

PRO PLAN BENEFIT SPECIFICATION

continued

Diagnostic Procedures	Network Care	Out-Of-Network Care
Outpatient Diagnostic Laboratory	Not covered	Not applicable
Outpatient Diagnostic X-ray (except for complex imaging services)	Not covered	Not applicable
Outpatient Diagnostic X-ray for Complex Imaging Services (Including, but not limited to, MRI, MRA, PET, and CT Scans)	Not covered	Not applicable
Emergency Medical Care	Network Care	Out-Of-Network Care
Urgent Care Provider Limit of 8 utilizations** combined with non-specialists, specialists, and urgent care.	\$50 co-payment	Not covered
Emergency Room	Not covered	Not applicable
Emergency Ambulance	Not covered	Not applicable
Non-Emergency Ambulance	Not covered	Not applicable
Other Services and Plan Details	Network Care	Out-Of-Network Care
Hospital Care	Not covered	Not applicable
Mental Health and Alcohol/Drug Abuse Services (other than office visit)	Not covered	Not applicable
Skilled Nursing Facility	Not covered	Not applicable
Therapy and Rehabilitation Services	Not covered	Not applicable
Durable Medical Equipment	Not covered	Not applicable
Mouth, Jaws, and Teeth Oral surgery procedures, medical in nature	Not covered	Not applicable
Family Planning	Not covered	Not applicable
Pharmacy – Prescription Drug and Discount Benefits	Powered by Shield PBM	
Access & Discounts Available		
Retail (Up to a 30-day supply)		
Preventative Drugs	Included	
Generic Drugs	Discounts Available	
Preferred Brand Drugs	Discounts Available	
Non-Preferred Brand Drugs	Discounts Available	
Specialty Drugs (Up to a 30-day supply) Includes self-injectable, infused and oral specialty drugs, excludes insulin	International & prescription assistance options - call customer care for additional information	
Mail Order Delivery (for your refills for up to a 31-90 day supply)		
Generic Drugs	Discounts Available	
Preferred Brand Drugs	Discounts Available	
Non-Preferred Brand Drugs	Discounts Available	

While this information is believed to be accurate as of the print date, it is subject to change. To receive full and up to date policy descriptions, please visit [breckpoint.linked.exchange](#) to log into our member portal. **Utilization is the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis. Examples of Utilization are the number of office visits a person makes per year, the number of prescription drugs taken, or the number of testing a person receives by a provider.

Claims Portal: To register and view your claims status please go to [portal.breckpoint.com](#)

Pharmacy Plan includes: Contraceptive drugs and devices obtainable from a pharmacy. Formulary generic FDA-approved women's contraceptives covered 100% in network. Not all drugs are covered.

What's Not Covered: This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; cosmetic surgery, including breast reduction; custodial care; dental care and x-rays; donor egg retrieval; experimental and investigational procedures; hearing aids; immunizations for travel or work; infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; nonmedically necessary services or supplies; orthotics;

over-the-counter medications and supplies; reversal of sterilization; services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.