

A photograph of a man and a woman walking along a sandy dune covered in tall, golden-brown grass. The woman is in the foreground, wearing a grey beanie, a black vest over a light-colored long-sleeved shirt, and dark pants. She is smiling and looking towards the right. The man is slightly behind her, wearing a dark jacket and light-colored pants. In the background, a sandy beach meets the ocean under a warm, golden sunset sky.

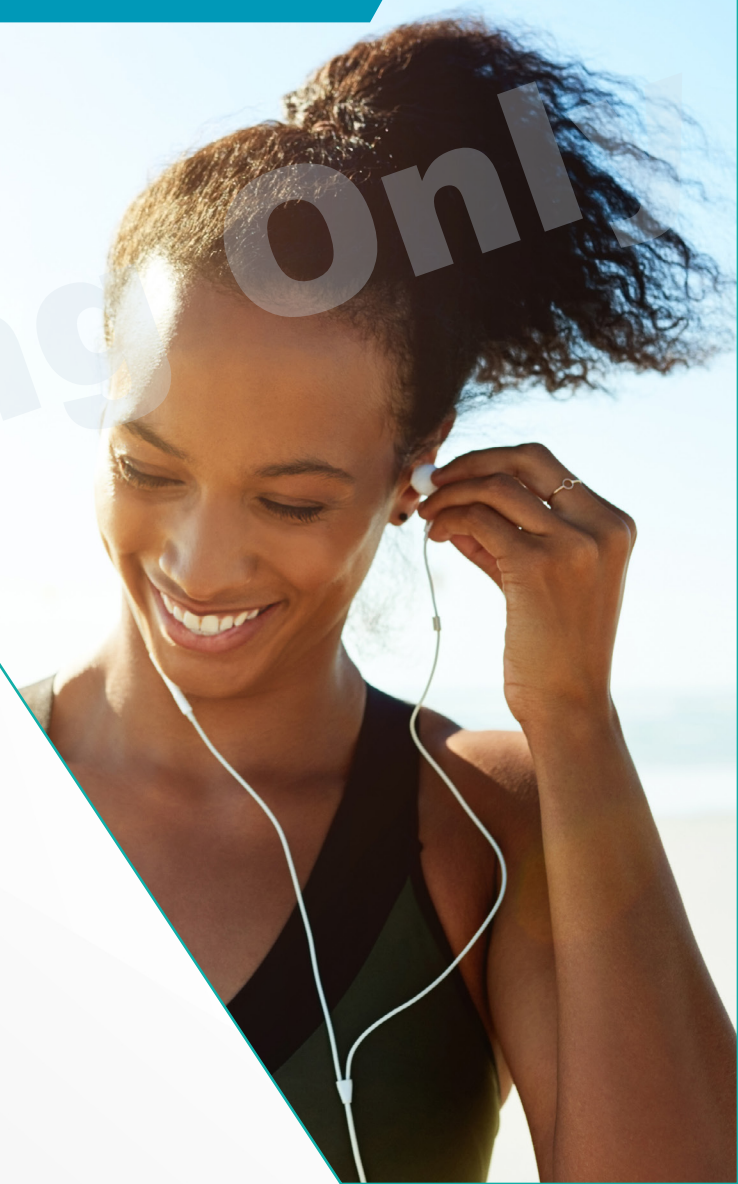
## ▶ **Agent Training**

Not For Public Distribution or Sales Material.



### Healthcare Made Better

WellnessShare is more than just a healthcare plan; it's a commitment to your health and well-being. By integrating virtual primary care, comprehensive lab services, convenient pharmacy options, acute telemedicine, financial advocacy, and peer support, we offer a holistic approach to healthcare that is both affordable and effective. Join us in redefining healthcare and experience the peace of mind that comes with knowing you are supported every step of the way.



# Eligibility for Enrollment

SGH


## Working with WellnessShare

By becoming an Affiliate / Partner of WS Limited Partnership (WellnessShare) Affiliates / Partners have the opportunity to participate in the group health & wellness benefits provided by WS Limited Partnership (WellnessShare) – WellnessShare.

By becoming an Affiliate / Partner and enrolling in the WellnessShare group health plan, the Affiliate / Partner.

The Welcome Emails from GWSW will be sent within 45 days of the month following the enrollment effective date – one email with information on the Affiliate Referral program that includes a tracking link for the affiliate to earn commissions for a personal referral that purchases products at [GWSW.com](https://www.gws.com).

Affiliates / Partners may promote, and sell, GWSW products and will earn commission on sales made under their affiliate links.


**WellnessShare**

# MEC/Preventive Health Services Summary of Benefits

**Affordable solutions that provide a range of preventive and wellness care benefits**

WellnessShare	WSW - Value	WS1 - Preferred	WS2 - Elite
<b>In-Network Preventive Benefits*</b>			
Coverage for Preventive Benefits under PPACA	Included	Included	Included
<b>In-Network Services - PCP*</b>			
Primary Care Physician Visits	N/A	\$25 Copay	\$35 Copay
Maximum Visits per covered individual per plan year	N/A	3	4
Maximum Fee Doctor's Office can charge per visit	N/A	\$150	\$150
<b>Specialist or Urgent Care</b>			
Specialist or Urgent Care Office Visit	N/A	\$50 Copay	\$50 Copay
Maximum Visits per covered individual per plan year	N/A	1	2
Maximum Fee Doctor's Office can charge per visit	N/A	\$300	\$300
<b>In-Patient Hospitalization Benefit</b>			
In-Patient Hospitalization Benefit	N/A	\$1,000 / Day	\$1,000 / Day
		\$5,000 / Year Maximum 12/12 mo Pre-Ex <sup>1</sup>	\$10,000 / Year Maximum 12/12 mo Pre-Ex <sup>1</sup>
<b>Prescription Benefits</b>			
<b>Preventive &amp; Acute Prescriptions</b> (Subject to Formulary - Not Subject to Monthly Maximum)	<b>BestChoice</b>	<b>BestChoice</b>	<b>BestChoice</b>
37 common Acute Medications	Discount Prescriptions Only	Discount Prescriptions Only	\$0 Copay
95 ACA MEC Medications			\$0 Copay
200 common Generic Medications			\$5 Copay
All other available Generic Medications			N/A
FDA approved Brand Medications			N/A
Monthly Maximum per Covered Person			N/A

## Monthly Premiums

	WSW	WS1	WS2
Primary Member	\$99.00	\$157.00	\$175.00
Primary Member & Spouse	\$114.00	\$196.00	\$220.00
Primary Member & Child(ren)	\$118.00	\$208.00	\$235.00
Family	\$135.00	\$255.00	\$270.00

This guide is a summary document. If there are any discrepancies between this guide and the Plan Document, the Plan Document terms govern.

Ver 124.24



# WS, LLP Affiliate Referral Program

*How it works:*

SGH

**New WS, LLP Partner Affiliates will receive a Welcome Email regarding GWSW Referral Program.**

*This email will contain:*

**A unique tracking link created just for the new partner affiliate.**

- ▶ This link can be sent out by the partner affiliate to help promote GWSW products.
- ▶ Anyone who purchases any GWSW products using this link will be tracked as being referred by the partner affiliate, and the partner affiliate will earn commission on those sales.
- ▶ Someone only needs to use this link the first time, and any subsequent visits to GWSW.com will still be recorded as coming from the referring partner affiliate for up to 3 months even if they don't use the link to access the website subsequent times.

**A link to GWSW Affiliate Portal, along with a username and password to access the Portal.**

- ▶ The Portal allows partner affiliates to track leads, sales, and commissions that are payable to them.



# WellnessShare Summary:

## Plans Overview

SGH

A colonoscopy whether in an out-patient facility or in-hospital facility will pay \$2,250.00 for the service. A predetermination and pre-authorization should be obtained for any major service by the member to confirm codes and cost. If not, the member could be balanced billed for additional charges.



WellnessShare	WSW - Value	WS1 - Preferred	WS2 - Elite
In-Network Preventive Benefits*			
Coverage for Preventive Benefits under PPACA	Included	Included	Included
In-Network Services - PCP*			
Primary Care Physician Visits	N/A	\$25 Copay	\$35 Copay
Maximum Visits per covered individual per plan year	N/A	3	4
Maximum Fee Doctor's Office can charge per visit	N/A	\$150	\$150
Specialist or Urgent Care			
Specialist or Urgent Care Office Visit	N/A	\$50 Copay	\$50 Copay
Maximum Visits per covered individual per plan year	N/A	1	2
Maximum Fee Doctor's Office can charge per visit	N/A	\$300	\$300
In-Patient Hospitalization Benefit			
In-Patient Hospitalization Benefit	N/A	\$1,000 / Day	\$1,000 / Day
		\$5,000 / Year Maximum	\$10,000 / Year Maximum
		12/12 mo Pre-Ex <sup>3</sup>	12/12 mo Pre-Ex <sup>3</sup>
Prescription Benefits			
Preventive & Acute Prescriptions (Subject to Formulary - Not Subject to Monthly Maximum)	BestChoice	BestChoice	BestChoice
37 common Acute Medications	Discount Prescriptions Only	Discount Prescriptions Only	\$0 Copay
95 ACA MEC Medications			\$0 Copay
200 common Generic Medications			\$5 Copay
All other available Generic Medications			N/A
FDA approved Brand Medications			N/A
Monthly Maximum per Covered Person			N/A

### Monthly Premiums

	WSW	WS1	WS2
Primary Member	\$99.00	\$157.00	\$175.00
Primary Member & Spouse	\$114.00	\$196.00	\$220.00
Primary Member & Child(ren)	\$118.00	\$208.00	\$235.00
Family	\$135.00	\$255.00	\$270.00

# Insurance Benefit Summary:

Plan: WSW

SGH

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.

This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.

This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.



## Preventive Health Services - Covered Benefits Overview

Under a Minimum Essential Coverage (MEC) plan, preventive services typically include a range of healthcare measures aimed at detecting and preventing illnesses early, thereby promoting overall health and well-being. These services commonly include:

**Immunizations:** Vaccinations against various diseases as recommended by health authorities.

**Screenings:** Tests and assessments to detect health conditions early, such as blood pressure screenings, cholesterol screenings, and cancer screenings (e.g., mammograms, colonoscopies).

**Counseling:** Behavioral counseling for issues like smoking cessation, obesity, and alcohol misuse.

**Wellness Visits:** Routine check-ups and consultations with healthcare providers to assess overall health status and provide preventive care advice.

**Birth Control Coverage:** Contraceptive methods and counseling as recommended by healthcare providers. These preventive services are designed to help individuals maintain good health, prevent the onset of diseases, and manage existing health risks effectively. They are an integral part of MEC plans to ensure comprehensive healthcare coverage.

*See Preventative Health Services - Covered Benefits on the following pages.*

# Insurance Benefit Summary:

Plan: **WS1**

**SGH**

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.

(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.

(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage.

This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.

This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.



Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
Primary Care Office Visit	3 visits / yr	Co-pay	Maximum / Visit
		\$25	\$150
Specialist or Urgent Care Office Visit	1 visits / yr	Co-pay	Maximum / Visit
		\$50	\$300
In-Patient Hospitalization Benefit	\$1,000 / Day	\$5,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>
BestChoice <sup>®</sup> RX Participating Pharmacies only	Discount Prescriptions Only		

# Insurance Benefit Summary:

Plan: **WS2**

**SGH**

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.

(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.

(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage.

This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully.

This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.



Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
Primary Care Office Visit	4 visits / yr	Co-pay	Maximum/ Visit
		\$25	\$150
Specialist or Urgent Care Office Visit	2 visits / yr	Co-pay	Maximum / Visit
		\$50	\$300
In-Patient Hospitalization Benefit	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>
BestChoice <sup>®</sup> RX Participating Pharmacies only	Details		
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to a monthly maximum)			
Pharmacy Retail – up to a 30 day supply (Acute & Preventive Generic)	Member Pays		Generic - \$0 Copay
Pharmacy Retail up to a 30-day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays		Preferred Generic - \$5 Copay
Prescription Terms & Conditions			
RX Plan includes discounts when the prescription is off of the formulary. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.			



# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*

**SGH**

## Preventive Health Services - Covered Benefits<sup>1</sup>

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Benefit	Interval	Requirements
<b>Abdominal Aortic Aneurysm Screening</b>	1 per lifetime	By ultrasonography in men 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 adults 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>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 (BRCA 1 or BRCA2 ). 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 women who are at increased risk for breast cancer and at low risk for adverse medication effects.
<b>Breast Cancer Screening</b>	1 time every 2 plan years	Screening mammography for <b>women</b> age 50 years and older. Coverage limited to 2D mammograms only.

# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*



## Preventive Health Services - Covered Benefits<sup>1</sup>

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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 Cytology (Pap Smear)</b>	1 time every 3 plan years	<b>Women</b> age 21 to 65 years with cervical cytology alone.
<b>Cervical Cancer Screening: with Combination of Cytology and Human Papilloma Virus (HPV) testing</b>	1 time every 5 plan years	<b>Women</b> age 30 to 65 years with high-risk papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology.
<b>Chlamydia Screening</b>	1 per plan year	Sexually active <b>women</b> age 24 and younger and in older women who are at increased risk infection.
<b>Contraceptive Methods and Counseling</b>	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women 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 Screening</b>	1 per plan year	Screening for major depressive disorder (MDD) in <b>adolescents</b> aged 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 women</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.

# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*



## Preventive Health Services - Covered Benefits<sup>1</sup>

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Benefit	Interval	Requirements
<b>Diabetes Screening</b>	1 per plan year	Screening for abnormal blood glucose as part of cardiovascular risk assessment in <b>adults</b> aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
<b>Fall Prevention: Older Adults</b>	1 per plan year	Exercise interventions for community-dwelling adults age 65 years and older who are at increased risk for falls.
<b>Folic Acid Supplementation</b>	As prescribed	Daily supplement containing 0.4 to 0.8 mg (400 to 800mg) of folic acid for all <b>women</b> planning or capable of pregnancy.
<b>Gestational Diabetes Mellitus Screening</b>	1 per plan year	Asymptomatic <b>pregnant women</b> after 24 weeks of gestation.
<b>Gonorrhea Prophylactic Medication</b>	As prescribed	Prophylactic ocular topical medication for all <b>newborns</b> for the prevention of gonococcal ophthalmia neonatorum.
<b>Gonorrhea Screening</b>	1 per plan year	Sexually active <b>women</b> age 24 years or younger and in older women 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> who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
<b>Hemoglobinopathies Screening</b>	1 per plan year	Screening for sickle cell disease in <b>newborns</b> .
<b>Hepatitis B Screening</b>	1 per plan year	<b>Non-pregnant</b> adolescents and adults at high risk for infection. <b>Pregnant women</b> at their first prenatal visit.
<b>Hepatitis C Virus (HCV) Infection Screening</b>	1 per plan year	<b>Persons</b> at high risk for infection and <b>Adults born between 1945 and 1965</b> .
<b>High Blood Pressure Screening</b>	1 per plan year	Screening for high blood pressure in <b>adults</b> aged 18 or older.
<b>HIV Preexposure Prophylaxis for the Prevention of HIV Infection</b>	As prescribed	<b>Persons</b> who are at high risk of HIV acquisition.



# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*

**SGH**

## Preventive Health Services - Covered Benefits<sup>1</sup>

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Benefit	Interval	Requirements
<b>HIV Screening</b>	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 women</b> including those who present in labor, who are untested and whose HIV status is unknown.
<b>Hypothyroidism Screening</b>	1 per plan year	Screening for congenital hypothyroidism in <b>newborns</b> .
<b>Intimate Partner Violence Screening</b>	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.
<b>Lung Cancer Screening</b>	1 per plan year	With low-dose computed tomography in <b>adults</b> aged 55 to 80 years who have a 30 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.
<b>Obesity screening and Counseling</b>	1 per plan year	To <b>children and adolescents</b> 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. Screening all <b>adults</b> . Clinicians should offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions.
<b>Osteoporosis Screening</b>	1 per plan year	In <b>women</b> aged 65 and older and in younger postmenopausal <b>women</b> at increased risk of osteoporosis.
<b>Phenylketonuria Screening</b>	1 per plan year	Screening for phenylketonuria in <b>newborns</b> .
<b>Preeclampsia Screening</b>	1 per plan year	<b>Pregnant women</b> with blood pressure measurements throughout pregnancy.
<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.

# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*



## Preventive Health Services - Covered Benefits<sup>1</sup>

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See <https://www.uspreventiveservicestaskforce.org>

Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in

<https://www.hrsa.gov>

Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

Benefit	Interval	Requirements
<b>Preeclampsia Screening</b>	1 per plan year	<b>Pregnant women</b> with blood pressure measurements throughout pregnancy.
<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>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>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 young <b>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	<b>Non-pregnant persons</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 <b>all 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 <b>pregnant women</b> who use tobacco. Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged <b>children and adolescents.</b>

# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*



## Preventive Health Services - Covered Benefits<sup>1</sup>

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Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in

<https://www.hrsa.gov>

Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

Benefit	Interval	Requirements
		Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged <b>children and adolescents</b> .
<b>Tuberculosis Screening</b>	1 per plan year	Screening for latent tuberculosis infection in <b>populations</b> at risk.
<b>Vision Screening</b>	1 time every 2 plan years	<b>All 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.)



# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*



## 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\*

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.

Birth Through Six Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
HepB	Hepatitis B	Ages 4 weeks- 2 months Ages 6 months- 18 months
DTaP	Diphtheria, tetanus, and acellular pertussis	Ages 15 months- 18 months
Hib	Haemophilus influenzae type b	Ages 12 months- 15 months
PCV13	Pneumococcal 13-valent conjugate	Ages 12 months- 15 months
IPV	Inactivated poliovirus	Ages 6 months-18 months
Flu	Influenza (yearly)	Ages 6 months- 6 years
MMR	Measles, mumps, and rubella	Ages 12 months- 15 months
VAR	Varicella	Ages 12 months- 15 months
HepA	Hepatitis A	Ages 12 months-23 months (1st dose) Six months after the last dose (2nd dose)
RV	Rotavirus	Ages 2 months- 6 months (if recommended)
Children From Seven Through Eighteen Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
Flu	Influenza (yearly)	Ages 7 - 18 years
Tdap	Tetanus, diphtheria, and acellular 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 serogroups A,C,W,Y	Ages 11- 12 years
MenACWY	Meningococcal A,C,W,Y Booster	Age 16 (recommended)

# MEC/Preventive Health Services Summary of Benefits

*Included in All Plans*



## 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\*

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.

Adults Nineteen Years or Older		
Abbreviations	Vaccines	Age Requirements and Limitations
<b>IIV</b>	Influenza inactivated	Ages 19 ≥ 65 years (1 dose annually)
<b>RIV</b>	Influenza recombinant	
<b>LAIV</b>	Influenza live attenuated	Ages 19 - 49 years (1 dose annually)
<b>Tdap</b>	Tetanus, diphtheria, and acellular pertussis	Ages 19 ≥ 65 years (1 dose Tdap, then TD booster every 10 years)
<b>MMR</b>	Measles, mumps, and rubella	Ages 19 - 60 years - 1 or 2 doses depending on indication (if born in 1957 or later)
<b>VAR</b>	Varicella	Ages 19 - 37 years - 2 doses (if born in 1980 or later)
<b>RZV</b>	Zoster recombinant	Ages 50 ≥ 65 years - 2 doses
<b>ZVL</b>	Zoster live	Ages 60 ≥ 65 years - 1 dose
<b>HPV - Female</b>	Human papillomavirus	Ages 19 - 26 years - 2 or 3 doses depending on age at initial vaccination
<b>HPV- Male</b>	Human papillomavirus	Ages 19 - 21 years - 2 or 3 doses depending on age at initial vaccination
<b>PCV13</b>	Pneumococcal 13-valent conjugate	Ages ≥ 65 years
<b>PPSV23</b>	Pneumococcal 23-valent polysaccharide	Ages ≥ 65 years

# Plan Exclusions

## *All Plans*



### Exclusions

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:

- Sports,
- Insurance,
- Camp,
- Marriage,
- Employment,
- Legal proceedings
- Travel,

2. Routine foot care for treatment of the following:

- Flat feet,
- Toenails,
- Corns,
- Fallen arches,
- Bunions,
- Weak feet,
- Calluses,
- Chronic foot strain

3. Dental procedures

4. Any other medical service, treatment, or procedure not covered under this Plan

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 this Appendix A or otherwise explicitly provided in this Plan Document, this Plan does not cover the medical service or any related expense, 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 specifically 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

10. Claims which would otherwise be covered by a Worker's Compensation policy for which a participant is entitled to benefit



# Plan Exclusions

## *All Plans*



### Exclusions cont.

11. Any claim arising from service received outside of the United States, except for the reasonable cost of claims billed by the Veterans Administration or Department of Defense for benefits covered under this Plan and not incurred during or from service in the Armed Forces of the United States
12. 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
13. 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
14. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant
15. Claims due to an act of war, declared or undeclared, not including acts of terrorism
16. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
17. Abortion Services
18. Travel, unless specifically provided in the schedule of benefits
19. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
20. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits
21. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
22. Services or supplies which are primarily educational
23. 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
24. 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
25. 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
26. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
27. Any claims for fertility or infertility treatment
28. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
29. Claims for disability resulting from reversal of sterilization

# Plan Exclusions

## *All Plans*



### Exclusions cont.

- 30. Claims for the completion of forms, or failure to keep scheduled appointments
- 31. Recreational or diversional therapy
- 32. 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
- 33. Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, rock climbing, rappelling, or hang gliding
- 34. Claims that arise primarily due to medical tourism
- 35. Supportive devices of the foot
- 36. Treatments for sexual dysfunction
- 37. Aquatic or massage therapy
- 38. Biofeedback training
- 39. Skilled nursing facilities
- 40. Durable medical equipment and prosthetics
- 41. Hospice care, private duty nursing, or long-term care
- 42. Residential facility – for charges 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
- 43. Claims for temporomandibular joint syndrome
- 44. Claims for biotech or specialty prescriptions
- 45. Any claim which is not explicitly covered in the schedule of benefits
- 46. Genetic testing unless explicitly covered in the schedule of benefits
- 47. Organ transplants

# Plan Exclusions

## *All Plans*

SGH

### Exclusions cont.

48. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physical complications which result from such procedures

49. Chiropractic care

50. Radiation and chemotherapy

51. Dialysis

52. Acupuncture

53. Alternative medicine/homeopathy

54. Children dental and vision

55. Neonatal intensive care (NICU)

56. Rehabilitative therapies

57. PCP surgery

58. Routine eye care (Adult)

59. Non-emergency care when traveling outside the U.S.

60. Pregnancy Benefits, including office visits and childbirth/delivery professional and facility services

61. Routine well-baby care of newborn infant while inpatient.

"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."





# Partner Affiliate Benefit Enrollment

## FAQs



### Effective Dates

### Age Requirements

### Enrollment Verification

### Right to Examine

Primary enrollee must be at least 18 years of age (no minor-only plans are allowed); Maximum age for enrollment is 64 years of age;

Dependent Children are eligible for enrollment from birth up to 25 years old (dependent child age-out is at age 26).

An e-signature is required at time of enrollment. No Voice Verifications are accepted.

Enrollees may review the Plan Document and Summary Plan Description in full following enrollment and may choose to exercise their right to cancel their plan for a full refund of the first month's product cost within the first 30-days from the Effective Date as long as no claims have been paid.

# Member Portal Access



## On-Demand Access To Pertinent Information:

All enrollees will receive a Welcome Email with instructions on how to register their personalized access to the Member Portal following their first month's payment.

***The Member Portal will provide enrollees access to important program documents and an electronic copy of their plan ID cards. NOTE: Enrollees using a Safari mobile browser (i.e. an Apple device browser) will experience issues and will need to use a Chrome browser by default to avoid issues.***

NOTE: Enrollees are responsible for reviewing the Group Health Consolidated Plan Document and Summary Plan Description, available in the member portal following enrollment in order to understand how the plan works.



# Important Contact Information:

**SGH**

## Customer Service

For questions on your benefits, how to access or billing or plan changes call:

**(888) 681-3002**  
[memberservices@sharepartners.net](mailto:memberservices@sharepartners.net)  
[firsthealthbp.com](http://firsthealthbp.com)

## Pharmacy Help Desk

For questions regarding pharmacy information call:

**(855) 798-2538**  
[bestchoicerox.com](http://bestchoicerox.com)

## Claims Processing/ Provider's Qs

All claims should be submitted to Merchants Benefit Admin:

**TBD**

Check claims status online:  
[main.mbaadmin.com](http://main.mbaadmin.com)

The background of the slide is a photograph of a person with blonde hair, seen from behind, wearing a light-colored hoodie and dark leggings. They are standing on a grassy mountain trail, stretching their right leg. The background shows a vast mountain range under a bright, hazy sky.

## **SGH WellnessShare**

**An Employee Welfare Benefit Plan**

► **BENEFITS TRAINING**  
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