ParetoHealth Preferred Plan—Quick Reference Guide

Rules of the road

This preferred plan was created to simplify the benefit decision-making process, create efficiencies and speed up the implementation process.

1. **This is a standardized (canned) product. This means there are a limited number of items that can be customized, and plan mirroring is not an option.**
2. **Ideal for clients transitioning from fully insured plans**
3. Client chooses deductible, out-of-pocket, coinsurance and copay amounts
4. The Preferred Plan is required for Quantum groups **new to Meritain Health®**; optional for non-Quantum groups and existing Meritain Health customers implementing Quantum
5. Is independent from the ParetoHealth 2.0 Program
6. Follows Pareto pricing; admin discount varies by group size
7. A maximum of **three** plans are allowed; items covered/excluded and/or plan provisions such as eligibility and precertification requirements will be consistent across all plan designs
8. Meritain Health has identified areas that can be variable and what benefits require plan sponsor decisions—*see Benefit Variables*
9. Plan must meet the minimum value and essential benefit requirements
10. Plan is compliant with the Mental Health Parity and Addiction Equity Act
11. Adding ancillary plans, such as dental, vision or flex, will extend the implementation time required
12. Will be reviewed annually for changes

Optional products

- CancerCare+ Oncology Program
- KISx Card
- $5,000 Wellness Credit—applies to new groups for the first year only
- MinuteClinic® offered with Meritain Health Pharmacy Solutions (MPS)
- Teladoc®—mandatory with Quantum
- Healthcare Bluebook™ (HCBB)
- Dental
- Vision
- COBRA administration
- Disease Management

This optional product list is not all-inclusive.

What is needed for implementation

- ☐ Client Information Form
- ☐ ECHO Banking Form
- ☐ ACH Authorization Form
- ☐ PHI Form
- ☐ Authorization to Share Form
- ☐ Eligibility template
- ☐ W-9
- ☐ Broker information

Items Prepared by Meritain Health

- NYHCRA
- ID cards
- Plan document, Summary Plan Description (SPD)
- Summary of Benefit Coverage (SBC)

Standard exclusions

- Abortion—except in the case of fetal abnormality, rape/incest, or if the life of the mother is endangered
- Acupuncture
- Biofeedback
- Custodial care
- Extraction of impacted teeth
- Experimental/investigational
- Foot care and foot orthotics
- Health club memberships
- Hair loss
- Homeopathic
- Hypnotherapy
- Infertility treatments
- Marital counseling
- Massage therapy
- Obesity (not morbid obesity)
- Radial keratotomy
- Gender reassignment/sex transformation
- Sexual dysfunction/impotence (unless organic origin)
- Standby physician
- Sterilization reversal
- Vision exam, materials, refraction

Covered benefits

- Advanced imaging
- Allergy services (testing, serum, injections)
- Ambulance—ground and air
- Ambulatory Surgical Center
- Anesthetics (non-office)
- Attention Deficit Disorder (covered as part of mental health)
- Autism (see SPD for limitations)
- Cardiac rehabilitation
- Chemotherapy/radiation therapy
- Chiropractic—20 visits annually
- Compression garments (when medically necessary)
- Contraceptives
- Diabetic education and diabetic supplies
- Diagnostic Lab/X-ray outpatient, non-office
- Dialysis
- Durable medical equipment
- Emergency room (emergency and non-emergency)
- Family counseling (covered as part of mental health)
- Genetic testing (outside of HCR)
- Hearing aids—maximum benefit of $2,500 per 36-month period; both ears combined
- Home health care—maximum of 120 days per year
- Hospice care
- Hospice bereavement counseling
- Hospital—inpatient and outpatient
- Hyperbaric oxygen treatment
- Infertility (diagnosis and testing only)
- Infusion therapy
- Maternity
- Morbid obesity—one surgery per lifetime, no coverage for non-surgical
- Physician services—office visit
- Therapy: occupational, physical, and speech—combined 60 visits per year
- Preventive/routine care; includes well child
- Skilled nursing/rehabilitation facility—120 days per year
- Sleep disorders (if medically necessary)
- Sterilization
- Substance use disorders
- TMJ ($5k maximum per lifetime)
- Transplants—see full SPD for more details
- Urgent care
- Wigs—see SOB for limitations

***Disclaimer**—this is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.*

Benefit Variables

Member cost share—client will set the deductible, coinsurance, copay's and out-of-pocket limits

Precertification penalty—penalty amount can be changed, but must stay under $1,000

Deductible and out-of-pocket—can be combined or separate but must be tandem with each other

Fourth quarter carryover—optional; if chosen the client will have to decide it if applies to the current year out-of-pocket

Emergency room in-network—variable by client: copay only, copay; then deductible or deductible and coinsurance

- Non-emergency for both in-network and out-of-network will pay deductible and coinsurance only

Hearing aids—client may choose to exclude. If offered the benefit cannot be changed from the maximum benefit of $2,500 every 36 months (both ears combined)

Hospital inpatient—variable options:

- Admit copay; then 100 percent, deductible waived
- Deductible and coinsurance

Maternity—client may cover all female dependents or spouse only

Office visits: PCP and specialists—variable by client.

POS Plan

- Copay applies to all services
- Copay applies to the office visit only

HDHPs

- Deductible and coinsurance
- Allow specialist copay after deductible

Outpatient Therapies—variable; applies to both POS and HDHPs

- Deductible and coinsurance
- Allow specialist copay after deductible

Telemedicine—optional; if added it must pay the same as the office visit benefit

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