

“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

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,	

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

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
Diagnostic Services	Member Pays
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
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)	Meet Unshared Amount, limits apply, see Member Guidelines for details
Ground ambulance	Meet Unshared Amount

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 alternative medicines	<i>Meet Unshared Amount, limits apply, see 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	<i>\$0 copay</i>
Generic, brand, and specialty	Discounts, mail order, and international ordering available.
Pharmacy Assistance	Eligibility determination available by contacting Best Choice Rx 855-798-2538

