

Section 2

Covered Services

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Section 2

Covered Services

Overview

AllWays Health Partners' lines of business include Commercial (HMO and PPO Plus plans), Qualified Health Plans (QHP) and My Care Family (see the My Care Family Provider Manual). It is important for providers to confirm a member's eligibility and coverage upon arrival for an appointment as coverage for certain services varies by plan.

Some benefits have limits, and it is important to note each plan's definition of "benefit period."

- Commercial plans may have a plan year or calendar year; please log into www.allwaysprovider.org or call AllWays Health Partners' Provider Service for additional information.
- Additionally, some services may be covered on a rolling period (for example, a routine eye exam may be covered once every 12 months). This would require the next appointment is booked 12 months and 1 day after the current appointment.

General Coverage Requirements

To be covered by AllWays Health Partners, all health care services and supplies must be:

Provided by or arranged by the Member's primary care provider (PCP) or an AllWays Health Partners in-plan provider*

- A Referral has been obtained (most specialty care requires a Referral for HMO plans)
- Prior Authorized when required
- Medically Necessary
- Covered Health Care Services
- Provided to an eligible Member enrolled in AllWays Health Partners

Detailed coverage information is available at www.allwaysprovider.org or by calling AllWays Health Partners' Provider Service.

*Exceptions: Members can access emergency services as noted in Section 1, "Access to Emergency Services—Out-Of-Area"

Commercial/Qualified Health Plan (QHP) HMO Plans

For a listing of covered services, please check www.allwaysprovider.org or call AllWays Health Partners' Provider Service.

- Some custom Commercial plans do not include Pharmacy coverage.
- Commercial plan coverage may include member cost sharing including deductibles, copays, co-insurance and out-of-pocket maximums which limit the member's total out-of-pocket expense.

AllWays Health Partners does cover care provided as part of a Qualified Clinical Trial for the treatment of cancer or other life-threatening medical condition to the extent the care would be covered if not provided as part of a Qualified Clinical Trial. Coverage is provided when services are provided by a network provider or with prior authorization for an out of network provider. Covered costs exclude the investigational item, device or service; items and services solely for data collection and analysis; or for a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis. Costs and limitations imposed are not greater than costs or limitations when the services are provided outside of an approved clinical trial.

The PCP (or treating provider) must obtain prior authorization for a patient's participation in a Qualified Clinical Trial or the member must provide medical and scientific information that demonstrates the member meets the conditions for participation in the qualified clinical trial. AllWays Health Partners' Clinical prior authorization process must be followed.

Qualified clinical trials meet the following:

The clinical trial is intended to treat cancer or other life-threatening medical condition in a patient who has been so diagnosed.

The clinical trial has been peer reviewed and is approved by one of the following:

- United States National Institutes of Health
- Center for Disease Control and Prevention
- Agency for Health Care Research and Quality
- Centers for Medicare and Medicaid Services
- A cooperative group or center of any of the above,

The Department of Defense, Veterans Affairs, or the Department of Energy

- A qualified nongovernmental research entity identified in NIH guidelines for grants, or is a study or trial under the United State Food and Drug Administration approved investigational new drug application; or is a drug trial that is exempt from investigational new drug application requirements.
- The facility and personnel conducting the clinical trial are capable of doing so by virtue of their experience and training and treat a sufficient volume of patients to maintain that expertise.
- With respect to Phase I clinical trials, the facility shall be an academic medical center or an affiliated facility, and the clinicians conducting the trial shall have staff privileges at said academic medical center.
- The patient meets the patient selection criteria enunciated in the study protocol for participation in the clinical trial.
- The patient has provided informed consent for participation in the clinical trial in a manner that is consistent with current legal and ethical standards.
- The available clinical or pre-clinical data provide a reasonable expectation that the patient's participation in the clinical trial will provide a medical benefit that is commensurate with the risks of participation in the clinical trial.
- The clinical trial does not unjustifiably duplicate existing studies.

The clinical trial must have a therapeutic intent and must, to some extent, assess the effect of the intervention on the patient.

AllWays Health Partners Commercial/QHP members are not covered for the following unless specifically noted in the plan's *Schedule of Benefits* or *Member Handbook*:

- Acupuncture
- Benefits from other sources
- Biofeedback
- Blood and related fees except as specified in the *Member Handbook*
- Charges for missed appointments
- Chiropractic Care, except as noted in the individual

plan's *Schedule of Benefits*

- Cosmetic Services and Procedures, unless medically necessary or mandated by state law
- Custodial or Rest level of care services
- Dental Care
- Dentures
- Diet foods
- Educational testing and evaluations
- Exams required by a third party
- Experimental Services and procedures
- Eyewear/Laser Eyesight Correction, except as noted in the *Member Handbook*
- Foot Care, except as noted in the *Member Handbook*
- Fitness Program Benefit or Reimbursement, except as noted in the individual plan's Schedule of Benefits
- Hearing aids for Adults (22 and older), except as noted in the *Member Handbook*
- Long term care
- Massage therapy
- Other non-covered services as noted in the *Member Handbook*
- For HMO members, services received from an Out-of-Network Provider, excluding urgent or emergency services and those which have been prior authorized
- Non-emergency care when traveling outside the United States
- Personal comfort Items
- Planned Home Births
- Private-duty nursing
- Reversal of voluntary sterilization
- Services covered under other sources, such as Workers Compensation or veteran's benefits
- Self-monitoring devices, except as noted in the *Member Handbook*
- Weight Loss Program Benefit, except as noted in the individual plan's Schedule of Benefits
- Wilderness Therapy

Commercial PPO Plus Plans

Members with an AllWays Health Partners PPO Plus Plan do have coverage for services out of network as outlined in their Schedule of Benefits. A Prior Authorization to receive services out of network is not required in the PPO plan; however, services that require Prior Authorization to confirm medical necessity in network also require Prior Authorization out of network.

Dental Care

AllWays Health Partners has limited dental benefits for its members as outlined below.

All Members

Emergency Dental Care

AllWays Health Partners covers emergency dental services only when there is a traumatic injury to sound, natural and permanent teeth caused by a source external to the mouth and the emergency dental services are provided in a hospital emergency room or operating room within 72 hours following the injury.

Fluoride Varnish

AllWays Health Partners providers offering fluoride varnish application are entitled to reimbursement. Fluoride varnish is usually deemed medically necessary beginning on or around six months of age (first tooth eruption) and may be medically necessary for members up to adulthood (Commercial/QHP members-up to age 18).

Fluoride varnish is applied during a well-child visit to prevent early childhood dental caries in children at moderate to high risk as determined by the Caries Assessment Tool (CAT). More information on this tool is available from the American Academy of Pediatrics website at www.aap.org.

Fluoride varnish is recommended no more frequently than every 180 days from the first tooth eruption (usually at six months) to the third birthday. It is expected that this procedure will occur during a pediatric preventive care visit and will be delivered along with anticipatory guidance for oral health and/or dental referral when necessary.

While this benefit is primarily intended for children up to age three, reimbursement is allowed for children up to adulthood (see above).

To be eligible for fluoride varnish reimbursement, all of the following criteria must be met:

- The individual rendering the service may be a Physician, Nurse Practitioner, Physician Assistant, Registered Nurse, Licensed Practical Nurse or Medical Assistant certified in the application of fluoride varnish.
- The individual rendering the service must complete the Oral Health Risk Assessment Training or equivalent.
- The provider must meet all claim submission requirements including use of valid procedure codes.
- The member is under the age of 18.
- The service is medically necessary as determined by a Caries Assessment Tool (CAT).

PCP sites that do not have providers or staff certified in the application of fluoride varnish must direct patients in need of fluoride varnish to AllWays Health Partners' Customer Service team for help finding a certified provider.

Oral Surgery

Commercial Prime Solutions

In addition to emergency dental care, AllWays Health Partners covers oral and maxillofacial surgeries and procedures under prior authorization as define in the Oral and Maxillofacial Surgery Procedures Medical Policy. Coverage applies to the procedure, facility and all professional fees when authorized.

The extraction of impacted or infected wisdom teeth is only covered when it is medically necessary for the services to be provided in a Surgical Day Care (SDC) or in an inpatient setting because of an underlying medical condition as defined in the Medical Policy Oral Maxillofacial/Dental Treatment Setting Policy. Prior Authorization is required. Coverage applies to the procedure, facility and all professional fees when authorized.

Commercial Prime HMO including QHP

In addition to emergency dental care, coverage is limited to the extraction of impacted or infected wisdom teeth when it is medically necessary for the services to be provided in a Surgical Day Care (SDC) or in an inpatient setting because of an underlying medical condition as defined in the Oral Maxillofacial/Dental Treatment Setting Medical Policy. Prior Authorization is required. Coverage applies to the procedure, facility and all professional fees when authorized.

GIC

The GIC has a unique Dental Care benefit that includes the extractions of impacted or infected wisdom teeth, removal of seven or more permanent teeth, excision of radicular cysts involving the roots of three or more teeth, or gingivectomies of two or more gum grandaunts. Coverage includes pre-and post- operative care, x-rays, and anesthesia. Benefits are provided for the services above when the Member has a serious medical condition that requires the care be provided in a surgical day care unit or ambulatory surgical facility as an outpatient in order for the surgery to be performed safely.

Other Dental Care

Commercial/QHP

AllWays Health Partners covers ACA-required pediatric dental services for pediatric members based on the Plan's Schedule of Benefits and Handbook. If coverage for dental benefits is included in the commercial plan's coverage, benefits are administered by Delta Dental.

Other Vision Care

Commercial/QHP

AllWays Health Partners Covers ACA-related pediatric vision services for members based on the Plan's Schedule of Benefits and Handbook. If coverage for pediatric vision benefits is included in the commercial plan's coverage, benefits are administered by EyeMed.

Vision

Members have coverage for a comprehensive eye exam, however, the frequency of the eye exam may vary according to plan type; please check the plan materials.

Members have coverage for medically necessary ophthalmological care, including vision training, under the specialty care coverage.

Members have coverage for eyeglasses/lenses that are medically necessary to treat medical conditions such as keratoconus or subsequent to cataract surgery. Other than this limited coverage, eyewear (eyeglasses and contact lenses) is not covered. Scleral lenses (bandage lenses) are covered when medically necessary; Prior Authorization is required.

AllWays Health Partners covers an annual (every 12 months) comprehensive eye exam for Commercial/QHP members.

Eyeglasses and contact lenses are not covered except as noted above.

For more information on member eligibility and benefits, please review the eligibility, benefit and cost sharing information on www.allwaysprovider.org or contact AllWays Health Partners Customer Service.