

Affordable solutions that provide a range of preventive and wellness care benefits

	Value	Preferred	Elite
In-Network Preventive Benefits*			
Coverage for Preventive Benefits under PPACA	Included	Included	Included
In-Network Services - PCP*			
Primary Care Physician Visits	\$35 Copay	\$35 Copay	\$35 Copay
Maximum Visits per Member per Plan Year	2	4	4
Maximum Fee Plan allows per Visit	\$150	\$150	\$150
In-Network Services - Specialist*			
Specialist Physician Visits	N/A	N/A	\$50 Copay
Maximum Visits per Member per Plan Year	N/A	N/A	2
Maximum Fee Plan allows per Visit	N/A	N/A	\$300
Prescription Benefits See page 5-6 for details			
Tier 1 - 37 common Acute Medications	Discount Card Up to \$95 Discount on FDA Approved Medications	\$0 Copay	\$0 Copay
Tier 2 - 95 ACA MEC Medications		\$0 Copay	\$0 Copay
Tier 3 - 200 common Generic Medications		\$1 Copay	\$1 Copay
Tier 4 - 3,500 Additional Medications		\$50 Copay or less	\$50 Copay or less

*Out-of-Network services will not be covered and the Plan Member will owe 100% of the cost of these services.

Monthly Premiums

	Value	Preferred	Elite
Primary Member	\$106	\$142	\$171
Primary Member & Spouse	\$129	\$193	\$235
Primary Member & Child(ren)	\$126	\$181	\$224
Family	\$148	\$223	\$261

This guide is a summary document. If there are any discrepancies between this guide and the Plan Document, the Plan Document terms govern.

SecureHealth Covered Preventive Services

The list below summarizes some, but not all preventive services. Please reference the US Preventive Services Task Force website for the entire list: www.HealthCare.gov/center/regulations/prevention.html

In-Network Covered Preventive Services

Adults

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood Pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults 50 to 75*
7. Depression screening
8. Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
12. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945-1965
13. HIV screening for everyone ages 15 to 65, and other ages at increased risk
14. Lung cancer screening for adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
15. Immunizations vaccines for adults - doses, recommended ages, and recommended populations vary:
 - Diphtheria
 - Hepatitis A & B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Mumps
 - Pertussis
 - Pneumococcal
 - Rubella
 - Tetanus
 - Varicella (Chickenpox)
16. Obesity screening and counseling
17. Sexually transmitted infection (STI) prevention counseling for adults at higher risk
18. Statin preventive medication for adults 40 to 75 at high risk
19. Syphilis screening for adults at higher risk
20. Tobacco use screening for all adults and cessation interventions for tobacco users
21. Tuberculosis screening for certain adults without symptoms at high risk

Children

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Bilirubin concentration screening for newborns
5. 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
6. Blood screening for newborns
7. Cervical dysplasia screening for sexually active females
8. Depression screening for adolescents beginning routinely at age 12
9. Developmental screening for children under age 3
10. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and 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
11. Fluoride chemoprevention supplements for children without fluoride in their water source
12. Fluoride varnish for all infants and children as soon as teeth are present
13. Gonorrhea preventive medication for the eyes of all newborns
14. Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
15. Height, weight and body mass index (BMI) measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
16. Hematocrit or hemoglobin screening for all children
17. Hemoglobinopathies or sickle cell screening for newborns
18. Hepatitis B screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11-17 years
19. HIV screening for adolescents at higher risk
20. Hypothyroidism screening
21. Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary:
 - Diphtheria, Tetanus, Pertussis (Whooping Cough)
 - Haemophilus influenza type b
 - Hepatitis A & B
 - Human Papillomavirus (HPV)
 - Inactivated Poliovirus
 - Influenza (flu shot)
 - Measles
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Varicella (Chickenpox)
22. Iron supplements for children ages 6 to 12 months at risk for anemia
23. Lead screening for children at risk of exposure
24. Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
25. 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
26. Obesity screening and counseling
27. Oral health risk assessment for young children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
28. Phenylketonuria (PKU) screening for newborns
29. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
30. 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
31. Vision screening for all children

*Plan pays a maximum benefit amount of \$2,250 for Colorectal cancer screening. Member is responsible for any amount above \$2,250.

In-Network Covered Preventive Services

Pregnant Women or Women Who May Become Pregnant

1. Anemia screening on a routine basis
2. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
3. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
4. Folic acid supplements for women who may become pregnant
5. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
6. Gonorrhea screening for all women at higher risk
7. Hepatitis B screening for pregnant women at their first prenatal visit
8. Preeclampsia prevention and screening for pregnant women with high blood pressure
9. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
10. Syphilis screening
11. Expanded tobacco intervention and counseling for pregnant tobacco users
12. Urinary tract or other infection screening
13. Routine prenatal visits for pregnant women

Other Covered Preventive Services for Women

1. Breast cancer genetic test counseling (BRCA) for women at higher risk
2. Breast cancer mammography screenings every 1 to 2 years for women over 40
3. Breast cancer chemoprevention counseling for women at higher risk
4. Cervical cancer screening
 - Pap test (also called a Pap smear) every 3 years for women 21 to 65
 - Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years
5. Chlamydia infection screening for younger women and other women at higher risk
6. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
7. Domestic and interpersonal violence screening and counseling for all women
8. Gonorrhea screenings for all women at higher risk
9. HIV screening and counseling for sexually active women
10. Osteoporosis screening for women over age 60 depending on risk factors
11. Rh incompatibility screening follow-up testing for women at higher risk
12. Sexually transmitted infections counseling for sexually active women
13. Syphilis screening for women at increased risk
14. Tobacco use screening and interventions
15. Urinary incontinence screening for women yearly
16. Well-woman visits to get recommended services for women under 65

SecureHealth Medical Exclusions

Exclusions are charges for the treatment of a Diagnosed Illness or Injury that are not eligible under this Plan. No claims will be considered for the following:

1. **Accident** - Charges for the care and treatment of accident-related illness or injury not included under preventive benefits.
2. **Ambulatory Surgical Center Services**
3. **Complications of Non-Eligible Treatments** - Care, services or treatment required as a result of complications from a treatment not eligible under the Plan.
4. **Cosmetic Services** - Charges for cosmetic services, supplies or drugs. A treatment will be considered cosmetic for either of the following reasons:
 - Its primary purpose is to beautify; or
 - There is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to illness, accidental injury, or congenital abnormality.
5. **Court-Ordered** - Charges for any court-ordered rehabilitative treatment, service, or supply.
6. **Dental Services** - Charges for dental work or treatment.
7. **Durable Medical Equipment**
8. **Educational** - Charges for educational or vocational services, including but not limited to schooling, books, and supplies.
9. **Employment Related** - Charges for treatment for an illness or injury arising out of or in the course of, employment (or self-employment for wage or profit or gain for which the enrolled Participant is reimbursed or entitled to reimbursement under any federal or state law, including worker's compensation or similar law.
10. **Exercise** - Charges for exercise or wellness programs, including physician supervised cardiac rehabilitation, occupational therapy, or physical therapy.
11. **Experimental and Investigational Procedures and Treatment** - Charges for Experimental and Investigational procedures or treatments and the complications resulting from those procedures or treatments are not an eligible benefit under this Plan.
12. **Formulary and/or Brand Name Drugs**
13. **Government Coverage** - Charges for services or supplies provided by the Veterans Administration or in any Hospital or institution owned, operated, or maintained by the United States Government for a service-related illness or injury.
14. **Government Health Plan** - Charges for services and supplies, which are provided by any government health plan except for state-sponsored medical assistance programs. In the case of a state-sponsored plan, any benefits will be paid to the state. Any amount paid will be considered benefits paid under the Plan and will constitute a full discharge of liability to the extent of payment.
15. **Habilitative Services** - Habilitation Services including physical therapy, occupational therapy and speech pathology are not eligible under this Plan.
16. **Home Health Services**
17. **Hospice Services**
18. **Hospital Admissions**
19. **Hospital Inpatient, Outpatient, or Emergency Services Illness** - Charges for the care and treatment of a diagnosed illness.
20. **Injury** - Charges for the care and treatment of an accidental injury.
21. **Mental/Behavioral Health** - Mental/Behavioral Health and Substance Abuse Disorder Services are not eligible under the Plan with the exception of services listed in the Schedule of Benefits as Preventive Care.
22. **Non-Eligible Medical Expenses** - Charges for Medical Expenses not eligible under the Plan.
23. **NonMedical Related Examinations/Services** - Charges for care, treatment, services, or supplies when performed for any of the following reasons:
 - Charges for failure to keep scheduled appointments;
 - Charges for completion of any form;
 - Charges for medical information;
 - Recreational therapy;
 - Any services or supplies that are nonmedical;
 - For purposes of obtaining, maintaining, or otherwise relating to career, sports, camp, school, travel, employment, insurance, marriage, or adoption;
 - Relating to judicial or administrative proceedings or orders;
 - Conducted for the purpose of medical research; or
 - To obtain a license of any type.
24. **No Obligation to Pay** - Charges incurred for which the Plan has no legal obligation to pay.
25. **Non-PPO Providers** - Services from Providers who are not in the Plan's Preferred Provider network are not eligible.
26. **Not Responsible** - Charges that an enrolled Participant would not be responsible for in the absence of this Plan.
27. **Not Specified as Eligible** - Charges for services, treatments, or supplies that are not specified as eligible/included under this Plan.
28. **Organ and Tissue Transplant**
29. **Outside the US** - Charges for medical expenses if the enrolled Participant leaves the United States, the U.S. Territories, or Canada for the express purpose of receiving Preventive Care.
30. **Physical Therapy**
31. **Plan Maximums** - Charges that exceed any Plan Maximum or Limitation as outlined in the Schedule of Benefits.
32. **Pregnancy** - Charges for childbirth/delivery are not eligible.
33. **Prescription Drugs** - Charges for drugs requiring written prescription are not eligible under the medical portion of this Plan. Prescription drugs are provided under the prescription drug programs included with this Plan.
34. **Rehabilitative Services** - Rehabilitative Services, such as physical therapy, occupational therapy, speech pathology and cardiac rehabilitation are not eligible under this Plan.
35. **Relationships** - Charges for professional services performed by a person who ordinarily resides in the Participant's home or is related to the Participant as a Spouse, parent, child, brother, sister, brother-in-law, or sister-in-law, whether the relationship is by blood or exists in law.
36. **Services Before or After the Plan** - Care, treatment or supplies for which a charge was incurred before a person was enrolled under this Plan or after a person terminated this Plan.
37. **Skilled Nursing/Extended Care**
38. **Sonograms**
39. **Specialty Drugs**
40. **Speech Therapy**
41. **Surgical Benefits** - Charges from a Physician or a Hospital for surgical services are not eligible under this Plan.
42. **Third-Party Liability** - Any charges for which a third-party is liable, unless the enrolled person who experiences such loss has agreed, in writing, to fulfill his obligations stated within the Plan Document.
43. **Transplants**
44. **Travel and/or Lodging** - Charges for the cost of travel or lodging related to receiving medical treatment, except as specified under the Schedule of Benefits section.
45. **Usual, Customary, and Reasonable Allowance** - Charges in excess of the Usual, Customary, and Reasonable allowance for each service, or in excess of the maximum allowable amount.

Notice to MA consumers: This program does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.