

Schedule of Benefits for the Aduvare Healthcare

(for use solely with the standard Unique Healthcare MEC Plus plan document)

The following Schedule of Benefits is incorporated by reference as part of the Adoption Agreement, Attachment 1 for the Plan (“Attachment 1”), as follows:

Network

This Plan uses a provider network. Members pay the least if you use a provider in the network provider tier. Members will pay the most if they use an out-of-network provider, and Members might receive a bill from a provider for the difference between the provider’s charge and what the Plan pays (balance billing). Members should be aware that a network provider might use an out-of-network provider for some services (such as lab work). Members should check with their provider before getting services. **There is no coverage under the Plan beyond (A) the network preventive care services, (B) the services provided by network Primary Care Providers listed in Attachment 1, (C) the services provided by network Urgent Care Providers, and (D) the Doc in a Box telemedicine services; for any expenses that do not fall into any of these categories/services, the only benefit is the discount negotiated within the First Health discount network. If the relationship between Unique Healthcare and First Health is terminated, this discount, to the extent applicable, will no longer be available to Plan Members.**

Deductibles

	Network	Non-Network
Individual	None	None
Family	None	None

Individual Coinsurance

Network	Non-Network
Plan pays 100%	None

The plan pays the above percentages of eligible charges, unless otherwise stated.

Out-of-Pocket Maximums

	Network	Non-Network
Individual Maximum	None	Unlimited
Family Maximum	None	Unlimited

Schedule of Benefits for the Aduvare Healthcare

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Preventive Services

Lifetime Maximum – None

Annual Maximum – None

Network	Non-Network	Limitations
100% not subject to any co-pay or deductible.	None	<p>See www.uniquehealthcare.com for a list of network providers. The Employer has a direct primary care arrangement with the network providers listed on Attachment 1.</p> <p>This benefit is limited to the following list of services. Non-network services will be payable at the network benefit level if the service is not available at a network provider, subject to the terms and conditions of the Basic Plan. If there is no corresponding network, any such not-network Preventive Services benefits will be payable on a Usual and Customary (as defined in the Basic Plan) basis as if it were an in-network benefit.</p>

The following are considered “Preventive Services” and are covered by the Plan and payable at 100% when services are rendered at an in-network provider; however, non-network charges for these services are not covered.

If a listed service does not specify the frequency, method, treatment or setting for the provision of the service, the Plan will use reasonable medical management techniques to determine any coverage limitations.

Office exams billed with the below services or with a covered preventive diagnosis is covered under the Plan.

15 Covered Preventive Services for Adults (ages 18 and older)

1. **Abdominal Aortic Aneurysm** one time screening for age 65-75
2. **Alcohol Misuse** screening and counseling

Schedule of Benefits for the Aduvare Healthcare

(for use solely with the standard Unique Healthcare MEC Plus plan document)

3. **Aspirin** use for men ages 45-79 and for women ages 55-79 to prevent Cardiovascular Disease when prescribed by a physician
4. **Blood Pressure** screening for all adults
5. **Cholesterol** screening for adults
6. **Colorectal Cancer** screening for adults starting at age 50 limited to one every 5 years
7. **Depression** screening for adults
8. **Type 2 Diabetes** screening for adults
9. **Diet** counseling for adults
10. **HIV** screening for all adults
11. **Immunization** vaccines for adults:
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza (Flu Shot)
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis
 - Varicella
12. **Obesity** screening and counseling for all adults
13. **Sexually Transmitted Infection (STI)** prevention counseling and screening for adults
14. **Tobacco Use** screening for all adults and cessation interventions
15. **Syphilis** screening for all adults

23 Covered Preventive Services for Women, Including Pregnant Women

1. **Anemia** screening on a routine basis for pregnant women
2. **Bacteriuria** urinary tract or other infection screening for pregnant women
3. **BRCA** counseling and genetic testing for women at higher risk
4. **Breast Cancer Mammography** screenings every year for women age 40 and over
5. **Breast Cancer Chemoprevention** counseling for women

Schedule of Benefits for the Aduvare Healthcare

(for use solely with the standard Unique Healthcare MEC Plus plan document)

6. **Breastfeeding** comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. Non-network services will be payable as network services.
7. **Cervical Cancer** screening
8. **Chlamydia Infection** screening
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 when prescribed by a physician
12. **Gestational diabetes** screening
13. **Gonorrhea** screening for all women
14. **Hepatitis B** screening for pregnant women
15. **Human Immunodeficiency Virus (HIV)** screening and counseling
16. **Human Papillomavirus (HPV) DNA Test:** HPV DNA testing every three years for women with normal cytology results who are 30 or older
17. **Osteoporosis** screening over age 60
18. **Routine prenatal visits** for pregnant women
19. **Rh Incompatibility** screening for all pregnant women and follow-up testing
20. **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
21. **Sexually Transmitted Infections (STI)** counseling
22. **Syphilis** screening
23. **Well-woman visits** to obtain recommended preventive services

26 Covered Preventive Services for Children

1. **Alcohol and Drug Use** assessments
2. **Autism** screening for children limited to two screenings up to 24 months
3. **Behavioral** assessments for children limited to 5 assessments up to age 17.
4. **Blood Pressure** screening

Schedule of Benefits for the Aduvare Healthcare

(for use solely with the standard Unique Healthcare MEC Plus plan document)

5. **Cervical Dysplasia** screening
6. **Congenital Hypothyroidism** screening for newborns
7. **Depression** screening for adolescents age 12 and older
8. **Developmental** screening for children under age 3, and surveillance throughout childhood
9. **Dyslipidemia** screening for children.
10. **Fluoride Chemoprevention** supplements for children without fluoride in their water source when prescribed by a physician
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.
14. **Hematocrit or Hemoglobin** screening for children
15. **Hemoglobinopathies** or sickle cell screening for newborns
16. **HIV** screening for adolescents
17. **Immunization** vaccines for children from birth to 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
18. **Iron** supplements for children up to 12 months when prescribed by a physician
19. **Lead** screening for children
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

Schedule of Benefits for the Aduvare Healthcare

(for use solely with the standard Unique Healthcare MEC Plus plan document)

22. **Oral Health** risk assessment for young children up to age 10.
23. **Phenylketonuria (PKU)** screening in newborns
24. **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents
25. **Tuberculin** testing for children
26. **Vision** screening for all children under the age of 5

For more information regarding preventive care recommendations and immunizations, visit the websites for the Centers for Disease Control and Preventions or the United States Department of Human Services:

For Adults:

Preventive Services for Adults: <http://www.guideline.gov/browse/by-topic.aspx>
Immunization Schedule: <http://www.cdc.gov/vaccines>

For Women's Health

<http://www.cdc.gov/women>

For Men's Health

<http://www.cdc.gov/men>

For Children

Well child check-ups: <http://www.cdc.gov/ncbddd/>
Immunization schedule: <http://www.cdc.gov/vaccines>

Primary Care Office Visits

Lifetime Maximum – None

Annual Maximum – None

Network	Non-Network	Limitations
100% not subject to any co-pay or deductible	None	See www.uniquehealthcare.com for a list of network providers. The Employer has a direct primary care arrangement with the network providers listed in Attachment 1.

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		You must designate a single primary care provider from among the providers listed in Attachment 1 to use for the purpose of these covered services.
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Urgent Care Visits

Lifetime Maximum – None

Annual Maximum – Three (3) Visits

Network	Non-Network	Limitations
100% not subject to any co-pay or deductible, up to three (3) visits per year. Self-pay at negotiated rate for additional visits. (see attached contract)	None	See www.uniquehealthcare.com for a list of network providers.

Doc in a Box Calls

Lifetime Maximum – None

Annual Maximum – None

Network	Non-Network	Limitations
100% not subject to any co-pay or deductible	N/A	

Discount Medical Services

Lifetime Maximum – None

Annual Maximum – None

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Network	Non-Network	Limitations
Self-pay at negotiated rate (see attached contract)	None	For the list of First Health discount network providers to whom the negotiated rates apply, see: https://providerlocator.firsthealth.com or call 1-800-226-5116