

# MightyWELL “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. “HSA” 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*

<p><b>Unshared Amount</b> <b>1500/3000/6000</b></p>	<p>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</p>
<p><b>HSA Plan</b></p>	<p>High deductible plan that provides eligibility for a Health Savings Account</p>
<p><b>Preventive Care</b></p>	<p>Covered at 100% at in-network providers</p>
<p><b>ShareWELL Health Share network</b></p>	<p><i>Present as a self-pay patient at providers for non-preventive services. No network restrictions.</i></p>
<p><b>HSA Plan network</b></p>	<p><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></p>

<b>Physician Services</b>	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>
<b>Preventive Care</b>	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</i> <i>3 visits during age 1</i> <i>2 visits during age 2</i> <i>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>
<b>Adult Preventive Screening/Testing</b>	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><i>100% covered, No copayment</i></p>
<p>Counseling such as alcohol misuse, sexually transmitted infection (STI) prevention, nutritional counseling, and tobacco use</p>	<p><i>100% covered, No copayment</i></p>
<p><b>Women's Preventive Care Services</b></p>	<p>Participating providers member pays <i>Not covered if performed at a hospital</i></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><i>100% covered, No copayment</i></p>
<p>Well-woman exam to obtain recommended preventive and diagnostic services</p>	<p><i>100% covered, No copayment</i></p>
<p>Screenings such as pap smears, mammography, domestic and interpersonal violence screening, osteoporosis screening,</p>	<p><i>100% covered, No copayment</i></p>
<p>Counseling such as contraception, BRCA, breast cancer chemoprevention, folic acid supplements</p>	<p><i>100% covered, No copayment</i></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><i>100% covered, No copayment</i></p>
<p><b>Hospital &amp; Facility Services</b></p>	<p>Member pays</p>
<p>Inpatient room &amp; care- semi private room rate; unlimited number of days in acute or skilled nursing facility</p>	<p><i>Meet Unshared Amount</i></p>

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

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

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

