cessation interventions for those who use tobacco products.
Women's Preventive Health Care Services	No Co-payment Required For Women's Preventive Care Services
Well Woman Visits	One annual well woman preventive care visit (except where several visits are needed to obtain all necessary recommended preventive services, depending on the woman's health status, health needs, and other risk factors) for all adult women in order to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and the services necessary for prenatal care.
Anemia Screening: Pregnant Women	In conjunction with each pregnancy a routine screening for iron deficiency anemia in asymptomatic pregnant women is covered.
Aspirin To Prevent Cardiovascular Disease: Women	Coverage for aspirin for women ages 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.
Bacteriuria Screening: Pregnant women	In conjunction with each pregnancy, 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 Screening and Counseling	Genetic counseling and evaluation for BRCA testing referred for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Breast Cancer Preventative Medication	Clinical consultations to discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention and to inform patients of the potential benefits and harms of chemoprevention.
Breast Cancer Screening	Screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.
Breastfeeding Support, Supplies And Counseling	In conjunction with each birth comprehensive lactation support and counseling to promote and support breastfeeding, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.
Cervical Cancer Screening	Clinical screening for cervical dysplasia for all sexually active women.
Cervical Dysplasia Screening	Clinical screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
Chlamydial Infection Screening: Non-pregnant Women	Clinical screening for chlamydial infection in all sexually active non-pregnant young women age 24 years and younger and for older non-pregnant women who are at increased risk.
Chlamydial Infection Screening: Pregnant Women	Clinical screening for chlamydial infection in all pregnant women age 24 years and younger and for older pregnant women who are at increased risk.

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Preventive Plan Benefit Grid

Women's Preventive Health Care Services	No Co-payment Required For Women's Preventive Care Services
Cholesterol Abnormalities Screening: Women 45 And Older	Clinical screening women age 45 years and older for lipid disorders if they are at increased risk for coronary heart disease.
Cholesterol Abnormalities Screening: Women Younger Than 45	Clinical screening women ages 20 to 45 years for lipid disorders if they are at increased risk for coronary heart disease.
Contraceptive Methods And Counseling	As prescribed, all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.
Counseling And Screening For Human Immune-Deficiency Virus	Annual counseling and screening for human immune-deficiency virus infection for all sexually active women.
Counseling For Sexually Transmitted Infections	Annual counseling on sexually transmitted infections for all sexually active Women.
Folic Acid Supplementation	Coverage of a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy.
Gestational Diabetes Screening	Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Gonorrhea Screening: Women	Clinical screening for all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).
Hepatitis B Screening: Pregnant Women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.
HIV Screening: Pregnant Women	Clinical screenings for all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.
Human Papillomavirus Testing	Clinical screening and testing for high-risk human papillomavirus DNA in women with normal cytology results beginning at 30 years of age. Screening covered once every 3 years.
Interpersonal and Domestic Violence Care	Screening and counseling for interpersonal and domestic violence for women of all ages.
Intimate Partner Violence Screening: Women of Childbearing Age	Clinical screening for women of childbearing age, with or without signs or symptoms of abuse, for intimate partner violence, such as domestic violence, and referrals for women who screen positive to intervention services.
Osteoporosis Screening: Women	Clinical screening for osteoporosis in 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.
Rh Incompatibility Screening: 24- 28 Weeks Gestation	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.
Rh Incompatibility Screening: First Pregnancy Visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Syphilis Screening: Pregnant Women	Clinical screening for all pregnant women for syphilis infection.
Tobacco Use Counseling: Pregnant Women	Counseling for all pregnant women regarding tobacco use and augmented, pregnancy-tailored counseling for those who continue to smoke during pregnancy.

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Preventive Plan Benefit Grid

Vaccines and Immunizations	No Co-payment Required For Immunizations and Vaccinations.
Anthrax	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
BCG	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
DTaP	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Haemophilus Influenzae Type B	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hepatitis A	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hepatitis B	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hib	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Hib and DTP	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
HPV	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
HPV vaccine	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Inactivated Poliovirus	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Influenza	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Influenza vaccine for all adults 19 to 49 years of age	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Japanese Encephalitis	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Measles, Mumps & Rubella	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Meningococcal	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Meningococcal vaccine	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
MMR/varicella vaccine	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
MMRV	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Pneumococcal	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

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Preventive Plan Benefit Grid

Vaccines and Immunizations	No Co-payment Required For Immunizations and Vaccinations.
Pneumococcal vaccine	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Polio	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Rabies	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Rotavirus	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Smallpox (Vaccinia)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Tdap	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Tdap and Td Vaccines and Pregnancy	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Tetanus, Diphtheria, Pertussis	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Typhoid	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Varicella (Chickenpox)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Yellow Fever	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Herpes Zoster	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.
Zoster (Shingles)	As recommended and in doses advised by the Advisory Committee on Immunization Practices of the CDC and covered at 100% in-network rates.

All services are provided at no cost to the employee, subject to an annual limitation as per PPACA. Employees must use a Provider in the Multiplan PHCS Preventive Services Only Network.