PRESTIGE 3

PLAN COVERAGES AND BENEFITS

AMERICAN Collective LP

PRESTIGE 3 — PLAN COVERED BENEFITS

This plan is offered to provide coverage of certain basic services, as outlined below. Review the plan details carefully to understand the specific coverage offered. You should assess whether the plan's coverage is right for you given your current and potential future health needs.

Benefits for Treatment of Sickness and Accidents During Office Visits and Urgent Care Visits

BENEFIT	PRESTIGE 3 PLAN
Deductible	There are no deductibles
Coinsurance/Out-Of-Pocket Limit	There is No Coinsurance Out-of-Pocket Maximum- $9,200 Individual/$18,400 Family
OFFICE VISITS FOR SICKNESS AND ACCIDENT	
Maximum Visits Per Year	3
Visit Limit Applies	Combined Total of PCP, Specialist, and Urgent Care
Primary Care Physician (PCP)	$25 Copayment, then 100% of Allowed
Providers Considered PCP	Internal Medicine, Pediatrician, Family Practice, and Geriatrician (All Other Provider Types are considered Specialists)
Specialist	$50 Copayment, then 100% of Allowed
Urgent Care Center	$100 Copayment, then 100% of Allowed
PREVENTIVE/WELLNESS SERVICES	
Please refer to the Tables of Adult Preventative Services, Women's Preventive Services, Children's Preventive Services, and Immunizations found below	
DIAGNOSTIC TESTING	
Applies To	Laboratory, Radiology, and Pathology
Applicable Benefit	$0 Copayment, $25/Per Test
Maximum Visits/Year	No Limit
IMAGING	
Applies To	Ultrasound, CT Scans, MRI, MRA, PET
Daily Imaging Benefit	$250 Copayment, then 100% of Maximum Allowed Charges
Maximum Visits/Year	1
FIXED INDEMNITY HOSPITAL BENEFIT	
Applicable Benefit Per Day	$1,000
Maximum Benefit Per Stay	There is No limit EXCEPT Annual Limit
Annual Limit on Days	5
AMBULANCE	
Applicable Benefit	$250 Max Benefit for Ground Ambulance, $750 Max Benefit for Air Ambulance
Annual Limit on Ambulance Transports	No Limit
PHARMACY	
Preventative (If included on Revive's Preferred Drug List)	100% Covered, $0 Copayment
Non-Preventative	Over 1,100 Drugs Covered, $0 Copayment

Note: Diagnostic Testing and Imaging services must be provided by independent, stand-alone providers not affiliated or billed by an acute care hospital, unless the member's residence is not within 25 miles of a contracted provider able to provide the services.

PREVENTION AND WELLNESS CARE FOR ADULTS

COVERED BENEFIT	PRESTIGE 3 PLAN
Adult Benefit Apply For	Applicable to Members between the ages of 18 and 64
Benefit for Prevention/Wellness	100% of Maximum Allowable Benefits (No Deductible, Coinsurance or Copayments)
Preventive Exam/Physical	Up to One Exam Every 12 Months
Abdominal Aortic Aneurysm Screening	Up to One Exam Per Lifetime for Members who have smoked
Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling	Up to One Alcohol and Drug Screening Per Year
Anxiety Disorders in Adults	Up to One Anxiety Screening Per Year
Aspirin: Preventive Medication	Low Dose Aspirin is covered for adults ages 50-59 with a high cardiovascular risk
Blood Pressure Screening	For Members up to Age 40, at least one Blood Pressure Screening every 2 Years; For Members Age 40 and above, one Blood Pressure Screening Per Year
Cholesterol Screening	For Members with Heart Disease, Diabetes or a Family History of High Cholesterol, one Cholesterol Screening Per Year
Colorectal Cancer Screening	For Members Ages 45-64, Up to One Colorectal Cancer Screening Every 10 Years; Up to One Fecal Screening Test (Cologuard Every 2 Years
Depression Screening	Up to One Depression Screening Per Year
Diabetes Screening	Up to One Diabetes Screening Per Year for those Ages 40-65 overweight or obese, or have other risk factors
Healthy Diet and Physical Activity Counseling	Up to One Diet and Physical Activity Counseling Per Year for those at higher risk for chronic diseases
Hepatitis B Virus Infection Screening	Up to One Hepatitis B Screening Per Year for Members at high risk (Not vaccinated as an infant or from a Country with a high prevalence of Hepatitis B)
Hepatitis C Virus (HCV) Infection Screening	Up to One Hepatitis C Screening Per Year
HIV Preexposure Prophylaxis for the Prevention of HIV Infection	These are Covered; Please see the subsection “Preventive Medications” for more information.
HIV Screening and Counseling	Up to One HIV Screening Per Year for Members Over Age 15 or with Higher Risk
Latent Tuberculosis Infection Screening in Adults	Up to One Tuberculosis Screening Per Year for Members at High Risk
Lung Cancer Screening	Up to One Lung Cancer Screening Per Year for Members Over Age 50 or those who have quit smoking in last 15 Years
Sexually Transmitted Infections Counseling	Up to One Counseling Session Per Year for Adults at Higher Risk
Syphilis Screening	Up to One Syphilis Screening Per Year for Members at High Risk
Tobacco Use Counseling and Interventions	Up to One Tobacco Counseling Per Year for Tobacco Users

PREVENTION AND WELLNESS CARE FOR WOMEN

COVERED BENEFIT	PRESTIGE 3 PLAN
Well Women Exams	Up to one Well Women exam Per Year
Bone Density Screening	Up to One Bone Density Screening Per Year for Women 64 and Under who have gone through menopause
Breast Cancer Genetic Test (BRCA)	One-time Test for Women at Higher Risk (Risk must be established via Screening)
Breast Cancer Screening Via Mammogram	Mammogram Screening every Year for Women ages 40 and Older
Breast Cancer Chemoprevention Counseling	Up to One Counseling Session Per Year for Women at High Risk
Cervical Cancer Screening	One Test Per Year for Women Ages 21 to 65
Chlamydia Infection Screening	One Test Per Year for Women at Higher Risk
Diabetes Screening	For Women with a history of gestational diabetes who aren't currently Pregnant or haven't been diagnosed with Type 2 diabetes previously
Domestic and Interpersonal Violence Screening and Counseling	Up to One Screening and Counseling Session Per Year
Gonorrhea Screening	One Test Per Year for Women at Higher Risk
Urinary Incontinence Screening	One Screening Per Year

PREVENTION AND WELLNESS CARE FOR PREGNANT WOMEN (OR THOSE WHO MAY BECOME PREGNANT)

COVERED BENEFIT	PRESTIGE 3 PLAN
Breastfeeding Support and Counseling	Programs provided by Trained Professionals for Pregnant and Nursing Women
Breastfeeding Supplies	Rental or Purchase of a Breast Pump
Birth Control	Up to One Patient Education and Counseling Session for Birth Control
Gestational Diabetes Screening	Up to One Screening for Women 24 weeks' Pregnant or those at risk of developing gestational diabetes
Maternal Depression Screening	Available at Each Well Baby Visit
Preeclampsia Prevention and Screening	Available for Women with High Blood Pressure or other risk factors
Rh Incompatibility Screening	Up to One Screening for Pregnant Women, with follow-up testing for Women at High Risk

PREVENTION/WELLNESS CARE FOR CHILDREN
(APPLIES TO MEMBERS UNDER AGE 18)

COVERED BENEFIT	PRESTIGE 3 PLAN	
Well Child Visits	Up to One Exam within each of the following timeframes/ages (Please refer to Immunization Schedule Below)	
	Birth to 3-5 days	
	1 Month	Up to 1 Visit
	2 Months	Up to 1 Visit
	4 Months	Up to 1 Visit
	6 Months	Up to 1 Visit
	9 Months	Up to 1 Visit
	12 Months	Up to 1 Visit
	15 Months	Up to 1 Visit
	18 Months	Up to 1 Visit
	2 Years	Up to 1 Visit
	30 Months	Up to 1 Visit
	3 Years	Up to 1 Visit
	4 Years	Up to 1 Visit
	5+ Years	Up to 1 Visit
Alcohol, Tobacco and Drug Use Assessment for Adolescents	Up to One Assessment Per Year for Children between 10 and 19 Years old	
Autism Screening	One Screening at 18 Months and Another at 24 Months	
Behavioral Assessment	Up to One Assessment Per Year for Children between 10 and 19 Years old	
Bilirubin Concentration Screening	As needed for Newborns	
Blood Screening for Newborns	As needed for Newborns	
Depression Screening for Adolescents	Up to One Screening Per Year for Children Age 12 and Over	
Developmental Screening	Up to One Screening for Children Age 3 and Under	
Dyslipidemia Screening	Up to One Screening for Children between 9 and 11 Years and between 17 and 21 Years who are at risk for Lipid Disorders	
Gonorrhea Preventive Medication	Up to one administration of the medication for the eyes of all Newborns	
Hearing Screenings	Up to One Screening for a Newborn and regular Screenings is recommended by a medical Provider	
Hematocrit or Hemoglobin Screening	Up to One Screening Per Child	
Hemoglobinopathies and/or Sickle Cell Screening for Newborns	Up to One Screening Per Newborn	
Hypothyroidism Screening	Up to One Screening Per Newborn	
Lead Screening	Screening based on Exposure to Lead	
Obesity Screening and Counseling	Up to One Screening and Counseling Session Per Year	
Oral Health Risk Assessment	Up to One Screening and Counseling Session Per Year for Children Ages 6 Months to 6 Years	
Phenylketonuria (PKU) Screening	Up to One Screening for Newborns	
STI Prevention Counseling	Up to One Counseling Session for Adolescents at Higher Risk	
Vision Screening	Up to One Screening Per Year	

IMMUNIZATIONS

COVERED BENEFIT	PRESTIGE 3 PLAN
Frequency of Immunization	Varies based on Age with Standards detailed in https://www.cdc.gov/vaccines/hcp/imz-schedules
Chickenpox (Varicella)	Covered based on CDC Recommended Schedule
Diphtheria, Tetanus and Pertussis (DTaP)	Covered based on CDC Recommended Schedule
Haemophilus Influenzae Type B	Covered based on CDC Recommended Schedule
Hepatitis A	Covered based on CDC Recommended Schedule
Hepatitis B Virus Infection Screening	Covered based on CDC Recommended Schedule
Human Papillomavirus (HPV)	Covered based on CDC Recommended Schedule
Inactive Poliovirus	Covered based on CDC Recommended Schedule
Influenza (Flu Shot)	Covered based on CDC Recommended Schedule
Measles	Covered based on CDC Recommended Schedule
Meningococcal	Covered based on CDC Recommended Schedule
Mumps	Covered based on CDC Recommended Schedule
Pneumococcal	Covered based on CDC Recommended Schedule
Rotavirus	Covered based on CDC Recommended Schedule
Rubella	Covered based on CDC Recommended Schedule

*** Office visits are covered only for in-network providers.**
****See the SPD for a complete list of covered and excluded services.**

PREVENTIVE MEDICATIONS

In accordance with the Patient Protection and Affordable Care Act (PPACA) certain preventive medicines are covered at 100 percent with no member out of pocket cost. All medicines, including over-the-counter items, require a prescription from the doctor and must be provided by a participating retail, or through the home delivery pharmacy.

BELOW IS INFORMATION ABOUT THE MEDICINES AVAILABLE. A SUMMARY OF THE CATEGORIES INCLUDES:

- Low-dose aspirin to prevent cardiovascular disease for men age 45-79 and to prevent cardiovascular disease and preeclampsia for women age 13-79.
- Generic bowel prep medicines required for the preparation of a preventive colonoscopy screening.
- Generic breast cancer prevention medicines for women age 35 and older.
- Fluoride supplements for children ages 6 months through 5 years old.
- Folic acid supplements for women.
- Statins for primary prevention of cardiovascular diseases in adults: low to moderate intensity statins are recommended for adults who are between the ages of 40-75, have no history of cardiovascular disease (CVD), have one or more risk factors for CVD and have a calculated 10-year CVD event risk of 10% or greater. Lovastatin and pravastatin are covered.
- Smoking cessation: Generic, brand-name with no generic equivalent (single source) and over the counter smoking cessation medicines. The day supply limit applied to these FDA-approved tobacco cessation medicines is 180 days per member per 365 days. Brand smoking cessation medicines that do have a generic equivalent (multi-source) are covered with copayment/cost sharing, or according to your benefit design.
- Routine immunizations for children, adolescents and adults as recommended from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (covered under medical benefit).
- Iron supplementation for children ages 6 months to 1 year old who are at increased risk for iron deficiency anemia.
- Contraceptives: Generic contraceptives are covered with no cost share. Brand contraceptive products that do have a generic equivalent (multi-source) and brand name contraceptives with no generic equivalent (single source) are covered with copayment/cost sharing.
- Pre-Exposure Prophylaxis (PrEP) for the prevention of HIV infection.

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