



# MV BRONZE 3500 Participant Guide 2026

TIPS AND TOOLS TO TOOLS TO HELP YOU GET THE MOST OUT OF YOUR BENEFITS  
THIS PARTICIPANT GUIDE OUTLINES AVAILABLE RESOURCES, PROVIDES SOME  
COST-SAVING TIPS AND ANSWERS SOME COMMON QUESTIONSTO HELP YOU MAXIMIZE  
THE VALUE OF THE BENEFITS YOU SELECTED.



## A Message From: **DELTA DATA PARTNERS LP**

Delta Data Partners is thrilled to welcome you to our team! We are a limited data partnership (LDP) which produces anonymized, aggregated data for sale. As you produce data that is sold you will be compensated for your share of the sold data as outlined in your joiner agreement.

To qualify and maintain eligibility for our benefits offerings, you simply need to follow your work assignment as a Limited Partner: turn on and maintain data sharing through the app provided in this guide, which has proprietary Delta Data Partners software. Further work and compensation opportunities may be presented to you in the app in the future as well.

We look forward to working with you! If you have any questions, please reach out to the HR Department at 800-656-2093.

**DELTA**  
DATA



## **As a Limited Partner of Delta Data Partners, you are entitled to:**



Earn compensation for your data contributions,



Vote and have a say on company and management matters, and



Qualify and maintain eligibility for our benefits offerings.

# LET'S GET ACTIVATED

## THE EASE TOTAL HEALTH APP

The Ease Total Health app is your one-stop destination for your benefits. Within 3 business days after enrolling, we'll send you an email with your username, member ID, password, and a link to download the app.

## GETTING STARTED

- Get the App: It's simple, just download our app through the Apple or Google stores
- Access Your Account: Sign in using the credentials we emailed you to access your benefits
- Share Your Data: Enable data sharing in the app and be compensated

SCAN TO DOWNLOAD FROM



APPLE STORE

SCAN TO DOWNLOAD FROM



ANDROID STORE

**DELTA**  
DATA

Log in to your account



User Name



Password

Log In

Label	Description	Download
<b>PreviPlus Rx</b>		
Prescription Benefit Plan		Download
Basic Rx Brochure - PreviCareRx.com - V1.0		Download
Basic Rx ID CARD - PreviCareRx.com V1.2		Download
<b>OptimaCare CORE 4</b>		
Virtual Direct Primary Care, Virtual Behavioral Health, Virtual Urgent Care		Download
Virtual DPC, Urgent Care & Behavioral Health - INFORMED CONSENT		Download
Virtual DPC, Urgent Care & Behavioral Health - TERMS & CONDITIONS		Download
Virtual DPC, Urgent Care & Behavioral Health - PRESCRIPTION POLICY		Download
Virtual DPC, Urgent Care & Behavioral Health - APPOINTMENTS & APPOINTMENT CANCELLATION POLICY		Download
OutPatient / Preventive Certificate of Coverage v4.1		Download
OutPatient / Preventive Service Medical ID CARD v4.3		Download

## ACCESS YOUR MEMBER DOCUMENT PORTAL

Upon completing your benefits enrollment, you will receive a welcome letter which will be sent to the email on file with your link to the portal, along with your user name and password.

Your Member Document Portal is a secure HIPAA compliant portal that contains important information about your benefit plan such as medical id cards, plan documents, and certificates of coverage.

If you need assistance accessing your Member Document Portal, please contact our member support team at (833) 367 - 6830 (monday - friday 8a - 6p CST)

Introducing

**aither**  
health

**(866) 298-9848**

**<https://aitherhealth.com>**



... forever innovative

... always transparent



... it's liberating to be  
independent

## **AITHER HEALTH**

As the claims administrator for your plan, Aither Health, processes and pays claims in accordance with plan provisions. Aither Health is the designated claims administrator of Delta Data Partners LP for the group health MV BRONZE 3500 plan.

## **FACILITY (HOSPITAL) CARE**

Delta Data LP uses reference-based pricing to better manage the cost of facility healthcare that are higher-cost services:

- This care can be accessed by calling Aither Health at **(866)298-9848** and speaking to one of their Advocates.
- The Advocate will take the lead in this process and will keep you informed throughout your episode of care.
- The decision on which service provider is used is your decision, but the provider you choose could have an impact on the amount you pay for the service you receive.
- The Advocate will inform you of your options and the associated costs so you can make the best choice for you.

**Call an Advocate at: (866)298-9848**

## SUBMITTING A CLAIM

Claims are submitted by the medical provider directly to Aither. This is typically done electronically using the EDI PAYOR ID number located on the back of your id card; or by direct mail.

## PRE-AUTHORIZATION

Certain benefits require a pre-authorization, see the MV BRONZE 3500 plan schedule of benefits for details. This pre-authorization is typically done by the medical provider or medical facility by contacting Aither at (866)298-9848.

## QUESTIONS ABOUT EXISTING CLAIMS

Any questions regarding existing claims can be answered by contacting Aither directly at (866)298-9848. Only the medical provider or the policy holder can directly inquire about the status of a claim.

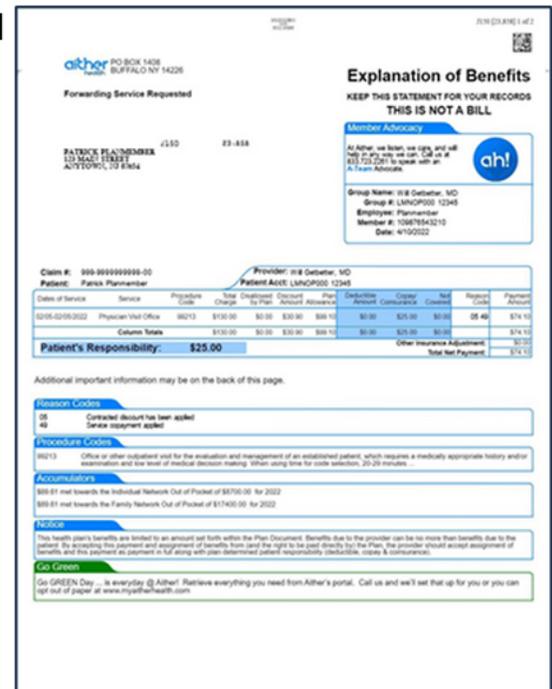
## UNDERSTANDING THE EXPLANATION OF BENEFITS

After a claim has been reviewed and processed, an Explanation of Benefits (EOB) is issued to provide transparency and clarity regarding the payments related to the services

## HOW DO I DETERMINE HOW MUCH TO PAY ON A MEDICAL BILL?

Delta Data LP uses reference-based pricing to better manage the cost of facility healthcare that are higher-cost services:

- Before paying a medical bill, compare the bill to the corresponding Explanation of Benefits (EOB).
- If the medical bill matches the patient responsibility shown on the EOB, pay the bill.
- If the medical bill and EOB do not match, **call Aither Health at (866)298-9848.**



**Explanation of Benefits**  
KEEP THIS STATEMENT FOR YOUR RECORDS  
THIS IS NOT A BILL

**Member Advocacy**  
At Aither, we listen, we care, and we help you get the most out of your plan. Call us at (866) 298-9848 to speak with an Aither Advocate.

Group Name: I18 Outpatient, MO  
Group #: LMHP000 12345  
Employee: Plummer, Patrick  
Member #: 10887543210  
Date: 4/15/2022

Claim #: 999-999999999-00  
Patient: Patrick Plummer  
Provider: I18 Outpatient, MO  
Patient AIC #: LMHP000 12345

Date of Service	Service	Procedure Code	Provider Code	Total Charge	Contract Allowance	Allowed Amount	Benefit Amount	Co-pay	Co-insurance	Out-of-Pocket	Other Insurance	Payment Amount		
02/05-02/05/2022	Physician Visit Office	99213	8130	\$0.00	\$0.00	\$88.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$74.10		
<b>Column Totals</b>				\$0.00	\$0.00	\$88.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$74.10		
<b>Patient's Responsibility: \$25.00</b>											Other Insurance Adjustment	\$0.00	Total Net Payment	\$74.10

Additional important information may be on the back of this page.

**Insurance Codes**  
05 Contracted discount has been applied  
49 Service payment applied

**Procedure Codes**  
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-30 minutes.

**Accumulators**  
\$88.81 met towards the Individual Network Out of Pocket of \$8700.00 for 2022  
\$88.81 met towards the Family Network Out of Pocket of \$17400.00 for 2022

**Notice**  
This health plan's benefits are limited to an amount set forth within the Plan Document. Benefits due to the provider can be no more than benefits due to the patient. By accepting this payment and assignment of benefits, you and the patient to be paid directly by the Plan, the provider should accept assignment of benefits and this payment as payment in full along with plan determined patient responsibility (deductible, copay & coinsurance).

**Go Green**  
Go GREEN Day... is everyday. @Aither. Retrieve everything you need from Aither's portal. Call us and we'll set that up for you or you can get our app at [www.aitherhealth.com](http://www.aitherhealth.com)

## YOUR BENEFITS ID CARD

For convenience, this ID card has integrated the benefits provided in this major medical group health bronze plan sponsored by Delta Data Partners LP. A printable version of this ID card is available in your Member Document Portal and a digital version is available through the mobile app.

### Your ID card will include:

- Plan Sponsor Name
- Group Number
- Member ID
- Member Name, & Covered Dependents
- Physician network information
- Rx provider information
- Claims provider information

If your ID Card has an error such as a misspelled name or missing dependents, please contact the Member Support Team immediately to correct the error and update your ID Card.

<b>MV BRONZE 3500</b>		Questions? <b>866.298.9848</b> www.aitherhealth.com	Administered by <b>aither health</b>
<b>Member</b>		<b>Medical Plan</b>	
Delta Data Partners, LP GROUPID: SLP11 ACTIVE DATE: \$effective_short MemberID: \$memberid Coverage: \$product_benefit \$capfullname \$activedependent_short		Deductible: Individual \$3,500 / Family: \$7,000 OOP MAX: In & Out of Network: Individual: \$9,200 / Family: \$18,400 In Network Copays: Primary \$25/visit   Specialist \$50/visit Out of Network: NOT COVERED  <b>PHCS</b> Practitioner & Ancillary Only Call toll-free 877.952.7427 or visit <a href="http://multiplan.com">multiplan.com</a> to find a PHCS provider.	
<b>Care Navigation</b>		<b>Pharmacy Plan</b>	
To optimize your plan benefits and minimize your out-of-pocket exposure, contact your Care Guides at 866.298.9848 before scheduling hospital services, outpatient surgery, diagnostic imaging, or specialist visits.		Rx BIN: 023575 RX PCN: 9999 Rx GROUP: SASAH  <b>PRO ACT</b> www.proactrx.com 877.635.9545	

<b>Medical Claim Submission</b>	<b>Eligibility</b>
<b>EDI PAYOR ID: 64884</b>  <b>Mail:</b> Aither Health PO Box 211440 Eagan, MN 55121  <b>Phone: 866.298.9848</b>	To confirm eligibility, verify benefits or check the status of a claim, please call Aither Health <b>866.298.9848</b>
<small>Facilities are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to reference pricing). Only Physician and Ancillary services may be subject to a PPO Network. The Plan will only consider an Assignment of Benefits (AOB) valid under the condition that the Provider accepts the payment received from the Plan as consideration in full for the services, supplies and/or treatment rendered, less any required deductible/copay/coinsurance. Assignment of Benefits (AOB) is a waiver of the Provider's right to balance bill the patient. Depositing checks received from the Plan represents accord and satisfaction and will take precedence over any previous terms. Please see Plan Document or contact Aither Health at 866.298.9848</small>	<b>Prior Authorization</b>  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.  To check if prior authorization is required please call Aither Health <b>866.298.9848</b>

## IMPORTANT PHONE NUMBERS

- **GENERAL BENEFITS QUESTIONS**  
member support team (833) 367 - 6830
- **ELIGIBILITY & BENEFITS VERIFICATION**  
aither health (866) 298 - 9848
- **CLAIMS, EOB, & PRE-AUTHORIZATION**  
aither health (866) 298 - 9848
- **PRESCRIPTION ASSISTANCE**  
pro act rx (877) 635 - 9545
- **LOCATE / VERIFY A NETWORK DOCTOR**  
multiplan phcs (877) 952 - 7427
- **HEALTH ADVOCATE TEAM**  
aither health (866) 298 - 9848

## IMPORTANT WEBSITES

- **MEMBER DOCUMENT PORTAL**  
<https://1enrollment.com/mbomembers>
- **AITHER HEALTH**  
<https://aitherhealth.com>
- **MULTIPLAN PHCS**  
<https://multiplan.com>
- **PRO ACT RX**  
<https://proactrx.com>
- **LOCATE / VERIFY A NETWORK DOCTOR**  
<https://multiplan.com/phcspracanc>



# PHCS Practitioner & Ancillary

## Find a doctor or facility

Welcome to the Claritev Provider Search. Search for a doctor, hospital, lab or other healthcare provider or facility.



## Search

PHCS Practitioner and Ancillary network does not include acute care hospitals

Searching in the Network:

**PHCS**

[Change network or restart search >](#)

Search by name, specialty

Delta Data Partners LP has joined forces with MultiPlan, Inc. to bring you the PHCS Network for practitioners and ancillaries only (i.e., no hospitals). You now have access to the largest primary PPO (Preferred Provider Organization) in the nation.

### BRINGING GREATER CHOICE AND SAVINGS

- **CHOICE** - Broad access to nearly 830,000 practitioners and 85,000 ancillary facilities.
- **SAVINGS** - Negotiated discounts that result in significant cost savings for you when you visit in-network providers, helping you to maximize your benefits. A PHCS logo on your health insurance card tells both you and your provider that a PHCS discount applies.
- **QUALITY** - MultiPlan applies rigorous criteria when credentialing providers for participation in the PHCS Network, so you can be assured you are choosing your healthcare provider from a highquality network.

### FIND A PROVIDER - [www.multiplan.com/phcspracanc](http://www.multiplan.com/phcspracanc)

We can help you find the provider of your choice. Simply call 877-952-7427, Monday through Friday from 8 AM - 8 PM (EST) and identify yourself as a health plan participant accessing the PHCS Network for practitioners and ancillaries only (i.e., no hospitals).

If you are currently seeing a doctor or other healthcare professional who does not participate in the PHCS Network, you may use our Online Provider Nomination System on [www.multiplan.com](http://www.multiplan.com) accessed from the health plan section; click on "information for health plan members" at the top of our home page and look for the "Nominate a Provider" link in the blue box. When you complete the form, we will contact your nominee to determine whether the provider is interested in joining. If so, we will follow up to recruit the provider.

### BEFORE YOUR APPOINTMENT

It is your responsibility to confirm your providers' continued participation in the PHCS Network and accessibility under your benefit plan. Please also be sure to follow any preauthorization procedures required by your plan (usually a telephone number on your ID card). In addition, to ensure proper handling of your claim, always present your current benefits ID card upon arrival at your appointment.

Please note:

MultiPlan, Inc. and its subsidiaries are not insurance companies, do not pay claims and do not guarantee health benefit coverage.

For information about your benefits, please refer to your health plan booklet or contact your Plan Administrator.

# MV BRONZE 3500

## Schedule of Benefits & Plan Design

### Medical Services Deductible Information

Deductible <sup>1</sup>	Participating Providers (InNetwork)	Non-Participating Providers (Out of Network) <sup>2,6</sup>
Individual	\$3,500	
Family	\$7,000	

#### Out of Pocket Information

Out of Pocket Maximum <sup>1</sup>	Participating Providers (InNetwork)	Non-Participating Providers (Out of Network) <sup>2,6</sup>
Individual	\$9,200	
Family	\$18,400	

#### Schedule of Benefits

The following table represents the medical services currently covered under the MV Bronze 3500 Plan, as well as the permitted interval and any requirements of such medical services. This plan does not utilize a network for any facilities. All services performed in a medical facility (for example, a hospital as opposed to a primary care physician's office) will be subject to Reference Based Pricing (RBP) reimbursements based on a multiple of the Medicare Reimbursement Rate.

Plan Provisions	Prior Auth Required <sup>3</sup>	Participating Providers (InNetwork)	Non-Participating Providers (Out of Network) <sup>2,6</sup>
<b>Member Pays</b>			
<b>PHYSICIAN SERVICES</b>			
<b>Primary Care Office Visit</b> (Limited to 8 visits per plan year)	No	\$25 Copay	Not Covered 100% paid by Member
<b>Specialist Office Visit</b> (Limited to 8 visits per plan year)	No	\$50 Copay	Not Covered 100% paid by Member
<b>Other Physicians Services performed in the office <sup>4</sup></b> (Limited to Primary Care/ Specialists visits per plan year)	Yes <sup>5</sup>	\$50 Copay per service billed	Not Covered 100% paid by Member
<b>Urgent Care</b> (Limited to 2 visits per plan year)	No	\$75 Copay	Not Covered 100% paid by Member

<sup>1</sup> The Deductible and Out of Pocket amounts are combined across In Network and Out of Network Providers.

<sup>2</sup> Out-of-network services are not covered under this plan. However, in exceptional circumstances, a claim may be considered for payment. If approved, payment will be made at 100% of the usual and customary charges, as determined by the plan's third-party administrator.

<sup>3</sup> If prior authorization is not obtained for services requiring prior authorization, the benefits payable by the Plan for such services will be reduced to 50% of the allowed charges after the copay.

<sup>4</sup> The plan will only reimburse buy and bill drugs up to the lesser of the allowed amount or network rate or the amount that the Third-Party Administrator or Pharmacy Benefits Manager could source the drug for.

<sup>5</sup> Prior authorization is required for any service or procedure over \$1,000.

<sup>6</sup> If the Plan covers Emergency Room and/or Ambulance Services, those services will be covered if they are provided by an Out of Network provider and will be reimbursed at the In Network level of benefits.

# MV BRONZE 3500

## Schedule of Benefits & Plan Design

Plan Provisions		Prior Auth Required 3	Participating Providers (InNetwork)	Non-Participating Providers (Out of Network) <sup>2, 6</sup>
Member Pays				
<b>PREVENTIVE &amp; WELLNESS SERVICES</b>				
(See Schedule of Preventive Health Services section)	(Non-Hospital Based)	No	\$0 Copay	Not Covered 100% paid by Member
	(Hospital Based)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>HOSPITAL/FACILITY SERVICES (Subject to Reference Based Pricing)</b>				
<b>Inpatient Hospitalization</b> (Limited to 5 days per plan year)		Yes	After Deductible, 30% Co-insurance per admission (Subject to Reference Based Pricing)	
<b>Inpatient Visits - Physician</b> (Limited to visits up to 5 days per plan year)		No	Included in Inpatient Hospitalization Co-insurance	
<b>Inpatient Surgery - Physician Charges</b> (Limited to 2 surgeries per plan year)		Yes	Included in Inpatient Hospitalization Co-insurance	
<b>Outpatient Hospital or Free-Standing Facility Services and Surgery</b> (Limited to 1 visit per plan year)		Yes	After Deductible, 30% Co-insurance per admission (Subject to Reference Based Pricing)	
<b>Anesthesia</b> (Limited to 2 inpatient and 1 outpatient anesthetic procedures per plan year)		No	Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Co-insurance	
<b>Emergency Room Services</b> (Limited to 1 visit per plan year)		No	After Deductible, 30% Co-insurance per admission (Subject to Reference Based Pricing)	
<b>OUTPATIENT DIAGNOSTIC SERVICES</b>				
<b>Laboratory Service</b>	(Non-Hospital Based) (Combined limit of 3 visits per plan year with Radiology)	No	\$50 Copay	Not Covered 100% paid by Member
	(Hospital Based)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>Radiology</b>	(Non-Hospital Based) (Combined limit of 3 visits per plan year with Laboratory Services)	No	\$50 Copay	Not Covered 100% paid by Member
	(Hospital Based)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>CT/MRI/MRA/PET Scan</b> (Limited to 1 per plan year)	(Non-Hospital Based)	Yes	After Deductible, 30% Co-insurance (Subject to Reference Based Pricing)	
	(Hospital Based)	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member

# MV BRONZE 3500

## Schedule of Benefits & Plan Design

Plan Provisions	Prior Auth Required <sup>3</sup>	Participating Providers (InNetwork)	Non-Participating Providers (Out of Network) <sup>2, 6</sup>
<b>Member Pays</b>			
<b>PREGNANCY BENEFITS</b>			
Professional Services	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
Maternity/Childbirth/Delivery	No	Not Covered 100% paid by Member	Not Covered 100% paid by Member
<b>OTHER SERVICES</b>			
<b>Allergy Services</b> <small>(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)</small>	No	\$25 Copay	Not Covered 100% paid by Member
<b>Chiropractic Services</b> <small>(Limited to 10 visits per plan year)</small>	No	\$50 Copay	Not Covered 100% paid by Member
<b>Second Surgical Opinion</b>	No	\$0 Copay	Not Covered 100% paid by Member
<b>Home Health Care</b> <small>(Limited to 10 visits per plan year)</small>	Yes	\$25 Copay	Not Covered 100% paid by Member
<b>Mental Health, Behavioral Health, or Substance Abuse Services</b>			
<b>Inpatient Hospitalization or Partial Day</b> <small>(Limited to 5 days per plan year)</small>	Yes	After Deductible, 30% Co-insurance per admission (Subject to Reference Based Pricing)	
<b>Outpatient Hospital or Free-Standing Facility Services and Surgery</b> <small>(Limited to 1 visit per plan year)</small>	Yes	After Deductible, 30% Co-insurance (Subject to Reference Based Pricing)	
<b>Office Visits</b> <small>(Limited to 8 visits per plan year)</small>	No	\$50 Copay	Not Covered 100% paid by Member
<b>Emergency Medical Transportation</b> <small>(By land only; Limited to 1 transport per year)</small>	No	After Deductible, 30% Co-insurance (Subject to Reference Based Pricing)	

<b>PHARMACY BENEFITS</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
<b>Member Pays</b>		
<b>Preventive Prescriptions - (Subject to Formulary)</b>		
Pharmacy Retail – up to a 30-day supply		Generic - \$0 Copay (Limited to Preventive Generic)
<b>Non-Preventive Prescriptions - (Subject to Formulary)</b>		
Pharmacy Retail – up to a 30-day supply		Not Covered 100% paid by Member
Pharmacy Mail Order – 90-day supply		Any Covered Generic - \$5 Copay
Pharmacy Mail Order – 90-day supply		Any Covered Generic - \$15 Copay
Preferred Brand, Non-Preferred Brand, & Specialty Drugs		Not Covered 100% paid by Member

# MV BRONZE 3500

## Schedule of Benefits & Plan Design

### Schedule of Preventive Health Services 1

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

Preventive Health Services		
Covered Benefits		
<p>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:</p> <ul style="list-style-type: none"> <li>• Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See <a href="https://www.uspreventiveservicestaskforce.org">https://www.uspreventiveservicestaskforce.org</a></li> <li>• Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration and The Bright Futures/American Academy of Pediatrics. Guidelines can be found in <a href="https://www.hrsa.gov">https://www.hrsa.gov</a> and <a href="https://www.aap.org/periodicityschedule">https://www.aap.org/periodicityschedule</a> Immunizations recommended by the Advisory Committee.</li> <li>• Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <a href="https://www.cdc.gov/vaccines/acip">https://www.cdc.gov/vaccines/acip</a></li> </ul>		
Benefit	Interval	Requirements
<b>Abdominal Aortic Aneurysm Screening</b>	1 per lifetime	By ultrasonography in <b>men</b> ages 65-75 years who have ever smoked.
<b>Adult Annual Standard Physical</b>	1 per plan year	<b>Adults</b> , one (1) physical preventive exam per plan year.
<b>Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling</b>	1 per plan year	Screenings for unhealthy alcohol use in <b>adults</b> 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
<b>Anxiety Disorders in Adults</b>	1 per plan year	Screening for anxiety disorders in <b>adults</b> 64 years or younger, including pregnant and postpartum persons.
<b>Anxiety in Children and Adolescents</b>	1 per plan year	Screening for anxiety disorders in <b>children and adolescents</b> aged 8 to 18
<b>Aspirin: Preventive Medication</b>	As prescribed	<b>Adults</b> ages 50 to 59 with high risk of cardiovascular diseases and for the primary prevention of cardiovascular disease and colorectal cancer. Low-dose aspirin (81 mg/d) as preventive medication for <b>women</b> after 12 weeks of gestation who are at high risk for preeclampsia.
<b>Bacteriuria Screening</b>	1 per plan year	Screening for asymptomatic bacteriuria with urine culture in <b>pregnant women</b> at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
<b>BRCA Risk Assessment and Genetic Counseling/Testing</b>	1 per plan year	Screening to <b>women</b> who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes ( <i>BRCA 1</i> or <i>BRCA2</i> ).  Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
<b>Breast Cancer Preventive Medications</b>	As prescribed	Risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors for <b>women</b> aged 35 years or older who are at increased risk for breast cancer and at low risk for adverse medication effects.
<b>Breast Cancer Screening</b>	Every 2 years	Coverage limited to one (1) biennial screening mammography (2D or 3D), with or without clinical breast examination (CBE), for <b>women</b> aged 40 to 74 years.

1 Preventive Health Services, excluding those for newborn care, are not covered if they are provided at a hospital.

# MV **BRONZE 3500**

## Schedule of Benefits & Plan Design

Preventive Health Services		
Benefit	Interval	Requirements
<b>Breastfeeding Support, Supplies and Counseling</b>	In Conjunction with each birth	Interventions during <b>pregnancy</b> and <b>after birth</b> to support breastfeeding. Costs for renting breastfeeding equipment will be covered in conjunction with each birth.
<b>Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing</b>	1 time every 5 plan years	<b>Women</b> aged 30 to 65 years with high-risk papillomavirus (hrHPV) testing alone, or in combination with cytology.
<b>Cervical Cancer Screening: with Cytology (Pap Smear)</b>	1 time every 3 plan years	<b>Women</b> aged 21 to 65 years with cervical cytology alone.
<b>Chlamydia Screening</b>	1 per plan year	Sexually active <b>women</b> age 24 or younger and in women 25 years or older who are at increased risk infection.
<b>Colorectal Cancer Screening</b>	1 time every 5 plan years	<b>All adults aged 45 to 75 years.</b>
<b>Contraceptive Methods and Counseling</b>	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling for <b>all women</b> with reproductive capacity, not including abortifacient drugs.
<b>Dental Caries Prevention: Infants and Children Up to Age 5</b>	1 per plan year	Application of fluoride varnish to the primary teeth of all <b>infants and children</b> starting at the age of primary tooth eruption and prescription of oral fluoride supplementation starting at age <b>6 months for children</b> whose water supply is fluoride deficient.
<b>Depression and Suicide Risk Screening</b>	1 per plan year	Screening for major depressive disorder (MDD) in <b>adolescents</b> age 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up
		Screening for depression in the general <b>adult</b> population, including <b>pregnant and postpartum persons, as well as older adults.</b> Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Pregnant and postpartum persons at increased risk of perinatal depression should be refer to counseling interventions.
<b>Fall Prevention: Older Adults</b>	1 per plan year	Exercise interventions to prevent falls in community-dwelling <b>adults</b> 65 years or older who are at increased risk for falls.
<b>Folic Acid Supplementation for the Prevention of Neural Tube Defects</b>	As prescribed	Daily supplement containing 0.4 to 0.8 mg (400 to 800µg) of folic acid for all <b>women</b> planning or capable of pregnancy.
<b>Gestational Diabetes Screening</b>	1 per plan year	Asymptomatic <b>pregnant women</b> after 24 weeks of gestation or after.
<b>Gonorrhea Screening</b>	1 per plan year	Sexually active <b>women</b> aged 24 years or younger and in women 25 years or older who are at increased risk for infection.
<b>Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease</b>	1 per plan year	<b>Adults</b> with cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthy diet and physical activity

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## Schedule of Benefits & Plan Design

Preventive Health Services		
Benefit	Interval	Requirements
Healthy weight and weight gain in pregnancy	1 per plan year	<b>Pregnant persons</b> , effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy
Hemoglobinopathies Screening	1 per plan year	Screening for sickle cell disease in <b>newborns</b> .
Hepatitis B Virus Infection Screening	1 per plan year	<b>Adolescent and adults</b> at increased risk for infection. <b>Pregnant women</b> at their first prenatal visit.
Hepatitis C Virus (HCV) Infection Screening	1 per plan year	<b>Adults</b> aged 18 to 79 years.
High Blood Pressure Screening	1 per plan year	Screening for high blood pressure in <b>adults</b> aged 18 or older.
HIV Preexposure Prophylaxis for the Prevention of HIV Infection	As prescribed	<b>Persons</b> who are at high risk of HIV acquisition.
HIV Screening	1 per plan year	<b>Adolescents and adults</b> aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. <b>Pregnant persons</b> including those who present in labor, or at delivery and whose HIV status is unknown.
Hypertension in Adults	1 per plan year	Screening for hypertension in <b>adults</b> 18 years or older with office blood pressure measurement (OBPM).
Hypertensive Disorders of Pregnancy	1 per plan year	Screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.
Hypothyroidism Screening	1 per plan year	Screening for congenital hypothyroidism in <b>newborns</b> .
Intimate Partner Violence Screening	1 per plan year	Screening for intimate partner violence, in <b>women</b> of reproductive age and provide or refer women who screen positive to ongoing supporting services.
Latent Tuberculosis Infection Screening in Adults	1 per plan year	Screening for latent tuberculosis infection in populations at increased risk
Lung Cancer Screening	1 per plan year	With low-dose computed tomography in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and Counseling	1 per plan year	To <b>children and adolescents</b> 6 years and older with a high body mass index (BMI) ( $\geq 95$ th percentile for age and sex) and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. Clinicians should offer or refer <b>adults</b> with a body mass index (BMI) of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions to prevent obesity-related morbidity and mortality in adults.
Ocular Gonorrhea Prophylactic for Gonococcal Ophthalmia	As prescribed	Prophylactic ocular topical medication for all <b>newborns</b> to prevent gonococcal ophthalmia neonatorum.
Osteoporosis Screening	1 per plan year	In <b>women</b> aged 65 and older and in postmenopausal <b>women</b> younger than 65 years who are at increased risk of osteoporosis.
Phenylketonuria Screening	1 per plan year	Screening for phenylketonuria in <b>newborns</b> .
Prediabetes and Type 2 Diabetes Screening	1 per plan year	Screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.
Preeclampsia Screening	1 per plan year	<b>Pregnant women</b> with blood pressure measurements throughout pregnancy.

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## Schedule of Benefits & Plan Design

Preventive Health Services		
Benefit	Interval	Requirements
<b>RH Incompatibility Screening: 24–28 Weeks' Gestation</b>	1 per plan year	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative <b>women</b> at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D) - negative.
<b>Rh Incompatibility Screening: First Pregnancy Visit</b>	1 per plan year	Rh (D) blood typing and antibody testing for all <b>pregnant women</b> during their first visit for pregnancy - related care.
<b>Sexually Transmitted Infections Counseling</b>	1 per plan year	Intensive behavioral counseling for all sexually active <b>adolescents and for adults</b> who are at increased risk for sexually transmitted infections.
<b>Skin Cancer Behavioral Counseling</b>	1 per plan year	Counseling <b>young adults, adolescents, children, and parents of young children</b> about minimizing their exposure to ultraviolet radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk for skin cancer.
<b>Statin Preventive Medication</b>	As prescribed	<b>Adults</b> without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
<b>Syphilis Screening</b>	1 per plan year	Screening <b>asymptomatic, nonpregnant adolescent and adults</b> who are at increased risk for infection. <b>All pregnant women.</b>
<b>Tobacco Use Counseling and Interventions</b>	2 per plan year	Provide behavioral interventions for cessation to all <b>adults</b> who use tobacco, advise them to stop using tobacco, and provide behavioral interventions, U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco is covered. Provide behavioral interventions for cessation to all <b>pregnant persons</b> who uses tobacco. Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged <b>children and adolescents.</b>
<b>Unhealthy Drug Use Screening</b>	1 per plan year	Screening by asking questions about unhealthy drug use in <b>adults</b> 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)
<b>Vision Screening</b>	1 time every 2 plan years	All <b>children</b> aged 3 to 5 years to detect amblyopia or its risk factors.
<b>Well-Woman Visits</b>	1 per plan year	<b>Women</b> under 65 to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.
<b>Well-Child Visits</b>	1 per plan year	<b>Children</b> to obtain the recommended preventive services that are age and developmentally appropriate. (Covers 1 visit except as more frequently recommended for children under the age of 3 years.)

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## Schedule of Benefits & Plan Design

### Immunizations

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\*

Birth Through Six Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
RSV antibody	Respiratory syncytial virus	Ages birth- 7 months (Depends on mother's RSV vaccine status)
HepB	Hepatitis B	Ages birth- 2 months
		Ages 6 months- 18 months
DTaP	Diphtheria, Tetanus, and Pertussis	Ages 2 months- 6 months
		Ages 15 months- 18 months
		Ages 4- 6 years
Hib	Haemophilus influenzae type b	Ages 2 months- 4 months (third dose at 6 months depends on the brand used for previous dose)
		Ages 12 months- 15 months
PCV13, PCV15	Pneumococcal	Ages 2 months- 6 months
		Ages 12 months- 15 months
IPV	Poliovirus	Ages 2 months-18 months
		Ages 4- 6 years
Flu	Influenza (yearly)	Ages 6 months- 6 years
MMR	Measles, mumps, and rubella	Ages 12 months- 15 months
		Ages 4 – 6 years
VAR	Varicella	Ages 12 months- 15 months
		Ages 4 – 6 years
HepA	Hepatitis A	Ages 12 months-23 months (1st dose) Six months after the first dose (2nd dose)
RV	Rotavirus	Ages 2 months- 4 months (third dose at 6 months depends on the brand used for previous dose)
COVID-19	Coronavirus disease	Ages 6 months- 6 years

Children From Seven Through Eighteen Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
COVID-19	Coronavirus disease	Ages 7 years - 18 years
Flu	Influenza (yearly)	Ages 7 - 18 years
Tdap	Tetanus, diphtheria, and pertussis	Ages 11- 12 years
HPV	Human papillomavirus	Ages 11- 12 years (2 shots series) Note: A 3-shot series of HPV vaccine is needed for those with weakened immune systems and those who start the series at 15 years or older
MenACWY	Meningococcal	Ages 11- 12 years
MenACWY	Meningococcal Booster	Age 16 (recommended)
Dengue	Dengue vaccine	Ages 9-16 years who live in dengue endemic areas and have laboratory confirmation of previous dengue infection

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## Schedule of Benefits & Plan Design

Adults Nineteen Years or Older		
Abbreviations	Vaccines	Age Requirements and Limitations
COVID-19	Coronavirus disease	Ages 19 ≥ 65 years
Flu	Influenza	Ages 19 ≥ 65 years (1 dose annually)
Tdap or Td	Tetanus, diphtheria, and acellular pertussis	Ages 19 ≥ 65 years (Tdap every pregnancy.TD or Tdap booster every 10 years for all adults)
MMR	Measles, mumps, and rubella	Some adults: Ages 19 - 64 years - 1 or 2 doses depending on indication (if born in 1957 or later)
VAR	Varicella	Ages 19 -37 years - 2 doses (if born in 1980 or later)
RZV	Zoster recombinant	Ages 50 ≥ 65 years - 2 doses
HPV	Human papillomavirus	Ages 19 - 26 years - 2 or 3 doses depending on age at initial vaccination
PCV15, PCV20, PPSV23	Pneumococcal conjugate (PCV15, PCV20) Pneumococcal polysaccharide	Ages ≥ 65 years
HepB	Hepatitis B	Ages 19-59 years (2,3 or 4 doses depending on vaccine or condition)
RSV	Respiratory syncytial virus	If aged 75 years or older

\* 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.

# MV BRONZE 3500 EXCLUSIONS

The following exclusions apply to the benefits offered under this Plan:

1. Routine physical exams, office visits, immunizations and/or tests that do not directly treat an actual illness, injury, or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams/tests required for or by an employer, school, sports physicals, insurance or government authority, camp, marriage, travel, and court ordered, forensic, legal proceedings or custodial evaluations, except as otherwise specifically stated in this document.
2. Routine foot care for treatment of the following:
  - a. Flat Feet
  - b. Corns
  - c. Bunions
  - d. Calluses
  - e. Toenails
  - f. Fallen Arches
  - g. Weak Feet
  - h. Chronic Foot Strain
3. Dental procedures
4. Any other medical service, treatment, or procedure not covered under this Schedule of Benefits.
5. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by any appendix or otherwise explicitly provided in the Plan Document, this Plan does not cover the medical services or any related experience, bill, charge, or monetary obligation to the medical service.
6. Claims unrelated to treatment of medical care or treatment
7. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition
8. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specially noted in the schedule of benefits to the Plan Document.
9. Any claim related to an injury arising out of, or in the course of, any employment for wage or profit that would be covered by other coverage for which the member is eligible.
10. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed.
11. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted.
12. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant.
13. Claims due to an act of war, declared or undeclared, not including acts of terrorism
14. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
15. Elective, voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus was carried to term, are subject to the laws and regulations of the state in which the procedure is performed. It is the responsibility of the service provider to ensure compliance with all applicable state laws and regulations regarding abortion.
16. Travel, unless specifically provided in the schedule of benefits
17. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
18. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits.
19. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
20. Services or supplies which are primarily educational
21. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression
22. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion
23. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change
24. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
25. Any claims for fertility or infertility treatment
26. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits.
27. Claims for disability resulting from reversal of sterilization
28. Claims for the completion of forms, or failure to keep scheduled appointments
29. Recreational or diversional therapy
30. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider

# MV BRONZE 3500 EXCLUSIONS

31. Claims for the care and/or treatment of an injury or illness resulting from engaging in a hazardous pursuit, hobby, or activity. A pursuit, hobby, or activity is hazardous if it is characterized by a constant threat of danger or by an increased risk of bodily harm. Examples of hazardous pursuits, hobbies, or activities include, but are not limited to, adventure sports such as skydiving, hang gliding, rappelling, rock climbing, bungee jumping, parasailing, use of all-terrain vehicles, motorcycle, boat or automobile racing, skiing off-piste, snowboarding off-piste, and activities such as reckless operation of a vehicle or other machinery, and motorcycle riding without a helmet.
32. Claims that arise primarily due to medical tourism
33. Supportive devices of the foot
34. Treatments for sexual dysfunction
35. Aquatic or massage therapy
36. Biofeedback training
37. Skilled nursing facilities
38. Durable medical equipment and prosthetics
39. Hospice care, private duty nursing, or long-term care
40. Residential facility - for changed from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury
41. Claims for temporomandibular joint syndrome
42. Claims for biotech or specialty drugs, including biologics and hemophilic drugs
43. Genetic testing unless explicitly covered in the schedule of benefits
44. Human Cell, Tissue and Organ transplantation
45. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physical complications which result from such procedures.
46. Radiation and chemotherapy
47. Dialysis
48. Acupuncture
49. Alternative medicine/homeopathy
50. Children dental and vision
51. Neonatal Intensive Care (NICU)
52. Rehabilitative therapies
53. Routine eye care (Adult)
54. Pregnancy benefits, including office visits and childbirth/delivery professional and facility services
55. All maternity coverage for dependent children, including adult children up to age 26, and all coverage for the resultant newborn child. However, ACA mandated Preventive Health Services are not excluded
56. Diagnosis and treatment for sleep apnea
57. Any claim arising from service received outside of the United States and its territories of America Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
58. Use of Emergency Room Services for non-emergency care
59. This coverage does not include coverage for grandchildren (unless they are under your legal guardianship)
60. Private room unless medically necessary, or if a semi-private room is not available
61. Inpatient facility claims for surgery after the inpatient hospital day limit per plan year has been exhausted
62. CART therapy
63. Cell and gene therapy

The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan.





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