REGIONAL HOME HEALTH AGENCY EMPLOYEE HEALTH PLAN MINIMUM ESSENTIAL COVERAGE
Preventive Benefits Plan
GROUP #75104

SUBMIT CLAIMS TO:
PPO name: PHCS/Multiplan, Inc.
Address: P.O. Box 211005
Eagan, MN 55121
EPID# PAS01

ARTICLE V BENEFITS

Medical Benefits (Preventive Care Only)
You are entitled to the Covered Expenses described in this booklet. For coverage under this Plan, Covered Expenses must be ordered by a Physician or Provider. Services that are not listed herein, or are listed in the General Limitations and Exclusions are not Covered Expenses.

The Plan covers preventive and wellness services for eligible adults and children and women's preventive services in compliance with the Patient Protection and Affordable Care Act of 2010 (PPACA), the regulations promulgated thereunder, and as amended from time. In addition to the below, a description of preventive services can be found at: www.healthcare.gov/what-are-my-preventive-care-benefits. Recommended ages, frequency and populations are for example only. Coverage will be in accordance with current recommendations under the PPACA or, if none, with reasonable medical judgment. Unless otherwise noted, frequency will be presumed to be annual.

Subject to the Plan's provisions, limitations and exclusions, the following are covered benefits when received at no cost-sharing.
Preventive Care Services for Adults

Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan.

Charges for covered Preventive Services:

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked, ages 65-75;
2. Alcohol Misuse screening and counseling, ages 18 and older;
3. Aspirin use for men and women of certain ages, Men 45 + Women 55+;
4. Blood Pressure screening for all adults, ages 18 and older;
5. Cholesterol screening for adults of certain ages or at higher risk;
6. Colorectal Cancer screening for adults over 50;
7. Depression screening for adults;
8. Type 2 Diabetes screening for adults with high blood pressure;
9. Diet counseling for adults at higher risk for chronic disease;
10. HIV screening for all adults at higher risk;
11. Immunization vaccines for adults--doses, recommended ages, and recommended populations vary:

    - Hepatitis A;
    - Hepatitis B;
    - Herpes Zoster;
    - Human Papillomavirus;
    - Influenza (Flu Shot);
    - Measles, Mumps, Rubella;
    - Meningococcal;
    - Pneumococcal;
    - Tetanus, Diphtheria, Pertussis; and
    - Varicella.

12. Obesity screening and counseling for all adults;
13. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk;
14. Tobacco Use screening for all adults and cessation interventions for tobacco users; and
15. Syphilis screening for all adults at higher risk.

Preventive Services for Children

Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan.

Recommended Well Baby/Child Visit Schedule:

- Ages: 0 to 11 months – 6 visits
- Ages: 1 to 4 years – 7 visits
- Ages: 5 to 10 years annual visits
- Ages: 11 to 14 years annual visits
- Ages: 15 to 17 years annual visits

Charges for covered Preventive Services:

1. Alcohol and drug use assessments for adolescents;
2. Autism screening for Children at 18 and 24 months;
3. Behavioral assessments for Children of all ages (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
4. Blood Pressure screening for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
5. Cervical Dysplasia screening for sexually active females;
6. Congenital Hypothyroidism screening for newborns;
7. Depression screening for adolescents;
8. Developmental screening for Children under age 3, and surveillance throughout childhood;
9. Dyslipidemia screening for Children at higher risk of lipid disorders (ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
10. Fluoride Chemoprevention supplements for Children without fluoride in their water source,ages 6 months – 5 years;
11. Gonorrhea preventive medication for the eyes of all newborns;
12. Hearing screening for all newborns;
13. Height, Weight and Body Mass Index measurements for children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
14. Hematocrit or Hemoglobin screening for Children;
15. Hemoglobinopathies or sickle cell screening for newborns;
16. HIV screening for adolescents at higher risk;
17. Immunization vaccines for Children from birth through age 18 - doses, recommended ages, and recommended populations vary:

    - Diphtheria, Tetanus, Pertussis;
    - Haemophilus influenzae type b;
    - Hepatitis A;
    - Hepatitis B;
    - Human Papillomavirus;
    - Inactivated Poliovirus;
    - Influenza (Flu Shot);
    - Measles, Mumps, Rubella;
    - Meningococcal;
    - Pneumococcal;
    - Rotavirus;
    - Varicella; and
    - Learn more about immunizations and see the latest vaccine schedules.

18. Iron supplements for Children ages 6 to 12 months at risk for anemia;
19. Lead screening for children at risk of exposure;

20. Medical History for all children throughout development (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years);
21. Obesity screening and counseling;
22. Oral Health risk assessment for young Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years);
23. Phenylketonuria (PKU) screening for this genetic disorder in newborns;
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk;
25. Tuberculin testing for children at higher risk of tuberculosis (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years); and
26. Vision screening for all Children.

Preventive Care Services for Women (Including Pregnant Women)

Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan annually or as needed to include Pre-Natal Visits.

Charges for covered Preventive Services as listed below:

1. Anemia screening on a routine basis for pregnant women;
2. Bacteriuria urinary tract or other infection screening for pregnant women, at 12-16 weeks or 1st pre-natal visit;
3. BRCA counseling about genetic testing for women at higher risk;
4. Breast Cancer Mammography screenings every 1 to 2 years for women over 40;
5. Breast Cancer Chemoprevention counseling for women at higher risk;
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women;
7. Cervical Cancer screening for sexually active women;
8. Chlamydia Infection screening for younger women and other women at higher risk;
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs;
10. Domestic and interpersonal violence screening and counseling for all women;
11. Folic Acid supplements for women who may become pregnant;
12. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes;
13. Gonorrhea screening for all women at higher risk;
14. Hepatitis B screening for pregnant women at their first prenatal visit;
15. Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women;
16. Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older;
17. Osteoporosis screening for women over age 60 depending on risk factors;
18. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk;
19. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users;
20. Sexually Transmitted Infections (STI) counseling for sexually active women;
21. Syphilis screening for all pregnant women or other women at increased risk; and
22. Well-woman visits to obtain recommended preventive services.

Routine Patient Costs for Participation in an Approved Clinical Trial

Charges for any services, for which benefits are provided by the Plan, when a Participant is participating in a phase I, II, III or IV clinical trial, conducted in relation to the prevention, detection or treatment of a life-threatening Disease or condition, provided:

a. The clinical trial is approved by:
    i. The Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services;
    ii. The National Institute of Health;
    iii. The U.S. Food and Drug Administration;
    iv. The U.S. Department of Defense;

v. The U.S. Department of Veterans Affairs; or
vi. An Institutional review board of an Institution in Texas that has an agreement with the Office for Human Research Protections of the U.S. Department of Health and Human Services; and

The research Institution conducting the Approved Clinical Trial and each health professional providing routine patient care through the Institution, agree to accept reimbursement at the applicable Allowable Expense, as payment in full for routine patient care provided in connection with the Approved Clinical Trial.

Coverage will not be provided for:

a. The cost of an Investigational new drug or device that is not approved for any indication by the U.S. Food and Drug Administration, including a drug or device that is the subject of the Approved Clinical Trial;
b. The cost of a service that is not a health care service, regardless of whether the service is required in connection with participation in an Approved Clinical Trial;
c. The cost of a service that is clearly inconsistent with widely accepted and established standards of care for a particular Diagnosis;
d. A cost associated with managing an Approved Clinical Trial;
e. The cost of a health care service that is specifically excluded by the Plan; or
f. Services that are part of the subject matter of the Approved Clinical Trial and that are customarily paid for by the research Institution conducting the Approved Clinical Trial.

When Claims Must Be Filed

Post-service health claims (which must be Clean Claims) must be filed with the Third Party Administrator within 180 days of the date charges for the service(s) and/or supplies were Incurred. Benefits are based upon the Plan's provisions at the time the charges were Incurred. Claims filed later than that date shall be denied.

A Pre-service claim (including a Concurrent claim that also is a Pre-service claim) is considered to be filed when the request for approval of treatment or services is made and received by the Third Party Administrator in accordance with the Plan's procedures.

A Post-service Claim is considered to be filed when the following information is received by the Third Party Administrator, together with a Form HCFA or Form UB92:

1. The date of service;
2. The name, address, telephone number and tax identification number of the Provider of the services or supplies;
3. The place where the services were rendered;
4. The Diagnosis and procedure codes;
5. The amount of charges, which reflect any applicable PPO re-pricing;
6. The name of the Plan;
7. The name of the covered Employee; and
8. The name of the patient.

Upon receipt of this information, the claim will be deemed to be initiated with the Plan.

The Third Party Administrator will determine if enough information has been submitted to enable proper consideration of the claim (a Clean Claim). If not, more information may be requested as provided herein. This additional information must be received by the Third Party Administrator within 45 days (48 hours in the case of Pre-service urgent care claims) from receipt by the Claimant of the request for additional information. Failure to do so may result in claims being declined or reduced.