



CERTIFICATE FOR GROUP MEDICAL INSURANCE

SBMA ELITECARE

**THIS INSURANCE PLAN IS A QUALIFIED HEALTH PLAN THAT MEETS THE STANDARDS
OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT**

Your Coverage – This Certificate explains benefits provided under the self-insured plan offered by your employer, further referred to as the Plan Sponsor. Please read this document carefully to understand your coverage. This certificate includes a Schedule of Benefits, Plan Exclusions, Limitations and Definitions and additional information.

SCHEDULE OF BENEFITS

Coverage Information

The following services are covered 100% as mandated by the Affordable Care Act (ACA). There is no deductible or out-of-pocket maximum.

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: 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."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- 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
- Domestic and interpersonal violence screening and counseling for all women
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women

Preventive benefits for women (continued)

- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight, and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

Benefits may not be limited to the schedule above. For more information on preventive care benefits visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Additional Coverage Information

- Annual deductible - \$0
- Out-of-pocket maximum (for covered services) - \$1,850 individual / \$3,700 family

Additional Medical Services

- Office visits (primary care and specialist) - \$15 copay
- Urgent care - \$50 copay
- Laboratory services - \$50 copay
- X-rays - \$50 copay

Prescription Drug Coverage

- Annual deductible - \$0
- Healthcare Reform approved drugs – covered 100%
- Tiered formulary copays per prescription*: \$15 / \$30 / \$50 / \$75

*Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

EXCLUSIONS, LIMITATIONS & DEFINITIONS

Exclusions

- Abortion
- Acupuncture/spinal manipulation and chiropractic care
- Allergy testing
- Biofeedback
- Biopsies
- Cardiovascular studies
- Chemical dependency treatment
- Chemotherapy/radiation
- Childbirth/delivery facility services and professional services
- Cochlear implants
- Cosmetic surgery
- Dental care
- Diabetic supplies including insulin injectors and pumps
- Diagnostic colonoscopies
- Diagnostic imaging including CT/PET scans, MRIs and ultrasounds
- Diagnostic mammograms (preventive mammograms are covered)
- Dialysis
- Drug testing
- Durable medical equipment including boots, canes, crutches, splints, prosthetics, orthotics, hospital beds, oxygen equipment, sleep apnea machines, walkers, wheelchairs and scooters
- Electrocardiogram
- Electrocardiography
- Emergency room care and transportation including ambulance
- Endoscopies
- Experimental drugs, procedures or studies including sleep studies
- Eye care
- Foot care
- Genetic testing including breast cancer (BRCA)
- Habilitation services
- Hearing aids
- Home health care including hospice, private duty nursing, skilled nursing care and long-term care
- Hospitalization including facility fees and physician/surgeon fees
- Infertility treatment
- Mental health/behavioral health services
- Naturopathic services
- Nutritional supplies, vitamins or supplements
- Observation stays
- Occupational/Physical therapy including speech therapy
- Out-of-network services including care outside the United States
- Outpatient laboratory services in hospital setting
- Pathology
- Rehabilitation services including substance abuse and physical therapy
- Services for sexual dysfunction including drugs, supplies and therapy
- Sex change services including drugs, supplies, therapy and surgical procedures
- Sleep studies
- Specialty prescription drugs
- Strength and performance services including devices and drugs
- Stress tests
- Supplementation (IV therapy)
- Surgical procedures including transplants and outpatient surgery, facility fees, physician/surgeon fees and anesthesia
- TMJ and orthognathic services
- Weight loss drugs, procedures (including gastric bypass surgery and lap banding), programs and supplies

Limitations

- Birth control implants including intrauterine devices (IUD) insertion/removal – limit 1 per plan year unless due to medical necessity
- Breast cancer genetic testing (BRCA) – counseling only no testing
- COVID-19 testing is limited to FFCRA¹ and CDC² guidelines or due to medical necessity. Testing is also limited to outpatient settings excluding emergency facilities and/or hospitals.
- Prescription drugs are limited to the formulary. Visit www.sbmabenefits.com/purerx/standard for a complete list of covered drugs.
- Preventive breast cancer mammography screening – limit 1 per plan year
- Routine preventive/wellness visits (men, woman and children) – limit 1 per plan year

¹Families First Coronavirus Response Act

²Centers for Disease Control and Prevention

Definitions

- Counseling – providing patients with advice or education about a condition or disease and the potential treatment options available
- Medical Necessity – determined to be of need as evidenced by documented diagnosis from an individual’s attending healthcare provider
- Screening – a method of identifying a medical condition or disease without the existence of any signs or symptoms
- Testing – a process or procedure performed to detect, diagnose or monitor a condition or disease based on a patient’s illness, injury or symptoms

THIS LIST IS NOT INTENDED TO BE A COMPLETE LIST OF EXCLUSIONS. ADDITIONAL EXCLUSIONS/LIMITATIONS MAY APPLY. ONLY THE SERVICES LISTED UNDER THE SUMMARY OF BENEFITS ARE COVERED BY THE PLAN. AN OMISSION OF A NON-COVERED SERVICE FROM THE EXCLUSIONS LIST DOES NOT IMPLY THE SERVICE IS COVERED BY THE PLAN. MEMBERS AND PROVIDERS ARE ADVISED TO CONFIRM IF SERVICES ARE COVERED BY THE PLAN PRIOR TO THE SERVICES BEING RENDERED.