



Acuity Group of Mississippi LLC

Group #: 3002
Member ID: 88804
Member Name:



SCRIPT CARE, LTD.

Submit Medical Claims to: Electronic Payor
ID# 41205
P.O. Box 21515
Eagan, MN 55121

Rx Group # 3002
RxBIN # 021585
1-800-880-9988
www.scriptcare.com

Acuity Group of Mississippi LLC

Self Funded Medical
Group Number: 3002
OV Copay: \$25
Specialist Copay: \$40

In-Network

Deductible	Out of Pocket
Indiv: \$500	Indiv: \$5,000
Fam: \$1,000	Fam: \$10,000

Providers: All claims or eligibility questions, visit: www.acuity-grp.com

Members: Call: 855-563-9396.

Pre-Certification is Required for Inpatient & Outpatient Procedures
Call AHH - American Health Holdings: 800-874-2378

This is an employer-sponsored, open-access medical plan. Unless contracted otherwise, all claims are paid at a percentage above Medicare or UCR equivalent, up to the Maximum Allowable Claim Limit and in accordance with applicable laws.



**MEDICAL BENEFITS SCHEDULE
ACUTY GROUP OF MS, LLC**

Pre-Certification: AHH 800-874-2378

Pre-Certification is required for inpatient hospitalization; outpatient surgical procedures and outpatient medical care facility for mental disorder and substance abuse treatment.

This is an employer-sponsored, open-access medical plan. Unless contracted otherwise, all claims are paid at a percentage above Medicare or UCR equivalent, up to the Maximum Allowable Claim Limit and in accordance with applicable laws.

DEDUCTIBLE, PER CALENDAR YEAR

Per Covered Person	\$500
Per Family Unit	\$1,000 or 2 persons

COPAYMENTS

Physician visits	\$25
Specialist visits	\$40
Non-Emergency room	\$350

MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR

Per Covered Person	\$5,000
Per Family Unit	\$10,000 or 2 persons

The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached; at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.

The following charges do not apply toward the out-of-pocket maximum and are never paid at 100%.

- Charges for Services this Plan does not cover
- Cost containment penalties
- Amounts over Usual and Reasonable Charges

COVERED CHARGES *Note: Benefits are payable as shown below. However, to the extent that a service is specifically described in the Summary of Benefits and Coverage and it is not specifically addressed below, benefits will be payable at the levels shown in the Summary of Benefits and Coverage.*

Hospital Services

Room and Board	80% after deductible the semiprivate room rate
Intensive Care Unit	80% after deductible Hospital's ICU Charge

Emergency Room Visit

Medical Emergency	80% after deductible
Medical Non-Emergency Care	Co-payment and 80% after deductible

Skilled Nursing Facility

80% after deductible
the facility's semiprivate room rate
immediately follows hospital stay
40 day Calendar Year Maximum

Urgent Care Services

80% after deductible

Physician Services

Inpatient visits	80% after deductible
Office visits	\$25 co-payment

Other office services rendered in physician's office	80%
Specialist office visits	\$40 co-payment
Other Specialist services rendered in physician's office	80%
Surgery	80% after deductible
Allergy testing	80% after deductible
Allergy serum and injections	80% after deductible
Diagnostic Testing (X-ray & Lab)	80% after deductible
Imaging Services (MRI, CT/PET Scans, etc.)	80% after deductible
Home Health Care	80% after deductible 40 days Calendar Year maximum
Inpatient Prescription Drugs	80% after deductible
Hospice Care	80% after deductible
Ambulance Service	80% after deductible
Wig After Chemotherapy	80% after deductible
Occupational and Physical Therapy	80% after deductible 20 days Calendar Year maximum
Note: Occupational and Physical Therapy visits are combined.	
Speech Therapy	80% after deductible 20 days Calendar Year maximum
Durable Medical Equipment	80% after deductible
Prosthetics	80% after deductible
Spinal Manipulation Chiropractic	80% after copayment 20 visits Calendar Year maximum
Mental Health and Substance Use Disorder Benefits	
Inpatient	80% after deductible
Outpatient Office Visits	\$25 co-payment
Other services rendered in the physician's office	80%
Intermediate Outpatient Care	80% after deductible
Preventive Care	
Routine Well Adult Care	100%
Includes: Standard Preventive Care, office visits,	
Routine Well Newborn Care	100%
Routine Well Child Care	100%
Organ Transplants	80% after deductible

Hearing Aids	80% after deductible Limited to \$2,500 in Eligible Expenses per year. Limited to a single purchase (including repair/replacement) per hearing impaired ear every three years.
Pregnancy	80% after deductible
Dependent daughters not covered.	

PRESCRIPTION DRUG BENEFIT SCHEDULE

PRESCRIPTION DRUG BENEFIT	
MAXIMUM OUT-OF-POCKET AMOUNT PER CALENDAR YEAR	
Pharmacy Option (30 Day Supply)	
Generic Drugs	\$10 copayment
Formulary Brand Name Drugs	\$25 copayment
Non-Formulary Brand Name Drugs	\$50 copayment
Specialty Drugs	\$100 copayment
Mail Order Option (90 Day Supply)	
Generic Drugs	\$25 copayment
Formulary Brand Name Drugs	\$75 copayment
Non-Formulary Brand Name Drugs	\$125 copayment
Specialty Drugs	\$250 copayment
Refer to the Prescription Drug Section for details on the Prescription Drug benefit.	

PLAN EXCLUSIONS

Note: All exclusions related to Prescription Drugs are shown in the Prescription Drug Plan.

For all Medical Benefits shown in the Schedule of Benefits, a charge for the following is not covered:

- (1) **Abortion.** Services, supplies, care or treatment in connection with an abortion unless the life of the mother is endangered by the continued Pregnancy or the Pregnancy is the result of rape or incest.
- (2) **Acupressure.** Expenses for acupressure will not be considered eligible.
- (3) **Acupuncture.**
- (4) **Biofeedback.**
- (5) **Complications of non-covered treatments.** Care, services or treatment required as a result of complications from a treatment not covered under the Plan are not covered. Complications from a non-covered abortion are covered.
- (6) **Cosmetic Procedures.** Any surgery or procedure, the primary purpose of which is to improve or change the appearance of any portion of the body, but which does not restore bodily function, correct a disease state, or improve a physiological function. Cosmetic Procedures include cosmetic surgery, reconstructive surgery, pharmacological services, nutritional regimens or other services for beautification, or treatment relating to the consequences of, or as a result of, Cosmetic Surgery (including reimplantation). This exclusion includes, but is not limited to, surgery to correct gynecomastia and breast augmentation procedures, and otoplasties. This exclusion does not apply to surgery to restore function if the body area has been altered by injury, disease, trauma, congenital/developmental Anomalies, or previous covered therapeutic processes.
- (7) **Custodial care.** Services or supplies provided mainly as a rest cure, maintenance, Custodial Care or domiciliary care consisting chiefly of room and board.
- (8) **Educational or vocational testing.** Services for educational or vocational testing or training.
- (9) **Excess charges.** The part of an expense for care and treatment of an Injury or Sickness that is in excess of the Usual and Reasonable Charge.
- (10) **Exercise programs.** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation, occupational or physical therapy if covered by this Plan.
- (11) **Experimental or not Medically Necessary.** Care and treatment that is either Experimental/Investigational or not Medically Necessary. This exclusion shall not apply to the extent that the charge is for routine patient care of costs a Qualified Individual who is a participant in an approved clinical trial. Charges will be covered only to the extent specifically set forth in the "Covered Charges" section.
- (12) **Eye care.** Radial keratotomy or other eye surgery to correct refractive disorders. Also, routine eye examinations, including refractions, lenses for the eyes and exams for their fitting. This exclusion does not apply to aphakic patients and soft lenses or sclera shells intended for use as corneal bandages or as may be covered under the well adult or well child sections of this Plan.
- (13) **Foot care.** Treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions (except open cutting operations), and treatment of corns, calluses or toenails (unless needed in treatment of a metabolic or peripheral-vascular disease).
- (14) **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of

obtaining medical services.

- (15) **Government coverage.** Care, treatment or supplies furnished by a program or agency funded by any government. This exclusion does not apply to Medicaid or when otherwise prohibited by applicable law.
- (16) **Hair loss.** Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician, except for wigs after chemotherapy up to the limit shown in the Schedule of Benefits.
- (17) **Hazardous Hobby or Activity.** Care and treatment of an Injury or Sickness that results from engaging in a Hazardous Hobby or Activity. A hobby or activity is hazardous if it is an activity which is characterized by a constant threat of danger or risk of bodily harm. Examples of hazardous hobbies or activities are skydiving, auto racing, hang gliding, or bungee jumping.
- (18) **Homeopathic Treatment.** Expenses for naturopathic and homeopathic treatments, services and supplies will not be considered eligible.
- (19) **Hospital employees.** Professional services billed by a Physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or facility for the service.
- (20) **Hypnotherapy.** Expenses for hypnotherapy will not be considered eligible.
- (21) **Illegal acts.** Charges for services received as a result of Injury or Sickness occurring directly or indirectly, as a result of a Serious Illegal Act, or a riot or public disturbance. For purposes of this exclusion, the term "Serious Illegal Act" shall mean any act or series of acts that, if prosecuted as a criminal offense, a sentence to a term of imprisonment in excess of one year could be imposed. It is not necessary that criminal charges be filed, or, if filed, that a conviction result, or that a sentence of imprisonment for a term in excess of one year be imposed for this exclusion to apply. Proof beyond a reasonable doubt is not required. This exclusion does not apply if the Injury or Sickness resulted from an act of domestic violence or a medical (including both physical and mental health) condition.
- (22) **Impotence.** Care, treatment, services, supplies or medication in connection with treatment for impotence.
- (23) **Infertility.** Care, supplies, services and treatment for infertility, artificial insemination, or in vitro fertilization.
- (24) **Marital or pre-marital counseling.** Care and treatment for marital or pre-marital counseling.
- (25) **Massage Therapy.** Expenses for massage therapy or Rolfing will not be considered eligible.
- (26) **Missed Appointments.** Expenses for missed appointments will not be considered eligible.
- (27) **Non-compliance.** All charges in connection with treatments or medications where the patient either is in non-compliance with or is discharged from a Hospital or Skilled Nursing Facility against medical advice.
- (28) **Non-emergency Hospital admissions.** Care and treatment billed by a Hospital for non-Medical Emergency admissions on a Friday or a Saturday. This does not apply if surgery is performed within 24 hours of admission.
- (29) **No obligation to pay.** Charges incurred for which the Plan has no legal obligation to pay.
- (30) **No Physician recommendation.** Care, treatment, services or supplies not recommended and approved by a Physician; or treatment, services or supplies when the Covered Person is not under

the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.

- (31) **Not specified as covered.** Non-traditional medical services, treatments and supplies which are not specified as covered under this Plan.
- (32) **Obesity.** Screening and counseling for obesity will be covered to the extent required under Standard Preventive Care. Other care and treatment of obesity, weight loss or dietary control whether or not it is, in any case, a part of the treatment plan for another Sickness is excluded. Specifically excluded are charges for bariatric surgery, including but not limited to, gastric bypass, stapling and intestinal bypass, and lap band surgery, including reversals. Only Medically Necessary non-surgical charges for Morbid Obesity will be covered.
- (33) **Occupational.** Care and treatment of an Injury or Sickness that is occupational -- that is, arises from work for wage or profit including self-employment.
- (34) **Orthotics.** Charges in connection with orthotics.
- (35) **Personal comfort items.** Personal comfort items or other equipment, such as, but not limited to, air conditioners, air-purification units, humidifiers unless part of c-pap device prescribed by physician, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, nonprescription drugs and medicines, and first-aid supplies and nonhospital adjustable beds.
- (36) **Plan design excludes.** Charges excluded by the Plan design as mentioned in this document.
- (37) **Pregnancy of Dependent other than Spouse.** Care and treatment of Pregnancy and Complications of Pregnancy for a Covered Dependent other than a Covered Spouse. However, any pre-natal, post-natal or maternity care that is required as Standard Preventive Care will be covered.
- (38) **Private duty nursing.** Charges in connection with care, treatment or services of a private duty nurse.
- (39) **Psychosurgery.** Expenses for psychosurgery will not be considered eligible.
- (40) **Recreational and Educational Therapy.** Expenses for recreational and educational services; learning disabilities; behavior modification services; vocational testing or training; any form of non-medical self-care or self-help training, including any related diagnostic testing; art therapy; music therapy; aromatherapy; health club memberships, will not be considered eligible. Diabetic education is considered eligible as specified under Eligible Medical Expenses. This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism, ADD or ADHD.
- (41) **Relative giving services.** Professional services performed by a person who ordinarily resides in the Covered Person's home or is related to the Covered Person as a Spouse, parent, child, brother or sister, whether the relationship is by blood or exists in law.
- (42) **Replacement braces.** Replacement of braces of the leg, arm, back, neck, or artificial arms or legs, unless there is sufficient change in the Covered Person's physical condition to make the original device no longer functional.
- (43) **Routine care.** Charges for routine or periodic examinations, screening examinations, evaluation procedures, preventive medical care, or treatment or services not directly related to the diagnosis or treatment of a specific Injury, Sickness or Pregnancy-related condition which is known or reasonably suspected, unless such care is specifically covered in the Schedule of Benefits or required by applicable law.
- (44) **Self-Inflicted.** Any loss due to an intentionally self-inflicted Injury. This exclusion does not apply if the Injury resulted from an act of domestic violence or a medical (including both physical and mental

health) condition.

- (45) **Services before or after coverage.** Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan or after coverage ceased under this Plan.
- (46) **Sex changes.** Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This exclusion includes medications, implants, hormone therapy, surgery, medical or psychiatric treatment.
- (47) **Sleep disorders.** Care and treatment for sleep disorders unless deemed Medically Necessary.
- (48) **Snoring Treatments.** Expenses for snoring treatments, both medical and surgical will not be considered eligible, except when provided as part of treatment for documented obstructive sleep apnea.
- (49) **Surgical sterilization reversal.** Care and treatment for reversal of surgical sterilization for men.
- (50) **Sweating.** Expenses relating to excessive sweating, both medical and surgical will not be considered eligible.
- (51) **Tobacco cessation.** Tobacco cessation care and treatment is excluded except to the extent (1) Medically Necessary due to a severe active lung illness such as emphysema or asthma, or (2) required under Standard Preventive Care.
- (52) **Travel or accommodations.** Charges for travel or accommodations, whether or not recommended by a Physician, except for ambulance charges as defined as a Covered Charge.
- (53) **War.** Any loss that is due to a declared or undeclared act of war. This exclusion does not apply to Covered Persons, who are civilians, Injured or otherwise affected by war, any act of war, or terrorism in non-war zones.
- (54) **Wrong Surgeries.** Additional costs and/or care related to wrong surgeries. Wrong surgeries include, but are not limited to, surgery performed on the wrong body part, surgery performed on the wrong person, objects left in patients after surgery, etc.