2024

BENEFITS ENROLLMENT GUIDE

America's Consumers & Affiliates

SELECTMED

SELECTMED

	SelectMed Pro	SelectMed Max
Evidence of insurability	**Guaranteed Acceptance**	
PPO Network	First Health®	
Deductible	**In-Network Provider (No Out of Network Coverage)**	
Individual	n/a	$2,000
Family	n/a	$4,000
Out-of-Pocket Maximum	**In-Network Provider (No Out of Network Coverage)**	
Individual	$8,150	$8,150
Family	$16,300	$16,300
SelectMed Medical Services	**In-Network Provider (No Out of Network Coverage)**	
MedCall Now	Included (No Copay)	
Personal Assistance Counseling[3]	Confidential counseling assistance to help balance the demands of work, family, and daily life. $0 up to 6 visits per unique issue per year via telephone, video, or chat	
Preventative & Wellness* (Non-Hospital Based)	100% Covered in Network-No copay and No deductibles.	
Primary Care Visit to Treat Injury or Illness (Non-Hospital Based)	$25 Copay *(Max 5 Visits Per Calendar Year; Combined 5 Visit Limit Per Year)*	$25 Copay per visit
Specialist Visit (Non-Hospital Based)		$50 Copay per visit
Urgent Care		$50 Copay per visit
Outpatient Diagnostic Test (X-Ray, Blood Work) (Non-Hospital Based)	$25 Copay *(Max 5 Visits Per Calendar Year)*	$50 Copay per test
Outpatient CT/MRI /Pet Scans	Not Covered	50% Coinsurance per test; After Deductible.[1]
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services		$50 Copay per visit *(Partial Hospitalization is not covered; Considered a Specialist Visit)*
Rehabilitation Services & Habilitation Services (Physical, Speech, and Occupational)		$50 copay/visit: *(Physical, Speech, and Occupational; Limited to 20 visits per plan year. Pre-certification is required after 6 visits)*
PHARMACY BENEFITS - Included in SelectMed		
Preventive Prescriptions	No Copay for ACA Compliant covered prescription drugs	
Non-Preventive Prescriptions	20% Coinsurance - Generic Only 12 Prescriptions Maximum 30 day supply Maximum	$20 Copay - Generic only 30 day supply Maximum
PHARMACY BENEFITS - Provided by DataRX[2]		
Prescription Benefit	Not Covered	Copay: $10 Formulary Generic; $50 Formulary Brand Mail Copay: $30 Formulary Generic; $150 Formulary Brand Annual Max: $750 Per Person; $1500 Per Family [2]
Monthly Rates	**SelectMed Pro**	**SelectMed Max**
Individual	$157.74	$238.08
Individual + Spouse	$233.97	$398.97
Individual + Child	$225.11	$409.19
Family	$300.57	$599.27

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.
1. Pre-Authorization Required
2. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. In the states noted, $20 co-pay generic only, 30 day supply max.
3. This benefit is offered through AC&A Limited Partnership by ESPYR® and is not integrated with the health plan design.
For additional information, visit: https://www.healthcare.gov/coverage/preventive-care-benefits/ as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.
First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc. Provider look-up: www.myproviderlookup.com
Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.
This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

LP SelectMed: 10-1-23 08

SELECTMED BRONZE PLAN

SelectMed Bronze Plan	SelectMed Bronze
Evidence of insurability	**Guaranteed Acceptance**
PPO Network	MultiPlan®: PHCS; Practitioner & Ancillary
Deductible	**In Network Participating Providers**
Individual	$0
Family	$0
Out-of-Pocket Maximum	**In Network Participating Providers**
Individual	$9,450
Family	$18,900
Medical Services	
Preventive & Wellness Services	**In Network Participating Providers (No Out of Network Coverage)**
Non-Hospital Based Only	$0 Copay *(Plan pays 100% of covered preventive and wellness services)*
Physician Services	**In Network Participating Providers (No Out of Network Coverage)**
Primary Care Office Visit (Non-Hospital Based)	$25 Copay *(Limited to 8 visits per calendar year)*
Specialist Office Visit (Non-Hospital Based)	$50 Copay *(Limited to 8 visits per calendar year)*
Other Physician Services performed in the Office[1,2]	$50 Copay per service billed *(Limited to Primary Care/Specialist visits per plan year)*
Urgent Care	$50 Copay *(Limited to 2 visits per calendar year)*
Telemedicine Services	$0 Copay
Personal Assistance Counseling[4]	Confidential counseling assistance to help balance the demands of work, family, and daily life. $0 copay up to 6 visits per unique issue per year via telephone, video, or chat
Outpatient Diagnostic Services	**In Network Participating Providers (No Out of Network Coverage)**
Laboratory Services (Non-Hospital Based)	$50 Copay *(Combined limit of 3 visits per calendar year with Radiology)*
Radiology (Non-Hospital Based)	$50 Copay *(Combined limit of 3 visits per calendar year with Laboratory Services)*
CT/MRI/MRA/PET Scan[1] (Non-Hospital Based)	$350 Copay *(Subject to RBP) (Limited to 1 per calendar year.)*
Hospital/Facility Services (Copay + Balance Subject To Referenced Based Pricing)	
Inpatient Hospitalization[1]	$350 Copay per admission *(Limited to 5 days per calendar year)*
Inpatient Visits - Physician	Copay Included in Inpatient Hospitalization *(Limited to visits up to 5 days per calendar year)*
Inpatient Surgery[1]	Copay Included in Inpatient Hospitalization *(Second surgical opinion may be required; Limited to 2 surgeries per calendar year)*
Outpatient Hospital or Free Standing Facility Services and Surgery[1]	$350 Copay *(Limited to 1 visit per calendar year)*
Anesthesia	Copay Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery *(Limited to 2 inpatient and 1 outpatient anesthetic procedures per calendar year)*
Emergency Room Services	$350 Copay *(Limited to 1 visit per calendar year)*

LP SelectMed Metallic: 10-1-23 08

SELECTMED BRONZE PLAN

SelectMed Bronze Plan		SelectMed Bronze
Pregnancy Benefits		
Professional Services		Not Covered - 100% paid by Member
Childbirth/Delivery (Considered Inpatient Hospital Stay)		Not Covered - 100% paid by Member
Other Services		
Allergy Services (Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit) (No Out of Network Coverage)		$25 Copay
Home Health Care (No Out of Network Coverage)		$25 Copay *(Limited to 10 visits per calendar year)*
Treatment for Chemical Abuse & Dependency[1]	In-Patient	$250 Copay per day *(Subject to RBP)* *(Limited to 5 days per calendar year)*
	Out-Patient (No Out of Network Coverage)	$25 Copay per day *(Limited to 5 days per calendar year)*
Chiropractor Services (No Out of Network Coverage)		$50 copay *(Limited to 10 visits per plan year)*
Emergency Medical Transportation		$250 Copay *(Subject to RBP)* *(By land only; Limited to 1 transport per calendar year)*
PHARMACY BENEFITS - Included in SelectMed		**Participating Pharmacies**
Preventive Prescriptions - (Subject to Formulary)		Generic - $0 Copay *(Limited to Preventive Generic)*
Non-Preventive Prescriptions - (Subject to Formulary)		Not Covered
PHARMACY BENEFITS - Provided by DataRX[3]		**Participating Pharmacies**
Prescription Benefit		Copay: $10 Formulary Generic; $50 Formulary Brand Mail Copay: $30 Formulary Generic; $150 Formulary Brand Annual Max: $750 Per Person; $1500 Per Family[3]
Monthly Rates		**SelectMed Bronze**
Individual		$525.05
Individual + Spouse		$943.24
Individual + Child		$972.56
Family		$1,458.75

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

1. If prior authorization is not obtained for services requiring a prior authorization, the benefits payable by the Plan for such services will be reduced to 50% of the allowed charges after the copay.
2. Prior authorization is required for any service or procedure over $1,000.
3. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, PR, SD, and WA.
4. This benefit is offered through AC&A Limited Partnership by ESPYR® and is not integrated with the health plan design.

For additional information, Limitations and Exclusions; please refer to the Summary Plan Document and Schedule of Benefits. If this document differs from either, the Summary Plan Document and Summary of Benefits Coverage will govern.
To find a provider through the PHCS Practitioner and Ancillary: https://www.multiplan.com/webcenter/portal/ProviderSearch
This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

SELECTMED BRONZE PLAN

Preventive Health Services: Limitations, Intervals, and Requirements[1]

The following table represents the preventive services currently covered under the SelectMed Bronze Plans as well as the permitted interval and any requirements of such preventive services.

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

- Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See https://www.uspreventiveservicestaskforce.org
- Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in https://www.hrsa.gov
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See https://www.cdc.gov/vaccines/acip

Preventative and Wellness Services - Covered Benefits

Adults
- Adult Annual Standard Physical
- Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling
- Aspirin: Preventive Medication
- Blood pressure screening
- Breastfeeding interventions
- Chlamydia screening
- Colorectal Cancer Screening
- Dental cavities prevention: infants and children up to age 5 years
- Depression Screening
- Diabetes Screening
- Fall Prevention: Older Adults
- Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease
- Hemoglobinopathies screening
- Hepatitis B screening
- Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.
- High Blood Pressure Screening
- HIV Preexposure Prophylaxis for the Prevention of HIV Infection
- HIV Screening
- Hypothyroidism screening
- Lung Cancer Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Statin Preventive Medication
- Tobacco Use Counseling and Interventions
- Syphilis Screening

Men
- Abdominal aortic aneurysm screening

Women
- Aspirin: Preventive Medication
- BRCA risk assessment and genetic counseling/testing
- Breast Cancer Preventive Medications
- Breast Cancer Screening
- Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening
- Chlamydia Screening
- Contraceptive Methods and Counseling
- Folic Acid Supplementation
- Gonorrhea Screening
- Intimate Partner Violence Screening
- Osteoporosis Screening
- Well-Woman Visits

Pregnant Women
- Bacteriuria Screening
- Breastfeeding Support, Supplies and Counseling
- Depression Screening
- Gestational Diabetes Mellitus Screening
- Hepatitis B Screening
- HIV Screening
- Preeclampsia Screening
- Rh Incompatibility Screening: First Pregnancy Visit
- RH Incompatibility Screening: 24–28 Weeks' Gestation
- Syphilis Screening
- Tobacco Use Counseling and Interventions

Newborns
- Gonorrhea Prophylactic Medication
- Hemoglobinopathies Screening
- Hypothyroidism Screening
- Phenylketonuria Screening

Infants
- Dental Caries Prevention: Infants and Children Up to Age 5

Children
- Dental Caries Prevention: Infants and Children Up to Age 5
- Obesity screening and Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions
- Vision Screening: Age 3 to 5
- Well-Child Visits

Adolescents
- Depression Screening
- Hepatitis B Screening
- HIV Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions

Multiple Populations
- Tuberculosis Screening: all populations at risk
- Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children

***See Schedule of Benefits for Limitations, Intervals and Requirements.**

Vaccines

IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults*

Adults 19 Years or Older	Children From 7 Through 18 Years Old	Birth Through 6 Years Old
• IIV • RIV • LAIV • Tdap • MMR • VAR • RZV • ZVL • HPV - Female • HPV- Male • PCV13 • PPSV23	• Flu • Tdap • HPV • MenACWY • MenACWY	• HepB • DTaP • Hib • PCV13 • IPV • Flu • MMR • VAR • HepA • RV

1. None of the Preventive Health Services are covered if they are provided at a hospital.

* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html), and (ii) Recommended Adult Immunization Schedule (available at: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

This plan is ACA Compliant. For additional information, visit: https://www.healthcare.gov/coverage/preventive-care-benefits/ as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

LP SelectMed Metallic: 10-1-23 08

11-1-23