



## Schedule of Benefits

Professional Services	In-Network benefits	Limitations
<b>Deductible</b>		
Individual	\$4,000	Plan only covers in network services.
Family	\$8,000	
<b>Out of Pocket – Maximum for member accumulated deductible and copays</b>		
Individual	\$9,200	Plan only covers in network services.
Family	\$18,400	
<b>Out of Pocket – Maximum for services beyond the plan limits</b>	Unlimited	
<b>Preventive Care</b>	\$0 Copay	See Preventive Care Guide
<b>PCP Office Visit</b>	\$50 Copay (2 visits before deductible, 2 after deductible)	(4 visits per benefit period maximum is combined for PCP office visits, Specialist office visit, and Urgent Care office visits) 2 Visits before deductible, 2 visits after.
<b>Specialist Office Visit (No Referral Needed)</b>	\$50 Copay (after deductible)	
<b>Urgent Care Office Visit</b>	\$50 Copay (after deductible)	
<b>Surgery Performed in the Office</b>	See Outpatient Surgery	
<b>Telemedicine</b>	\$0 Copay	Unlimited
<b>Labs</b>	\$25 Copay (after deductible)	(3 per Benefit Plan Year)
<b>X-rays</b>	\$50 Copay (after deductible)	(3 per Benefit Plan Year)
<b>Diagnostic Testing/Advanced Imaging</b> (Pre-certification required)	\$400 Copay (after deductible)	(3 per Benefit Plan Year)

# MEDVALUE

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Professional Services	In-Network benefits	Limitations
<b>Emergency Services</b> (Precertification is required within 48 hours of admission, if admitted)*		
Emergency Room	\$500 Copay (after deductible)	1 per year
Emergency Room Services	\$500 Copay (after deductible)	1 per year
<b>Inpatient Hospital</b> (Pre-certification required)		
Admission	\$1,000 Copay (after deductible)	5-day limit per hospitalization (1 hospitalizations per benefit year)
Surgery	\$1,000 Copay (after deductible)	1 per year (Elective surgery not covered)
Surgical Services	\$1,000 Copay (after deductible)	1 per year (Includes, anesthesia, and any other incurred service.)
<b>Outpatient Surgery</b> (Pre-certification required)		
Surgery in Office/Outpatient Facility	\$500 Copay (after deductible)	1 surgery per benefit year; Elective Surgeries not covered
Outpatient Surgical Services	\$500 Copay (after deductible)	1 per year (Includes, anesthesia, and any other incurred service.)
Physical & Occupational Therapies	\$50 Copay (after deductible)	8 visits per benefit year maximum combined
Durable Medical Equipment (DME)	\$50 Copay (after deductible)	Copayment is applied per item received; 2 items per benefit year
<b>Prescription Coverage</b>		
Preventive Generic	\$0 Copay	There is no coverage for Brand and Specialty. Subject to Formulary.
Standard Generic	\$0 Copay (after deductible)	

# **MEDVALUE**

## **Schedule of Benefits**

### **Notes:**

- 1.Failure to obtain authorization will result in penalties. The penalty may be a 50% reduction of allowed charges or denial of claim.
- 2.Elective Surgery will not be covered.
- 3.If you're facing a true emergency, such as severe injury or life-threatening symptoms, you may go to the closest emergency room with no out of network penalty or denial.
- 4.In the case authorization is required for an emergency admission, there is a 48-hour grace period or next business day.

### **Preventive Care Guide**

#### **Adult Wellness**

#### **Screenings /Counseling /Medications**

- 1.Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked.
- 2.Alcohol misuse screening and counseling.
- 3.Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk.
- 4.Blood pressure screening.
- 5.Cholesterol screening for adults of certain ages or at higher risk.
- 6.Colorectal cancer screening for adults 45 to 75.
- 7.Depression screening.
- 8.Diabetes (Type 2) screening for adults 40 to 70 years who are overweight.
- 9.Diet counseling for adults at higher risk for chronic disease.
- 10.Fall prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting.
- 11.Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- 12.Hepatitis C screening for adults aged 18 to 79 years.

- 13.HIV screening for everyone age 15 to 65, and other ages at increased risk.
- 14.PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use.
- 15.Lung cancer screening for adults 50 to 80 at high risk for lung cancer due to heavy smoking or have quit in the past 15 years.
- 16.Obesity screening and counseling.
- 17.Sexually transmitted infection (STI) prevention counseling for adults at higher risk.
- 18.Statin preventive medication for adults 40 to 75 at high risk.
- 19.Syphilis screening for adults at higher risk.
- 20.Tobacco use screening for all adults and cessation interventions for tobacco users.
- 21.Tuberculosis screening for certain adults without symptoms at high risk.

#### Immunization/Vaccines

(Dosage, age, and recommended populations vary)

Chickenpox (Varicella)	Human Papillomavirus (HPV)	Pneumococcal
Diphtheria	Measles	Rubella
Flu (influenza)	Meningococcal	Shingles
Hepatitis A	Mumps	Tetanus
Hepatitis B	Whooping Cough (pertussis)	

#### Women's Wellness

##### Screening/Testing

Services for pregnant women or women who may become pregnant.

- 1.Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies for pregnant and nursing women.
- 2.Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity.
- 3.Folic acid supplements for women who may become pregnant.
- 4.Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes.
- 5.Gonorrhea screening for all women at higher risk.
- 6.Hepatitis B screening for pregnant women at their first prenatal visit.
- 7.Maternal depression screening for mothers at well-baby visits.
- 8.Preeclampsia prevention and screening for pregnant women with high blood pressure.
- 9.Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
- 10.Syphilis screening.
- 11.Expanded tobacco intervention and counseling for pregnant tobacco users.
- 12.Urinary tract or other infection screening.
- 13.Screening for interpersonal and domestic violence.

##### Screenings /Testing

Other covered preventive services for women

- 1.Bone density screening for all women over age 65 or women aged 64 and younger that have gone through menopause.
- 2.Breast cancer genetic test counseling (BRCA) for women at higher risk

- 3.Breast cancer mammography screenings every 2 years for women 50 and over, and as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- 4.Breast cancer chemoprevention counseling for women at higher risk
- 5.Cervical cancer screening.
- 6.Pap test (also called a Pap smear) for women 21 to 65.
- 7.Chlamydia infection screening for younger women and other women at higher risk.
- 8.Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before.
- 9.Domestic and interpersonal violence screening and counseling for all women.
- 10.Gonorrhea screening for all women at higher risk.
- 11.HIV screening and counseling for everyone age 15 to 65, and other ages at increased risk.
- 12.PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use.
- 13.Sexually transmitted infections counseling for sexually active women.
- 14.Tobacco use screening and interventions.
- 15.Urinary incontinence screening for women yearly
- 16.Well-woman visits to get recommended services for all women

## Newborn/Child Care

### Screenings/Assessments/Supplements

- 1.Alcohol, tobacco, and drug use assessments for adolescents
- 2.Autism screening for children at 18 and 24 months
- 3.Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- 4.Bilirubin concentration screening for newborns
- 5.Blood pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- 6.Blood screening for newborns
- 7.Depression screening for adolescents beginning routinely at age 12
- 8.Developmental screening for children under age 3
- 9.Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
- 10.Fluoride supplements for children without fluoride in their water source
- 11.Fluoride varnish for all infants and children as soon as teeth are present
- 12.Gonorrhea preventive medication for the eyes of all newborns
- 13.Hearing screening for all newborns; regular screenings for children and adolescents as recommended by their provider
- 14.Height, weight, and body mass index (BMI) measurements taken regularly for all children
- 15.Hematocrit or hemoglobin screening for all children
- 16.Hemoglobinopathies or sickle cell screening for newborns
- 17.Hepatitis B screening for adolescents at higher risk
- 18.HIV screening for adolescents at higher risk
- 19.Hypothyroidism screening for newborns
- 20.PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- 21.Lead screening for children at risk of exposure

- 22. Obesity screening and counseling
- 23. Oral health risk assessment for young children from 6 months to 6 years
- 24. Phenylketonuria (PKU) screening for newborns
- 25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
- 26. Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- 27. Vision screening for all children
- 28. Well-baby and well-child visits

**Immunization/Vaccines**

(Dosage, age, and recommended populations vary)

Chickenpox (Varicella)	Human Papillomavirus (HPV)	Poliovirus (inactive)
Diphtheria, tetanus, & pertussis (DTaP)	Flu (influenza)	Measles, Mumps & Rubella (MMR)
Haemophilus influenzae (B)	Meningococcal	Rotavirus
Hepatitis A and B	Pneumococcal	Tetanus