

# Your Comprehensive Health Care Benefit

## We have you covered!

All eligible employees have access to a full spectrum of free and affordable options to meet your unique health care needs.

You will automatically receive the Health Access Benefit for yourself at no cost. You may also elect to add medical cost sharing and a traditional health insurance plan.



## Health Access Benefit – for Everyone at No Cost

This benefit is free to all eligible employees and provides access to quality care that is both affordable and convenient. You can add family members.



### Primary Care

You have direct access to your own primary care provider for your routine medical needs, unlimited access, \$0 co-pays.



### In-Person Wellness Doctor Visit

#### Keep Your Doctor

Up to two a year reimbursed; see any doctor.



### Vision Screening

Up to \$250 total reimbursed per year, see any provider.



### Preventive Care

Lab tests, mammograms, colonoscopies, and more, up to \$4,000 per year.



### Physical Health & Wellness

Including gym memberships, up to \$250 per year.



### Dental Cleanings

Up to \$250 total reimbursed per year, including dental sealants, see any provider.



### Low-Cost Prescriptions

You have access anytime to some of the lowest-priced prescription medication locally, by mail order, or international.



### Tobacco Cessation

Help quitting if you need to, up to \$500 reimbursed (one-time).



### Mental Health & Substance Counseling

From psychiatrist to counseling up to \$3,000 total reimbursed per year; see any provider.



### Lower Sharing Costs

Up to \$5,000 to cover the 3rd individual or family Initial Unshareable Amount per year.



### Nutritional Health

Nutritional counseling, meal planning, and weight loss support, up to \$250 per year.

# Preventive Reimbursement Benefit Maximums and Eligible Services

## Basic Wellness Services | \$4000 (annual maximum)

Annual Wellness Exam

Well Child Exam (including routine immunizations)

Gynecological Exam (well woman visit aged 21 and over)

Flu, Shingles and Pneumonia Vaccinations

Annual Preventive Mammogram (including Breast Ultrasound or MRI following a preventive mammogram)  
- Covered once annually from age 40-80

Colorectal Cancer Screening:

- Age range: 45 - 80 (covered from age 40 if 1st degree relative has positive history of colon cancer)
- Screening Type: Procto/Sigmoidoscopy every 5 years. Cologuard every 3 years.
- Colonoscopy is an eligible screening type

Bloodwork Screenings:

- Lipid Panel (Cholesterol and triglycerides)
- Comprehensive Metabolic Panel (CMP)
- Complete Blood Count (CBC) with differential test
- Thyroid Panel TSH (Thyroid Stimulating Hormone) with reflex to T4 if abnormal
- Routine Comprehensive Urinalysis (UA)
- Hemoglobin A1C (HgbA1C)
- Vitamin D Level

PSA for men age 50-75 Start at age 40 if 1st degree relative has positive history of colon cancer

Bone Density Screening Post-menopausal women, every 2-3 years

Heart Screening: C-Reactive Protein (CRP) & Homocysteine levels for those with strong personal history or 1st degree relative history of heart disease or those of South Asian or Pacific Island origins.

## Preventive Vision Exams | \$250 (annual maximum)

Preventive Vision Exam

## Preventive Dental Exams | \$250 (annual maximum)

Preventive Dental Exam, Cleaning and Fluoride Treatment

## Mental Health | \$3000 (annual maximum)

Mental Health / Substance Abuse evaluation, counseling or therapy

## Physical Health | \$250 (annual maximum)

Gym Membership

Fitness Training (on-line or in-person)

## Nutritional Health | \$250 (annual maximum)

Nutritional/Meal Planning (on-line or in-person)

Weight Loss/Weight Gain Counseling and Support

## Smoking Cessation | \$500 (one-time)

One-time benefit (covers counseling, cost of medication, hypnotism, or other cessation program)

## Medical Cost Share IUA (Initial Unshareable Amount) | \$5000 (annual maximum)

Up to \$5,000 annually on 3rd IUA (documentation must be submitted for review)

### What information do I need to submit a reimbursement?

Please provide your physician's office itemized statement of services

showing the service performed, date of service and the cost.

### How do I submit my request?

- On-line Form: <https://www.healthaccesssolutions.com/preventive>
- Text "preventive" to (239) 299-0333 to receive your personal link to a prefilled form.

### Questions?

Call: 800-606-1135

Email: [members@healthaccesssolutions.com](mailto:members@healthaccesssolutions.com)

