

“Essential HSA” Outline

Healthcare services are managed by a combination of two plans. “Essential” is the ShareWELL Health Share for medical bills that exceed an Unshared Amount. “Copay” is a plan that offers 100% coverage for preventive care when conducted at a PPO Multiplan/PHCS network provider.

Description of Benefits

Member payment responsibilities

Unshared Amount 1500/3000/6000	Eligible bills are shared 100% after Unshared Amount, per Sharing Request basis, with a safeguard limit of two maximum in 12 months. No cap on sharing limit per Sharing Request
HSA Plan	High deductible plan that provides eligibility for a Health Savings Account
Preventive Care	Covered at 100% at in-network providers
ShareWELL Health Share network	<i>Present as a self-pay patient at providers for non-preventive services. No network restrictions.</i>
HSA Plan network	<i>For Participating Providers, 100% coverage for preventive care. The Maximum charges paid for services from non-network providers will be limited to 150% of the equivalent Medicare Allowed amount.</i>

Physician Services	Participating providers member pays
Virtual Urgent Care	\$0 copay, Download the Recuro Health app for access
Primary Care Office Visits	<i>Meet Unshared Amount</i>
Specialist Visit	<i>Meet Unshared Amount</i>
Urgent Care	<i>Meet Unshared Amount</i>
Preventive Care	Participating providers member pays <i>Not covered if performed at a hospital</i>
Newborn circumcision	<i>100% covered, No copayment</i>
Well Child Care Office Visits <i>7 visits birth to 12 months 3 visits during age 1 2 visits during age 2 1 visit from age 3 through 21</i>	<i>100% covered, No copayment</i>
Well Child Care Immunizations (<i>as recommended by Bright Futures project</i>)	<i>100% covered, No copayment</i>
Well Child Care Lab Tests (<i>as recommended by Bright Futures project</i>)	<i>100% covered, No copayment</i>
Adult Preventive Screening/Testing	Participating providers member pays <i>Not covered if performed in a hospital</i>
Adults, one physical exam per benefit year to obtain recommended and diagnostic services	<i>100% covered, No copayment</i>
Immunizations- doses, recommended ages, and recommended populations vary per the recommendations of the Advisory Committee for Immunization Practices (ACIP)	<i>100% covered, No copayment</i>
Prostate-specific antigen (Men, one per CY, age > 49)	<i>100% covered, No copayment</i>
Screenings such as; obesity, blood pressure,	

<p>cholesterol, colorectal cancer, HIV, and alcohol misuse. <i>Colorectal Cancer Screening (i.e.. Colonoscopy) Limited to Ambulatory Surgical Center locations only. Not covered if performed in a Hospital.)</i></p>	<p>100% covered, No copayment</p>
<p>Counseling such as alcohol misuse, sexually transmitted infection (STI) prevention, nutritional counseling, and tobacco use</p>	<p>100% covered, No copayment</p>
<p>Women's Preventive Care Services</p>	<p>Participating providers member pays Not covered if performed at a hospital</p>
<p>Prescribed contraceptive methods, sterilization procedures, and patient education. <i>(Supply and admin of contraceptives IUDs, implants and injectables); (Pharmacy- birth control pills, diaphragms, emergency contraceptive pill through your pharmacy benefit)</i></p>	<p>100% covered, No copayment</p>
<p>Well-woman exam to obtain recommended preventive and diagnostic services</p>	<p>100% covered, No copayment</p>
<p>Screenings such as pap smears, mammography, domestic and interpersonal violence screening, osteoporosis screening,</p>	<p>100% covered, No copayment</p>
<p>Counseling such as contraception, BRCA, breast cancer chemoprevention, folic acid supplements</p>	<p>100% covered, No copayment</p>
<p>Services for pregnant women including but not limited to anemia screening, rh incompatibility screening, breastfeeding, and hepatitis B screening; Breastfeeding: comprehensive support, and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing women. <i>(Participating breastfeeding supplies up to the amount of \$200)</i></p>	<p>100% covered, No copayment</p>
<p>Hospital & Facility Services</p>	<p>Member pays</p>
<p>Inpatient room & care- semi private room rate; unlimited number of days in acute or skilled nursing facility</p>	<p>Meet Unshared Amount</p>

Inpatient room & care (mental/behavioral health/substance abuse) Semi private room rate	<i>Meet Unshared Amount</i>
Outpatient/Ambulatory surgery services & birthing centers	<i>Meet Unshared Amount</i>
Other outpatient hospital services (such as cardiac, pulmonary, PT/OT/ST)	<i>Meet Unshared Amount</i>
Emergency room services	<i>Meet Unshared Amount</i>
Diagnostic Services	Member Pays
Laboratory, Radiology (limited to 5 services by date of service)	<i>Meet Unshared Amount</i>
Laboratory, radiology (in excess of 5 services per calendar year)	<i>Meet Unshared Amount</i>
Radiation Oncology services	<i>Meet Unshared Amount</i>
Advanced diagnostic imaging, MRI/CT/MRA/PET	<i>Meet Unshared Amount</i>
Mental Health/Behavioral Health/Substance Abuse Disorder (Inpatient)	Member pays
Hospital & facility services; semi private room rate	Not covered
Psychiatrist & psychologist service	Not covered
Outpatient	Member pays
Psychiatrist & psychologist services	Not covered
Psychological testing	Not covered
Other Services	Member pays
Allergy testing (including serums, injections, and administration)	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>

Ground ambulance	<i>Meet Unshared Amount</i>
Air ambulance	<i>Meet Unshared Amount</i>
Chemotherapy	<i>Meet Unshared Amount</i>
Dialysis and supplies	<i>Meet Unshared Amount</i>
Durable medical equipment (including orthotics/prosthetics)	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Enteral nutritional therapy	Not covered
Hearing aids	Not covered
Evaluations for the use of hearing aids	Not covered
Home health services	<i>Meet Unshared Amount</i>
Home infusion services	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Hospice services	Not covered
Human growth hormone, genetic testing/counseling, other	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Physical/occupational/ speech therapy (non hospital based)	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>
Alternative care services	Member pays
Acupuncture	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>
Chiropractic care	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>
Naturopathy, Functional Medicine and other	<i>Meet Unshared Amount, limits apply, see</i>

alternative medicines	<i>Member Guidelines for details</i>
Massage Therapy	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>
Pharmacy Benefits <i>(refer to ID card for pharmacy benefits)</i>	Member pays
ACA Approved Maintenance & 37 Acute medications	\$0 copay
Generic, brand, and specialty	Discounts, mail order, and international ordering available.
Pharmacy Assistance	Eligibility determination available by contacting Best Choice Rx 855-798-2538

