



TOTALLY THERE FOR YOU

SELECT HIGH 09 POS - NON-GRANDFATHERED

| CALENDAR YEAR DEDUCTIBLE                                     |         |                             |         |                         |          |
|--|---------|-----------------------------|---------|-------------------------|----------|
| Per Individual Contract                                      | \$1,000 | Per Individual Contract     | \$2,000 | Per Individual Contract | \$3,000  |
| Per Family Contract  | \$2,000 | Per Family Contract         | \$4,000 | Per Family Contract     | \$6,000  |
| OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLES AND COINSURANCE) |         |                             |         |                         |          |
| Per Individual Contract                                      | \$1,000 | Per Individual Contract     | \$4,000 | Per Individual Contract | \$15,000 |
| Per Family Contract  | \$2,000 | Per Family Contract         | \$8,000 | Per Family Contract     | \$30,000 |
| PERCENTAGE COINSURANCE PAID BY MEMBER                        |         |                             |         |                         |          |
| 0%   |         | 25% of Cofinity (PPOM) Rate |         | 50% of Charges          |          |

**PHYSICIAN SERVICES / PREVENTIVE SERVICES**

|   |                     |             |                                       |
|---|---------------------|-------------|---------------------------------------|
| Primary care office visits                            | \$20 Co-pay         | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Specialist office visits                              | \$20 Co-pay         | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Allergy injections                                    | \$20 Co-pay         | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Chiropractic care (20 visits per year)                | \$20 Co-pay         | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Hearing and vision screening                          | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Immunizations (pediatric)                             | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Well child care                                       | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Annual well woman visit                               | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| PSA screening   | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Nutritional counseling and education                  | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| Health education and counseling                       | Covered             | \$50 Co-pay | Subject to Deductible and Coinsurance |
| US Preventive Services Task Force A&B Recommendations | Covered (Back Page) | \$50 Co-pay | Subject to Deductible and Coinsurance |

**MATERNITY SERVICES**

|                            |                               |                                       |                                       |
|----------------------------|-------------------------------|---------------------------------------|---------------------------------------|
| Prenatal & postnatal care  | \$20 Co-pay (one time Co-pay) | \$50 Co-pay (one time Co-pay)         | Subject to Deductible and Coinsurance |
| Delivery in hospital       | Subject to Deductible         | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
| Well baby care in hospital | Subject to Deductible         | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |

**INPATIENT HOSPITAL SERVICES**

|   |                       |                                       |                                       |
|---|-----------------------|---------------------------------------|---------------------------------------|
| Unlimited days in a semi-private room; surgery, all physicians and other ancillary services; related drug therapy; lab tests and x-rays | Subject to Deductible | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
|---|-----------------------|---------------------------------------|---------------------------------------|

**OUTPATIENT PROCEDURES**

|  |                       |                                       |                                       |
|--|-----------------------|---------------------------------------|---------------------------------------|
| Surgery and all invasive procedures conducted in any outpatient setting, including physicians and other ancillary services; related drug therapy; lab tests and x-rays | Subject to Deductible | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
|--|-----------------------|---------------------------------------|---------------------------------------|

**EMERGENCY MEDICAL SERVICES**

|  |              |              |              |
|--|--------------|--------------|--------------|
| Physician and hospital emergency room services (Co-pay waived if admitted) | \$150 Co-pay | \$150 Co-pay | \$150 Co-pay |
| Ambulance services (when medically necessary)                              | \$75 Co-pay  | \$75 Co-pay  | \$75 Co-pay  |

**AFTER HOURS MEDICAL SERVICES**

|  |             |             |                                       |
|--|-------------|-------------|---------------------------------------|
| Participating after-hours care centers (Urgent Care) | \$30 Co-pay | \$75 Co-pay | Subject to Deductible and Coinsurance |
|--|-------------|-------------|---------------------------------------|

**DIAGNOSTIC & THERAPEUTIC SERVICES**

|   |                       |                                       |                                       |
|---|-----------------------|---------------------------------------|---------------------------------------|
| Outpatient lab tests; diagnostic x-rays; and radiation therapy at a hospital                                    | Subject to Deductible | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
| Chemotherapy  | Subject to Deductible | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
| Physical, occupational and speech therapy   | \$20 Co-pay           | \$50 Co-pay                           | Subject to Deductible and Coinsurance |
| Non-preventative diagnostics including lab, x-ray, pathology, and special diagnostics in a non-hospital setting | \$20 Co-pay           | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
| Mammograms  | Covered               | \$50 Co-pay                           | Subject to Deductible and Coinsurance |

**BEHAVIORAL HEALTH CARE**

|   |         |                                       |                                       |
|---|---------|---------------------------------------|---------------------------------------|
| Outpatient treatment                    | Covered | \$40 Co-pay                           | Subject to Deductible and Coinsurance |
| Inpatient psychiatric hospital services | Covered | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |

**SUBSTANCE ABUSE TREATMENT**

|                   |         |                                       |                                       |
|-------------------|---------|---------------------------------------|---------------------------------------|
| Outpatient Care   | Covered | \$50 Co-pay                           | Subject to Deductible and Coinsurance |
| Intermediate Care | Covered | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |

**OTHER SERVICES**

|   |         |                                       |                                       |
|---|---------|---------------------------------------|---------------------------------------|
| Home Health Care (limited to 100 visits/year) | Covered | Not Covered                           | Not Covered                           |
| Hospice Care                                  | Covered | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |

**SKILLED NURSING CARE FACILITY (LIMITED TO 120 DAYS PER CALENDAR YEAR)**

Subject to Total Health Care USA Rider

**DURABLE MEDICAL EQUIPMENT / PROSTHETIC DEVICES**

Subject to Total Health Care USA Rider

|                                  |         |             |             |
|----------------------------------|---------|-------------|-------------|
| Covered when medically necessary | Covered | Not Covered | Not Covered |
|----------------------------------|---------|-------------|-------------|

**HEARING SERVICES**

Subject to Total Health Care USA Rider

|  |         |             |             |
|--|---------|-------------|-------------|
| Hearing exam and hearing aid testing           | Covered | Not Covered | Not Covered |
| Hearing aid (limited to one every three years) | Covered | Not Covered | Not Covered |

**VISION SERVICES**

Subject to Total Health Care USA Rider

|  |         |             |             |
|--|---------|-------------|-------------|
| Eye exam (limited to one year)                   | Covered | Not Covered | Not Covered |
| Eyeglasses (limited to one pair every two years) | Covered | Not Covered | Not Covered |

**PRESCRIPTION DRUG SERVICES**

Subject to Total Health Care USA Rider

|            |                         |                         |                         |
|------------|-------------------------|-------------------------|-------------------------|
| Generic    | Refer to Pharmacy Rider | Refer to Pharmacy Rider | Refer to Pharmacy Rider |
| Brand name | Refer to Pharmacy Rider | Refer to Pharmacy Rider | Refer to Pharmacy Rider |



# US Preventive Services Task Force A & B Recommendations

## Abdominal aortic aneurysm screening: men

The USPSTF recommends one-time **screening** for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.

## Alcohol misuse counseling

The USPSTF recommends **screening and behavioral counseling interventions** to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

## Anemia screening: pregnant women

The USPSTF recommends routine **screening** for iron deficiency anemia in asymptomatic pregnant women.

## Aspirin to prevent CVD: men

The USPSTF **recommends the use of aspirin** for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.

## Aspirin to prevent CVD: women

The USPSTF **recommends the use of aspirin** for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.

## Bacteriuria screening: pregnant women

The USPSTF recommends **screening** for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.

## Blood pressure screening

The USPSTF recommends **screening** for high blood pressure in adults aged 18 and older.

## BRCA screening, counseling

The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be **referred for genetic counseling and evaluation** for BRCA testing.

## Breast cancer preventive medication

The USPSTF recommends that clinicians **discuss** chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.

## Breast cancer screening

The USPSTF recommends **screening** mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.

## Breastfeeding counseling

The USPSTF recommends **interventions** during pregnancy and after birth to promote and support breastfeeding.

## Cervical cancer screening

The USPSTF strongly recommends **screening** for cervical cancer in women who have been sexually active and have a cervix.

## Chlamydia infection screening: non-pregnant women

The USPSTF recommends **screening** for **chlamydia** infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.

## Chlamydia infection screening: pregnant women

The USPSTF recommends **screening** for **chlamydia** infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.

## Cholesterol abnormalities screening: men 35 and older

The USPSTF strongly recommends **screening** men aged 35 and older for lipid disorders.

## Cholesterol abnormalities screening: men younger than 35

The USPSTF recommends **screening** men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.

## Cholesterol abnormalities screening: women 45 and older

The USPSTF strongly recommends **screening** women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.

## Cholesterol abnormalities screening: women younger than 45

The USPSTF recommends **screening** women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.

## Colorectal cancer screening

The USPSTF recommends **screening** for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

## Dental cares chemoprevention: preschool children

The USPSTF recommends that primary care clinicians **prescribe** oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.

## Depression screening: adolescents

The USPSTF recommends **screening** of adolescents (12-18 years of age) for major depressive disorder when systems are in place to assure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.

## Depression screening: adults

The USPSTF recommends **screening** adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

## Diabetes screening

The USPSTF recommends **screening** for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.

## Folic acid supplementation

The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800  $\mu$ g) of folic acid.

## Gonorrhea prophylactic medication: newborns

The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.

## Gonorrhea screening: women

The USPSTF recommends that clinicians **screen** all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).

## Healthy diet counseling

The USPSTF recommends intensive behavioral dietary **counseling** for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.

## Hearing loss screening: newborns

The USPSTF recommends **screening** for hearing loss in all newborn infants.

## Hemoglobinopathies screening: newborns

The USPSTF recommends **screening** for sickle cell disease in newborns.

## Hepatitis B screening: pregnant women

The USPSTF strongly recommends **screening** for hepatitis B virus infection in pregnant women at their first prenatal visit.

## HIV screening

The USPSTF strongly recommends that clinicians **screen** for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.

## Hypothyroidism screening: newborns

The USPSTF recommends **screening** for congenital hypothyroidism in newborns.

## Iron supplementation in children

The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

## Obesity screening and counseling: adults

The USPSTF recommends that clinicians **screen** all adult patients for obesity and offer **intensive counseling and behavioral interventions** to promote sustained weight loss for obese adults.

## Obesity screening and counseling: children

The USPSTF recommends that clinicians **screen** children aged 6 years and older for obesity and **offer them or refer them to comprehensive, intensive behavioral interventions** to promote improvement in weight status.

## Osteoporosis screening: women

The USPSTF recommends that women aged 65 and older be **screened** routinely for osteoporosis. The USPSTF recommends that **routine screening** begin at age 60 for women at increased risk for osteoporotic fractures.

## PKU screening: newborns

The USPSTF recommends **screening** for phenylketonuria (PKU) in newborns.

## Rh incompatibility screening: first pregnancy visit

The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.

## Rh incompatibility screening: 24-28 weeks gestation

The USPSTF recommends repeated Rh (D) antibody **testing** for all unsensitized Rh (D)-negative women at 24-28 weeks gestation, unless the biological father is known to be Rh (D)-negative.

## STIs counseling

The USPSTF recommends high-intensity **behavioral counseling** to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.

## Tobacco use counseling: non-pregnant adults

The USPSTF recommends that clinicians **ask** all adults about tobacco use and provide tobacco cessation **interventions** for those who use tobacco products.

## Tobacco use counseling: pregnant women

The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored **counseling** to those who smoke.

## Syphilis screening: non-pregnant persons

The USPSTF strongly recommends that clinicians **screen** persons at increased risk for syphilis infection.

## Syphilis screening: pregnant women

The USPSTF recommends that clinicians **screen** all pregnant women for syphilis infection.

## Visual acuity screening in children

The USPSTF recommends **screening** to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.