2023 Individual & Family Coverage Book for Missouri

Your local health coverage partner





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Have questions? We are here to help

Call

Call our Customer Care Center for questions about benefits and more. **866-514-4194 (TTY: 711)** Monday – Thursday, 7:30 am – 5 pm Friday, 8 am – 4:30 pm

Click

Visit wellfirstbenefits.com/get-help

Enroll

Find the best plan for you! Visit wellfirstbenefits.com/enroll2023 For additional ways to enroll, see page 16.





WellFirst Health — Health Coverage Focused on Health Care

Traditionally, insurance companies and physicians measure success quite differently.

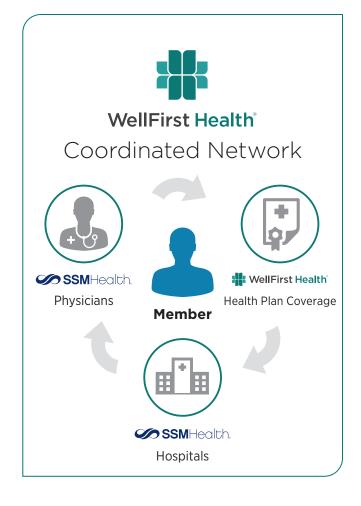
This dynamic has led to a health care system that focuses more on illness than wellness. WellFirst Health changes that focus.



It's a true collaboration between health care experts, hospital partners and health plan coverage. This leads to a more affordable and beneficial experience for members one that is truly focused on them. And because we were developed right here by local health care and health coverage professionals, the plan is designed specifically to help our communities flourish.

Coordinated, Physician-led Coverage and Care

We address the challenge of creating a long-term, sustainable health care solution by transforming the health care model. With its coordinated approach and focus on the doctor-patient relationship versus health plan profits, we bring an innovative model of care and coverage to Missouri. Primary care physicians and specialists across our network collaborate to provide the best personalized care possible. It's health coverage that members can feel great about.



Health coverage with YOU in mind

WellFirst Health is dedicated to our members' well-being.

It gives members peace of mind financially and confidence in their health care. We offer preventive care and wellness education through early diagnosis, groundbreaking treatment and rapid recovery.

Choose benefits that go above and beyond like free SSM Health Express Virtual Care on most plans, urgent care visits that cost no more than your primary care physician visits, free digital wellness programs and more.



Preventive Services

We do more than help pay the medical bill. At the heart of our preventive care philosophy is a promise you will get the support needed to remain healthy.



Out-of-Area Care

Both urgent and emergency care are covered by WellFirst Health when you are traveling and unable to return to the service area.



Powerful Tools

Get access to online accounts, like MyChart, designed to assist you with communicating with your physician, viewing claims and accessing prescription history.



Care from Anywhere

SSM Health Express Virtual Care is available to all our individual and family plan members, with e-visits free of charge for certain plans. See plan options or visit wellfirstbenefits.com/evisit for more details.



Exceptional Support

When you have coverage questions or needs, our knowledgeable Customer Care Team is just a call away.



Mail-Order Pharmacy

WellFirst Health provides members access to a mail-order pharmacy for long-term medications. With our mail-order pharmacy, you receive up to a three-month supply—with free shipping. Visit wellfirstbenefits.com/pharmacy to learn more and enroll.



Care Around The Clock

WellFirst Health's 24-hour Nurse Advice Line is available any time you need a little health advice. Our staff is available **365 days of the year**.





\$0 Cost Preventive Drugs*

WellFirst Health makes it easier for you and your family to stay on top of your health. We offer a list of preventive drugs available to members for \$0. To see the most up-to-date list of \$0 preventive drugs, just visit wellfirstbenefits.com/pharmacy or check out the Member Document Center on wellfirstbenefits.com



Split the Tablet, We'll Split the Copay

Tablet splitting can provide significant savings for you, depending on your prescription and dose. Using this service can save you up to 50% on your usual copay for select medications**.



Preferred Diabetic Supply Savings

Preferred Diabetic Supply Savings \$0 member cost share* on preferred diabetic supplies (for example, preferred test strips, lancets, syringes, needles, etc.)



Pharmacy Drug Formulary

We use a drug formulary, which is a list of prescription drugs that help you understand what is and isn't covered. The drug formulary is reviewed every month and updated on a regular basis. Our drug formulary breaks the list into different tiers that are organized by the level of cost sharing between you and the health plan. There are several factors that determine a drug's tier, including:

- Effectiveness of drug in comparison to other drugs used for the same type of treatment
- Cost of drug in comparison to other drugs used for the same type of treatment
- Availability of over-the-counter options
- Other clinical factors like safety



Preferred Insulin Savings

\$35 maximum member cost share[†] on preferred insulin (tier 2) per one-month supply as part of your standard pharmacy benefit.

- * Through the Affordable Care Act, all groups have access to \$0 cost preventive drugs.
- ** This benefit only applies to traditional copay plans. High Deductible Health Plans are excluded.
- † HDHP members do not have to meet their deductible first.

Be A Healthier You

Your comprehensive wellness program



WellFirst Health in partnership with WebMD offers a variety of programs focusing on the whole person across eight dimensions of wellness, making healthy living achievable and fun.

Wellness Programs and Features

Health Assessment

Based on your individual questionnaire results, WebMD provides recommendations for each lifestyle category. A variety of interactive self-management tools are customized to your needs.

Case Management

Provides support through complex health situations.

■ Wellness Care Package

A monthly brochure highlighting programs, education and health observances.

Partner Perks

Discounts for gyms, spas, golfing, devices, equipment, nutrition and more.

Nicotine Cessation

Nicotine cessation and vape free programs for families. Free medications may be available.

R.E.A.L. Goals (Realistic, Easy, Attainable, Life Goals)

Preset goals covering all eight dimensions along with tips and trackers to help you achieve success.

Preventive Health Toolkits

Download our toolkits that include education and awareness for many national observances and seasonally-appropriate topics.

Events Calendar

Access live monthly Book Club discussions, Move with a Doc, Learning Lofts, and more webinars covering the eight dimensions of wellness. Events are virtual, and you can attend from anywhere. Learn more at wellfirstbenefits.com/events

Nutrition

Members can access WebMD resources, challenges, webinars and a monthly Made from Scratch newsletter.







Additional Wellness Programs

Learn more at...

wellfirstbenefits.com/wellness

Resources and rewards to help you achieve your health and wellness goals.

Behavioral Health

1 in 5 adults experience mental illness in their life. If you or someone you know needs help, know you are not alone. Our health plan offers a spectrum of support, services and treatment options within our network. Visit wellfirstbenefits.com/behavioralhealth to access our resources.

Living Healthy Rewards:

A focus on Preventive Health Services

Prevention or early detection of common diseases is the best way to be the healthiest you and earn up to \$150 in rewards! Earn points and money for taking care of you!

Here's how it works:

- 1. Choose the healthy activities you want to complete
- 2. Each completed activity is worth reward points (example: 500 points = \$50)
- 3. Earn up to 1,500 points for a maximum of \$150* per calendar year (before December 31, 2023)
- 4. Rewards come in the form of gift card(s) of your choice to many national retailers, restaurants and other popular merchants

Preventive Health Services

Prevention or early detection of common diseases is the best way to be the healthiest you. The list below includes some of the more common preventive and screening services proven to improve health, but it is important to check with your primary care provider to determine which tests are appropriate for you, based on your medical history and family history. Earn points for taking care of you!

- Immunizations: Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal
- Cancer screenings: Mammogram, Colon Cancer (FIT testing, Cologuard, Colonoscopy) and PAP smear
- Other screenings: Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes and Depression
- * WellFirst Health members age 18 and older are eligible for Living Healthy rewards. Covered adult children (ages 18 and older) can earn up to \$100 per year. Visit wellfirstbenefits.com/livinghealthy for full details.





Sync device with your Living Healthy account



Join a wellness challenge



Check in with your mental health



Engage in your community

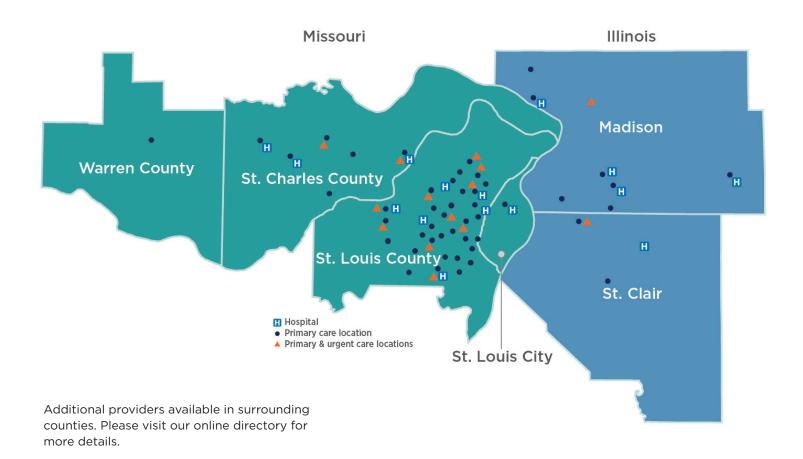
Visit wellfirstbenefits.com/livinghealthy to access your resources and start your Health Assessment today!

Provider Network

Visit wellfirstbenefits.com/doctors

WellFirst Health brings an innovative model of care and coverage to your neighborhood.

Primary care physicians and specialists across our network collaborate with health plan experts to provide the best personalized care possible, giving members a better value with their coverage. It's coverage that members can feel great about.



For assistance with reading this map, please call 1-866-514-4194 (TTY: 711)

Convenient Tools and Resources

Get the information you need, when you need it. Find it all on **wellfirstbenefits.com** and within member tools that easily connect you to health information, benefit details and much more.



Member Portal Your online member portal

Visit wellfirstbenefits.com/login and use your member number located on your ID card to activate your account.

- View insurance plan details
- Request member ID cards or download a digital copy
- Change your primary care clinic
- · Review past claim details and more
- View and pay your premium bill

MyChart

Your online health record

Visit wellfirstbenefits.com/mychart to activate your account.

- Send and receive secure messages with your primary care provider
- Schedule appointments
- Get lab results
- · Request prescription refills and more
- · View and pay your medical bill

Where to go for Care

ways to receive care no matter what day of the week it is, if it is during regular office hours or the middle of the night. Knowing your care options in advance is not just good for your health, but it can also save you money.

As a member, you will have a variety of

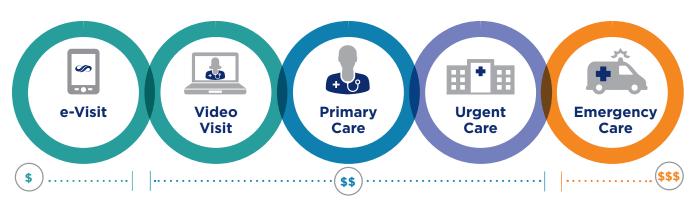
Still not sure of the type of care you need?

Members can call the 24-Hour Nurse Advice Line at 833-925-0398.

A nurse is ready to help 24/7/365.

The Right Care for Your Needs

Knowing your care options before you need them saves you time and money



Too sick to drive to the doctor?

Fill out an online questionnaire, receive a written diagnosis, treatment, and a prescription.

Cold/flu, allergies, lice, etc.

Prefer a face-toface conversation?

Start a video visit and quickly connect with a SSM Health provider. No appointment necessary.

Abnormal headaches, earaches, chronic conditions, etc.

SSM Health Express Virtual Care Options

Wish to see your doctor for care?

Schedule an appointment at your primary care clinic. Same-day appointments are usually available.

In-person treatments and annual checkups.

Primary care clinic full or closed?

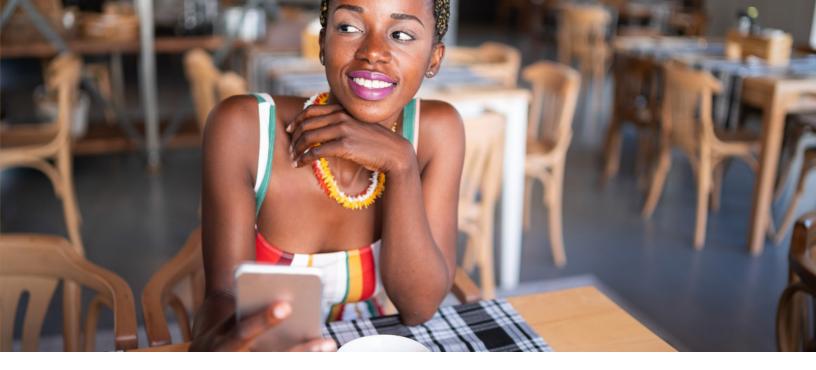
Visit your nearest Urgent Care facility.

When your normal clinic is full or closed.

Life-threatening illness or injury?

Go to the nearest emergency room or call 911.

Heart attack, stroke, head injury, severe pain.



■ Primary Care Provider (PCP)

Your Care Team is committed to working with you to build a relationship of trust. Trust combined with their training and experience means you have true health advocates who care. Your care team:

- Consists of your primary care providers
- Provides care for a wide range of preventive and longterm health care
- Helps you stay healthier with regular visits, immunizations and screenings
- Handles your immediate care needs
- Coordinates needed specialist care
- Coordinates your health care with other medical experts

Visit wellfirstbenefits.com/doctors to search our online provider directory for an available primary care provider. You can filter your search so you only see providers in your network. Then select a provider to learn about his or her education, specialty, certification and more.

Coordinated Care



WellFirst is part of an integrated delivery network with **SSM Health**, which unites physician, hospital and health insurance solutions to reduce health care costs, improve quality and deliver a better member and patient experience for you.

In-network Provider

The network of facilities, providers, and suppliers to provide health care services that have negotiated and agreed to better rates for service. By staying in your plan's network for your care, you'll likely pay less in overall costs.

Out-of-network Provider

A provider or facility that has no contract with **your** health plan and can charge you full price for any health care services received.

Find an in-network provider at wellfirstbenefits.com/doctors

Understanding the Basics of Health Coverage

Health coverage is complicated, so we're going to walk you through the basics.

Visit wellfirstbenefits.com/healthplan101

Essential Health Benefits

are defined as the ten benefits that individual plans must cover. Depending on the type of plan you purchased, services associated with Essential Health Benefits may still require cost sharing in the form of copays, coinsurance and deductibles.

- Preventive (below), wellness and disease management services
- Emergency care
- Hospitalization
- Ambulatory care
- Maternity and newborn services
- Prescription drug coverage

- Pediatric services
- Laboratory services
- Rehabilitative and habilitative services
- Mental health and substance abuse services, including behavioral health treatment













Preventive Services

are services provided with no copays, coinsurance or deductibles when delivered by a network provider, and when all preventive services criteria are met.





- Routine vaccines
- Flu & pneumonia vaccines
- Preventive care visits
- Blood pressure, cholesterol and diabetes screenings
- Colorectal cancer screening (50+)
- Mammography screenings (once per year for 40 years of age and older)

For a more comprehensive list, visit wellfirstbenefits.com/preventivecare

Prescription Coverage

includes programs to make filling prescriptions easier and save you money along the way. Prescription coverage benefits vary from plan to plan.



For more information visit wellfirstbenefits.com/medications

Enrolling in Individual and Family Coverage

We have health plans to fit your lifestyle and budget. Whether you're looking for a lower-premium plan, to limit your overall out-of-pocket, or even just for a catastrophic safety net plan, we're here for you.

wellfirstbenefits.com/enroll2023

Open Enrollment vs. Special Enrollment

You can enroll for individual and family coverage during open enrollment that begins on November 1, 2022. After that, you will need to wait for the next open enrollment period in November 2023, unless a qualifying event occurs and you are eligible for special enrollment (job loss, marriage, divorce, a baby or a move to a new coverage area).

Learn more at wellfirstbenefits.com/specialenrollment



starts-choose your 2023 plan.

for coverage beginning January 1, 2023. ends.

for anyone who has enrolled between 11/1 and 12/15/22. First 2023 monthly payment is due.

ends.

begins for anyone who has enrolled between 12/16/22 and 1/15/23. First monthly payment is due.

What are my next steps?

The process to make changes to your plan depends on where you purchase your health insurance. Need help determining if you should buy a Marketplace or Direct plan? See page 15.

WellFirst Health Direct Plan Enrollment

Visit wellfirstbenefits.com/direct

· Download a paper application and mail it to WellFirst Health

Visit a licensed Health Insurance Agent

Enroll in-person

WellFirst Health Marketplace Plan Enrollment

Visit wellfirstbenefits.com/marketplace

• Enroll online

Visit a licensed Health Insurance Agent

• Enroll in-person

Visit healthcare.gov

Enroll online at the ACA Marketplace

Marketplace vs. Direct Plans

Let's explore these two plan options.

Individual and family coverage is available to purchase through the Marketplace or off-exchange, directly from WellFirst Health. While plans that are available in both places generally mirror each other, direct plans don't provide premium subsidies. Learn more about which type of plan you should enroll in or to determine if you qualify for these subsidies, visit wellfirstbenefits.com/calculator

Do you need to shop on the Health Insurance Marketplace for 2022?



Yes

If you're uninsured, underinsured or you'd like to change the plan you previously purchased on the Marketplace, explore your options at wellfirstbenefits.com/marketplace



Maybe

If you're looking for a better option than the plan you purchased through the Marketplace for 2021, compare it with WellFirst Health and others at wellfirstbenefits.com/marketplace

If you're already a member, but want to explore all of our offerings, visit wellfirstbenefits.com/marketplace



No

If you're happy with your current Marketplace coverage, you'll be automatically re-enrolled in your plan, or a similar plan.

Other Coverage Options

- If you need individual and family health insurance, but do not qualify for premium subsidies.

 Direct plans from WellFirst Health includes additional benefits such as travel immunizations and adult eye exams. Learn more at wellfirstbenefits.com/direct
- If you're on Medicare, you don't need to visit the Marketplace.
- If you're insured by your employer, you can stay on your group plan.

Find the best plan to fit your needs!

Help Choosing the Best Plan for **You**

Visit wellfirstbenefits.com/enroll2023

WellFirst Health is all about options, so pick the plan option that's best for you.

One route is to select a plan with lower premiums and higher copays. Another may have higher premiums and lower copays. We can help if you have questions. Whichever plan you choose, it will fall into a metal category. These help categorize plans according to how much you can expect to pay in monthly premium and when you receive medical services. See page 18 for more information.



Copay Plus

may be the plan for you. The

· Low copays for office visits

· Affordable deductible and

coinsurance options

An easy way to build a

relationship with a provider

and many prescription drugs

Copay Plus plans feature:



Get the coverage you need and The best value for the care you the cost predictability you prefer! receive the most! You don't like surprise bills? This

You keep yourself healthy with regular visits to your PCP. Our Copay PCP plans keep your premiums low, and offer you the best value for your regular PCP visits and generic prescription drugs.

- Affordable primary care and generic drug copays to cover your health concerns and maintenance
- Affordable deductible and coinsurance options
- An easy way to maintain or build your relationship with your provider
- Lower monthly premium savings



Perhaps you prefer the lower premiums of a high-deductible plan as well as low out-of-pocket costs when you visit the doctor. We have you covered with our Value Copay Plan options.

- Three affordable office visit copays to cover unexpected health concerns
- Lower copays on generic prescription drugs with most plans
- Overall monthly premium savings while making it easy to establish a relationship with your provider

Copay PCP, Standard and Safety Net plans are *only* available to Marketplace members.





Standard

Simplify your shopping experience with standard plans.

Standard plans make it easy to shop across all of the important services you need. Our standard plans are offered at every network type, metal tier, and in every service area that we offer coverage.



Safety Net

Your goal is to protect yourself from medical bankruptcy in the event of an unexpected catastrophic illness or injury. Consider jumping into our Safety Net Plan that offers a high deductible and three FREE office visits. Remember that government affordability programs are not available with the Safety Net Plan.

Our Safety Net Plan is available for those who:

- · are under age thirty
- or meet certain income guidelines
- and are comfortable with their health status



HSA-eligible

Looking to save even more?

You're a saver and prefer to take advantage of a Health Savings Account (HSA) to cover your medical bills. We have excellent choices for you! Eligible individuals can combine a qualifying high-deductible health plan (HDHP) with an HSA for more financial freedom and flexibility. Just visit wellfirsthealth. com and purchase one of our HSA-eligible Individual & Family plans. For questions regarding an HSA plan, call us at 866-514-4194 (TTY: 711).

- Provide multiple options for combining a qualifying HDHP with an HSA
- Grow health care savings no "use it or lose it" rule
- · Receive tax savings

Health Coverage Affordability Programs

Visit wellfirstbenefits.com/calculator

Having health insurance means peace of mind in knowing you have coverage.

Depending on your income and personal situation, you may be eligible for a variety of discounts and subsidies, too. Visit wellfirstbenefits.com/calculator for more information and to find out if you are eligible.

Tax Credits

Tax credits lower the monthly premium you pay for health coverage. Depending on your household income level, these credits can pay for a considerable amount of your premium. You can use your tax credit on most Marketplace plans. When you visit **wellfirstbenefits.com/calculator** and begin shopping plans, your tax credit allowance will be calculated for you.



Cost Sharing Reduction Plans

These plans are only available on **silver plans** for those who make **\$33,975** or less for a single person. These plans can lower the amount you pay on services. We offer a variety of options for silver plans that are eligible for cost-sharing reduction plans.

- Lower the amount you pay on services
- Most members who applied last year qualified



Lower Out-of-Pocket Costs

There are three levels of cost sharing reduction based on Federal Poverty Level (FPL) income brackets:

- 100-150 percent of FPL
- 2 151-200 percent of FPL
- 3 201-250 percent of FPL

Cost-sharing Maximums

The plan you purchase will include a limit on the out-of-pocket expenses you have to pay for health care per year. Once this limit is reached, your health coverage plan begins to pay 100 percent of the cost.





Metal Tiers

You can use metal tiers to help determine which type of plan is right for you. No matter where you purchase your plan, it will be categorized using metal tiers.

Metal Tiers					
	P	(S	B	
	Platinum	Gold	Silver	Bronze	
Monthly cost	\$\$\$\$	\$\$\$	\$\$	\$	
Cost when you get care	\$	\$\$	\$\$\$	\$\$\$\$	
Maximum out-of-pocket expenses	\$	\$\$	\$\$\$	\$\$\$\$	
Good option if you	Plan to use a lot of health care services	Want to save on monthly premiums while keeping out-of-pocket costs low	Need to balance monthly premium with out-of-pocket costs	Don't plan to need a lot of health care services	

Federal Poverty Level (FPL)

It's important to check if you qualify for one or more of these programs based on your income level. The following table shows the FPL guidelines, but an agent or one of our representatives can help you if you're not sure.

2022 Federal Poverty Level Guidelines					
	Percentage of Federal Poverty Level				
Size of Household	100%	250%	400%		
1 🛉	\$13,590	\$33,975	\$54,360		
2 ††	\$18,310	\$45,775	\$73,240		
3 †††	\$23,030	\$57,575	\$92,120		
4 ††††	\$27,750	\$69,375	\$111,000		
Coverage Information	May qualify for cost-sharing reductions and advance premium tax credits	May qualify for cost-sharing reductions and advance premium tax credits	May qualify for advance premium tax credits		

WellFirst Health is Here For You

Once you become a member, we make things simple to help you take control of your health.

As a member you will receive a member ID card and a member guide after enrollment to walk you through your health plan.

From finding out-of-area care while traveling to discussing prior authorization with our Medical Affairs team, we pride ourselves on helping you make the most of your health.

For more information on coverage, benefits, and processes for your plan, please visit wellfirstbenefits.com/newmember or call 866-514-4194.

Privacy

WellFirst Health is required by law to maintain the privacy of your personal health and financial information (collectively referred to as "nonpublic personal information") and provide you with written notification of our legal duties and privacy practices concerning that information.

For additional information please visit wellfirstbenefits. com/privacy or call 866-514-4194 to request a copy.

Grievances & Appeals

Your input matters, and we encourage you to reach out with any concerns you may have regarding your health coverage. Visit wellfirstbenefits.com/appeals details on how to file a grievance or appeal, or for more information about these procedures.

Contact the Customer Care Center with any questions about the process by calling **866-514-4194**.



Have questions? We are here to help

Call

Call our Customer Care Center for questions about benefits and more at **866-514-4194 (TTY: 711)** Monday – Thursday, 7:30 am – 5 pm Friday, 8 am – 4:30 pm

Click

Visit wellfirstbenefits.com/get-help



Enroll

There are a variety of ways to enroll in a new individual and family plan, both digitally or with the help of an agent.

Learn more at wellfirstbenefits.com/enroll2023

General Limitations & Exclusions

All benefits are subject to limitations and exclusions as described in your Schedule of Benefits and in your Policy and Benefit Summary ("Policy").

The following list is not exhaustive and may vary based on your Policy. For a complete listing refer to your Policy.

- Court-ordered drug testing unless Medically Necessary.
- Hair analysis (unless lead or arsenic poisoning is suspected)
- Preimplantation genetic testing of embryos and gametes
- Convenience items for a Member or a Member's family, unless stated otherwise in this policy
- Drugs provided or administered by a physician or other provider, except those drugs that meet the definition of Professionally Administered Drugs
- Infertility drugs, including, but not limited to, those administered by a medical provider.
- Outpatient prescription drugs, except those prescriptions otherwise covered under this Policy
- Oral Nutrition: Oral nutrition is not considered a medical item. We do not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law or covered under our medical policy for a specific condition. Examples include, but are not limited to, over-thecounter nutritional supplements, infant formula, and donor breast milk
- Replacement of an item if the item is lost, stolen, unusable or nonfunctioning because of misuse, abuse, or neglect
- Sexual dysfunction supplies, including but not limited to medications and injections
- An insured person being intoxicated, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician
- Autopsy
- Consultation, treatment, or procedures for Assisted Reproductive Technology (ART).

- Cosmetic services, including cosmetic surgery
- Experimental or investigational services, treatments, or procedures, and any related complications as determined by us, unless coverage is required by state or federal law
- Infertility-related services or procedures not otherwise covered by this policy. This includes, but is not limited to the collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility. Hospital or medical service not listed in this Policy
- Items that can be purchased over the counter and considered to be for comfort, convenience and/or personal hygiene, examples include, but are not limited to: seasonal affective disorder light units, disposable undergarments, wigs and modification to a Member's home such as ramps, grab bars, stair lifts and bench/chair lifts
- Medical and surgical treatment of excessive sweating (hyperhidrosis)
- Non-emergent charges directly related to a non-covered service, such as hospitalization charges, except when a complication results from the non-covered service that could not be reasonably expected and the complication requires Medically Necessary treatment. The treatment of the complication must be a covered benefit.
- Podiatry services or routine foot care rendered provided when there is no localized illness, injury, or symptoms.
 These include, but are not limited to: 1. the examination, treatment, or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; 2. the cutting, trimming, or other non-operative partial removal of toenails; or 3. for any treatment or services in connection with any of these
- Obesity-related services, including any weight loss method, surgical treatment or hospitalization for the treatment of obesity, unless specifically covered under this policy



- Reversal of voluntary sterilization and related procedures
- Services and supplies furnished by a government plan, hospital, or institution the law requires you to pay
- Services, treatment, and supplies provided in connection with any illness or injury caused by: a) a Member's engaging in an illegal occupation or b) a Member committing or attempting to commit, a felony. (Note that this exclusion does not apply to the treatment of injuries that result from an act of domestic violence, if that treatment would otherwise be covered)
- Services provided by Members of the subscriber's immediate family or any person living with the subscriber
- Services or supplies associated to a denied Prior Authorization
- Services or supplies associated to a denied admission
- Services or supplies not Medically Necessary, not recommended or approved by a provider, or not provided within the scope of a provider's license
- Services or items provided as a result of war or any act of war, insurrection, riot or terrorism
- Services or supplies provided for an injury sustained while performing military service
- Services or supplies for which a Member receives or is entitled to receive any benefits, settlement, award, or damages, or following any claim under, any Workers' Compensation Act, employer's liability insurance plan, or similar law or act. "Entitled" means the Member is actually insured under Workers' Compensation
- Surrogacy services, for a non-Member
- Sexual dysfunction treatment and services including, but not limited to surgery

- Take home drugs and supplies unless a written prescription is obtained and filled at a network pharmacy
- Travel immunizations
- Acupuncture
- Chelation therapy for atherosclerosis
- · Coma stimulation programs
- Alternative medicine, not otherwise listed in the Policy
- Low level light therapy
- Massage therapy
- Prolotherapy
- Swim or pool therapy, unless prior authorization is obtained
- Administrative examinations such as employment. licensing, insurance, adoption, or participation in athletics
- Court-ordered care, unless medically necessary and otherwise covered under this Policy
- Educational services, except for diabetic selfmanagement classes
- Internet consultations, including all related charges and costs, except as defined by our medical policy
- Missed appointment charges
- Telephone consultation charges between providers
- Charges or costs exceeding a benefit maximum or maximum allowable fee, where applicable
- Expenses incurred before the supply or service is actually provided unless Prior Authorized by Us

This notice was last updated June 2022.



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in the provisions of programs, services or activities. If you need this printed material interpreted or in an alternate format, or need assistance in using any of our services, please contact a Customer Care Specialist at 866-514-4194 (TTY: 711).

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