

2024 Preventive Reimbursement Benefit Maximums and Eligible Services

Basic Wellness Services | \$4500 (annual maximum)

Annual Wellness Exams (up to three per year)

Well Child Exam (including routine immunizations)

Gynecological Exam (well woman visit aged 21 and over)

Flu, Shingles and Pneumonia Vaccinations

Annual Preventive Mammogram (including Breast Ultrasound or MRI following a preventive mammogram)
- Covered once annually from age 40-80

Colorectal Cancer Screening:

- Age range: 45 - 80 (covered from age 40 if 1st degree relative has positive history of colon cancer)
- Screening Type: Procto/Sigmoidoscopy every 5 years. Cologuard every 3 years.
- Colonoscopy is an eligible screening type

Bloodwork Screenings:

- Lipid Panel (Cholesterol and triglycerides)
- Comprehensive Metabolic Panel (CMP)
- Complete Blood Count (CBC) with differential test
- Thyroid Panel TSH (Thyroid Stimulating Hormone) with reflex to T4 if abnormal
- Routine Comprehensive Urinalysis (UA)
- Hemoglobin A1C (HgbA1C)
- Vitamin D Level

PSA for men age 50-75 Start at age 40 if 1st degree relative has positive history of prostate cancer

Bone Density Screening Post-menopausal women, every 2-3 years

Heart Screening: C-Reactive Protein (CRP) & Homocysteine levels for those with strong personal history or 1st degree relative history of heart disease or those of South Asian or Pacific Island origins.

Preventive Vision Exams | \$250 (annual maximum)

Preventive Vision Exam

Preventive Dental Exams | \$250 (annual maximum)

Preventive Dental Exam, Sealants, Cleaning and Fluoride Treatment

Mental Health | \$3000 (annual maximum)

Mental Health / Substance Abuse evaluation, and counseling

Physical Health | \$250 (annual maximum)

Gym Membership

Fitness Training (on-line or in-person)

Nutritional Health | \$500 (annual maximum)

Nutritional/Meal Planning (on-line or in-person)

Weight Loss/Weight Gain Counseling and Support

Smoking Cessation | \$500 (annual maximum)

Covers counseling, cost of medication, hypnotherapy, or other cessation program

Medical Cost Share IUA (Initial Unshareable Amount) | \$5000 (annual maximum)

Up to \$5,000 annually on 3rd IUA (documentation must be submitted for review)

Any DPC - Direct Primary Care Maximum Monthly Reimbursement Amounts **

Membership Tier	Max Monthly Amount
Employee Only	\$70/month
Employee & Spouse	\$140/month
Employee & Child(ren)***	\$120/month
Family***	\$160/month

** The Any DPC program is only available to employer groups that have selected this option. Please refer to your membership packet for details.
 Your tier option is based upon employees selected membership tier.
 ***Dependent children under the age of 26

What information do I need to submit a reimbursement?

Please provide your physician's office itemized statement of services showing the service performed, date of service and the cost.

How do I submit my request?

- On-line Form: <https://www.healthaccesssolutions.com/preventive>
- Text "preventive" to (239) 299-0333 to receive your personal link to a prefilled form.
- Expenses must be submitted within the calendar year the services were provided and no later than March 1 of the following year.

Questions?

Call: 800-606-1135

Email: members@healthaccesssolutions.com

