



About Your SGH Plan Options

SafeGuard Health (SGH) has partnered with Regional Care, Inc. (RCI) who will be the administrator for this plan. You have chosen an affordable solution that provides a range of preventative and wellness care benefits. For eligibility and benefits information, please call 1-800-795-7772 and mention that you're on the SGH plan.

4-Year Rate Cap*

Not to exceed 3% increase per year

	VALUE	PREFERRED	ELITE
PREVENTATIVE BENEFITS	NA	MEC plan covers 100% of preventative benefits under PPACA	MEC plan covers 100% of preventative benefits under PPACA
PPO NETWORK SERVICES			
Primary Care Physician Visits	\$35 Copay (max 4 visits per plan year, per covered individual, max \$150)	\$35 Copay (max 4 visits per plan year, per covered individual, max \$150)	\$35 Copay (max 4 visits per plan year, per covered individual, max \$150)
PRESCRIPTION BENEFITS			
Tier 1 - Low Cost			\$1 Copay
Tier 2 - Generics	Discount Card	Discount Card	10% Coinsurance
Tier 3 - Preferred	Up to 75% Discount	Up to 75% Discount	20% Coinsurance
Tier 4 - Non-Preferred	on FDA Approved	on FDA Approved	40% Coinsurance
Tier 5 - Generic & Preferred Specialty	Medications	Medications	10% Coinsurance (Plan pays 90% up to max of \$150)
Tier 6 - Non-Preferred			20% Coinsurance (Plan pays 80% up to max of \$250)
TOTAL MONTHLY PREMIUMS			
Primary Member	\$ 60.97	\$ 73.45	\$116.72
Primary Member & Spouse	\$ 88.24	\$108.96	\$140.08
Primary Member & Child(ren)	\$ 80.03	\$ 89.28	\$125.63
Family	\$101.26	\$119.33	\$154.62



When you choose an SGH Value plan you receive:

- Primary Care Visits (multiplan.com)
- Pharmacy Benefits (welldynrx.com)

When you choose an SGH Preferred or Elite plan you receive:

- Preventative Care Visit
- Primary Care Visits (multiplan.com)
- Pharmacy Benefits (welldynrx.com, discount card for Preferred and 6-tier drug coverage for Elite)

Additional Information:

- Guaranteed issue product
- If member exceeds 4 primary care visits, member will receive PHCS network discount

SGH Preferred and Elite plans include a preventative visit.

The list below summarizes some but not all services. Please reference the US Preventive Services Task Force website for the entire list.
www.HealthCare.gov/center/regulations/prevention.html

Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults starting at age 50 limited to one every 5 years
7. Depression screening
8. Type 2 Diabetes screening
9. Diet counseling
10. HIV screening
11. Obesity screening and counseling
12. Immunizations vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella)
13. Sexually Transmitted Infection (STI) prevention counseling
14. Tobacco Use screening and cessation interventions
15. Syphilis screening
16. Hepatitis B screening for non-pregnant adolescents and adults.
17. Lung Cancer screening-55-80 y/o who smoke 30 packs a year.
18. Fall Prevention –Physical therapy and vitamin D for 65 and older at risk for falling
19. Hepatitis C screening for high risk individuals and a onetime screening for HCV infection if born between 1945-1965.
20. Skin Cancer behavioral counseling for adults to age 24 with fair skin

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BRCA counseling and genetic testing for women at higher risk
4. Breast Cancer Mammography screenings every year for women age 40+
5. Breast Cancer Chemo Prevention counseling for women
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
7. Cervical Cancer screening
8. Chlamydia Infection screening
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
10. Domestic and interpersonal violence screening and counseling for all women
11. Folic Acid supplements for women who may become pregnant when prescribed by a physician
12. Gestational diabetes screening
13. Gonorrhea screening
14. Hepatitis B screening for pregnant women
15. Human Immunodeficiency Virus (HIV) screening and counseling
16. Human Papillomavirus (HPV) DNA Test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
17. Osteoporosis screening over age 60
18. Rh Incompatibility screening for all pregnant women and follow-up testing
19. Tobacco Use screening and interventions and expanded counseling for pregnant tobacco users
20. Sexually Transmitted Infections (STI) counseling
21. Syphilis screening
22. Well-woman visits to obtain recommended preventive services
23. Aspirin for Preeclampsia prevention
24. Routine prenatal visits for pregnant women

Covered Preventive Services for Children

1. Alcohol and Drug Use assessments
2. Autism screening for children limited to two screenings up to 24 months
3. Behavioral assessments for children limited to 5 assessments to age 17
4. Blood Pressure screening
5. Cervical Dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemo Prevention supplements for children without fluoride in their water source when prescribed by a physician
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body Mass Index measurements for children
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or sickle cell screening for newborns
16. HIV screening for adolescents
17. Lead screening for children
18. Immunization vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus influenza type b
19. Iron supplements for children up to 12 months when prescribed by a physician
20. Medical History for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
21. Obesity screening and counseling
22. Oral Health risk assessment for young children up to age 10
23. Phenylketonuria (PKU) screening in newborns
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
25. Tuberculin testing for children
26. Vision screening for all children under the age of 5
27. Skin Cancer Behavioral Counseling –age 10-24 for exposure to sun
28. Tobacco intervention and counseling for children