



# Kier Construction Corporation 2020 Schedule of Medical Benefits

Option ID: NR6A

Group ID: SRKJR

PPO Networks:

Preferred Provider - American Health Holding 1-888-923-0857

Utah based employees: WISE

Claims Address - PO Box 1807, Draper UT 84020

Employees based outside of Utah: First Health

Pager ID: 56487

All employees when traveling outside home state: First Health

Customer Service: 877-453-4201

Coverage begins: First day of the month following 90 days. Coverage ends: Last day of the month following termination

Minimum weekly hours for full time: 20

Medical Procedure Name	Network Provider	Non-Network Provider	Benefit Limits
Annual Deductibles (does not include co-pay)	Individual \$ 2,500 Family \$ 5,000		Note: Limits are per person per calendar year. Individual family is responsible for that \$7,000/\$14,000. Other pays remaining \$17,500/\$35,000 administered through Wellness Employee Payments.
Annual Co-insurance-Out of Pocket Maximums (includes medical deductibles, co-pays and prescription) (Does not include charges in excess of a lawful benefit)	Individual \$ 8,250 Family \$ 12,500	Individual \$ 8,500 Family \$ 12,500	
Office Visit - Primary Care (includes exams or consultations)	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Office Visit - Specialist (includes exams or consultations)	\$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Office Visit - Basic Services with Exam (Does not include Plan Management or Chemotherapy)	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Wellness Care - Adult	Plan Pays 100%	Deductible, then Plan pays 80% of allowed amount	
Wellness Care - Child (ages 11)	Plan Pays 100%	Deductible, then Plan pays 80% of allowed amount	
Colonoscopy - Wellness	Plan Pays 100%	Deductible, then Plan pays 80% of allowed amount	
Wellness Care includes, but not limited to: eye exam, mammogram, diabetes screen, gynecological exam, routine physical exam, routine vision exam, routine hearing exam, immunizations and needed laboratory tests. Out-of-pocket and low-deductible. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered as listed in the Appendix of the Plan Document.			
Allergy Treatment - Allergen Immunotherapy/Injection	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Allergy - Testing	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Ambulance Ground/Air Transport	Deductible, then Plan pays 80% of allowed amount		
Bath Curbs /ILD	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Breast Pump	Plan pays 100% up to \$250		One Per Delivery. Purchase Breast Pump at a local retail store and submit the receipt for reimbursement
Chemical Dependency - Inpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
Chemical Dependency - Outpatient	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Chemotherapy/Radiation Therapy	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
Cleopatra's Services	\$25 co-pay, then Plan pays 100%		30 visits per year maximum (permanently) Non PPO Providers will pay \$3,000
Colonoscopy - Medical	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
Diabetic Education	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
Diagnostic X-ray, Lab/Spec (Minor diagnostic services that are related to Office Visit) - performed in a physician's office, independent laboratory, or freestanding ambulatory center	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	

AMM

	Diagnostic Services - Major (CT Scan, MRI, PET, etc) that are performed and billed from a free standing ambulatory center	Plan pays 100%	Deductible, then Plan pays 95% of allowed amount	
	Diagnostic Services - Major (CT Scan, MRI, PET, etc) that are performed and billed from a hospital facility	Deductible, then Plan pays 80%	Deductible, then Plan pays 85% of allowed amount	
	Diagnostic Services - Minor (ultrasound, bone density, echocardiogram, etc. performed and billed from a free standing ambulatory center)	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
	Diagnostic Services - Minor (ultrasound, bone density, echocardiogram, etc. billed by hospital facility)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Diagnosis (First 40 visits)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	First 40 visits paid according to stated benefit. Thereafter, cost will pay 100% of Medicare allowed charges. Patient will be responsible for difference. No annual reset of 40 visits.
	Diagnosis (visits 41 plus)	Deductible, then Plan pays 150% of Medicare allowable		
	Durable Medical Equipment (includes crutches & prosthetics)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Emergency Room - Facility (no-pap versus admission)	\$25 co-pay, then plan pays 100%	\$25 co-pay, then plan pays 100% of allowed amount	Quality Incentive Applied, then regular hospital benefits apply
	Emergency Room - All other covered services other than facility charges	Plan pays 100%	Plan pays 100% of allowed amount	
	Gastric Bypass Surgery / Lap Banding	No Benefit		
	Home Health Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
AHH	Hospice Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
AHH	Hospital - Inpatient Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Hospital - Outpatient Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Monthly Services - Testing Only	Deductible, then Plan pays 80%	Deductible, then Plan pays 80%	\$1,500 per year maximum
	Infectious Services - Treatment	No Benefit		
	Maternity - Prenatal (Pre & P)	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	All Covered Dependents Grandchildren are not covered
	Maternity (Lab, 3-days, Ultrasounds and related covered services)	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
	Maternity / Physician / Freestanding Services Only	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Maternity - Facility / Hospital	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Medical Supplies (to include but not limited to: Diabetic Test strips, insulin pumps)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
AHH	Mental Health - Inpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Mental Health - Outpatient	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
AHH	Outpatient Surgery - Facility	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Outpatient Surgery Performed in Physician's Office	Primary Care \$25 co-pay, then 100% Specialist \$25 co-pay, then 100%	Deductible, then Plan pays 80% of allowed amount	Covers any outpatient surgery performed in Physician Office
AHH	Residential Treatment Facilities (therapy)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	Covered Dependents, SUBSIDIES APPLY

	Resacred Treatment Facilities (Outpatient)	\$25 co-pay then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	Mental Health
AMB	* Skilled Nursing	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Skilled Nursing	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Skilled Nursing - Women	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
	Skilled Nursing - Men	Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
	Outpatient Therapy Physical, Speech and Occupational	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	Speech Therapy only Covered due to illness or injury or to correct a congenital defect.
	TAC and Chiropractic	Deductible, then Plan pays 80%	Deductible, then Plan pays 50% of allowed amount	
AMB	* Tapering	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
	Urgent Care Center & 24 Hours	\$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
	Vision Care	Even by Optometrists covered under Medical Plan, all other vision care services covered under vision plan.		

**"COBA Health - Functional Medical Options"**

			<p><b>WAGNER'S HEALTH CARES-ELU</b> 821-499-1101</p> <p><b>Wagner's Health Care Center-Opfer</b> 821-492-4252</p> <p><b>Dr. Allen Merham</b> Opfer 821-470-1300</p> <p><b>After Co-pay Max allowed: \$125</b></p>
	<b>Acupuncture</b>	\$25 per visit, then Plan pays up to \$125 per visit	<p><b>Peterson Wellness</b> Lagler 429-787-1747</p> <p><b>Healthy Living Family Medical</b> Layton 821-820-5114</p> <p><b>The Health Spot</b> Sandy 821-588-2250</p> <p><b>The Health Spot</b> Layton 821-207-3555</p> <p><b>Life's Best Care</b> Body Scan Wellness &amp; Nutrition 821-774-1432</p> <p><b>Spine Care Center</b> Dr. Alan Meyster Opfer 821-470-1908</p> <p><b>Roots and Pulso's Functional Medicine</b> Evan Meyer, NP 329-918-7881</p>
	<b>Complementary/Functional Medicine (e.g. Mind-Body Skills, Acupuncture, Massage, Chiropractic, and Natural Remedies)</b>	\$25 co-pay, then Plan pays 100% \$15 co-pay for each remedy	<p><b>Healthy Living Family Medical</b> Layton 821-820-5114</p> <p><b>Healthy Living Family Medical</b> Dr. Linda Cooper 821-410-1922</p> <p><b>Max allowed: \$300 per implant, Max allowed for Pellet Injector \$60</b></p>
	<b>Electro-Stimulation, Hormone Pellet Implantation for Hormone Replacement Therapy</b>	\$25 co-pay, then Plan pays 100% \$15 co-pay for each remedy  \$25 co-pay, then Plan pays 100% for a Pellet Injector	<p><b>Life Health Center</b> Dr. Marcus Borges 329-325-7000</p> <p><b>Max allowed: \$16,100 per year</b></p>
	<b>Functional Cancer/Lyme Treatment (includes: Hyperthermia, Pulsed-Electric Magnetic Field (PEMF), Health Pod and Whole-Body Vibration (WBV), Oxygen Therapy, Nutrition, Enzyme Excretion, Red Wine Nutritional supplements, RF therapy, and Vitamins (Vitamin))</b>	\$50 co-pay, Plan pays 100% per treatment \$15 co-pay per box	<p><b>Life Health Center</b> Dr. Marcus Borges 329-325-7000</p> <p><b>Max allowed: \$16,100 per year</b></p>
	<b>Depression/Anxiety (includes: Hyperthermia, Pulsed-Electric Magnetic Field (PEMF), Health Pod and Whole-Body Vibration (WBV), Oxygen Therapy, Neuro-Feedback and/or Hormone Balance)</b>	\$50 co-pay, Plan pays 100%	<p><b>Life Health Center</b> Dr. Marcus Borges 329-325-7000</p> <p><b>Max allowed: \$16,100 per year</b></p>

<p>V Therapy</p>	<p>\$23 per visit; Plan pays 100% \$15 copay for each remedy</p>	<p>Life Health Center Dr. Marcus Borges 385-855-7600 ----- Healthy Living Family Medical Lorton 501-820-3474 ----- Max allowed: \$150 per treatment</p>
<p>Myofascial treatments for people who suffer medication to various headaches that do not respond to other than the countermedications. Pulse Electro Magnetic Field (PEMF), Health Post and Whole Body Vibration (WBV), Oxygen Therapy, Neuro-Facilitance and IV INFUSIONS (Vitamins).</p>	<p>\$60 (once), Plan pays 100%</p>	<p>Life Health Center Dr. Marcus Borges 385-855-7600 ----- Max allowed: \$3,500 per year</p>
<p>Prolozone Therapy (acute mild to moderate MUSCULOSKELETAL issues)</p>	<p>\$35 copay, Plan pays 100%</p>	<p>Prolozone Wellness Center 435-787-1787 ----- Max allowed: \$250 per injection</p>
<p>Prolotherapy (acute mild to moderate MUSCULOSKELETAL issues. Is typically a structure as listed)</p>	<p>\$35.00 copay, Plan pays 100%</p>	<p>Healthy Living Family Med Ctr 501-820-3474 ----- Hyden Orthopedics Dr. Joseph Alarico 335-570-8029 ----- Max allowed: \$125 per injection</p>
<p>Platelet Rich Plasma (PRP), Stem Cell Therapy (acute mild to moderate musculo-skeletal issues)</p>	<p>\$50 copay, Plan pays 100%</p>	<p>Life Health Center Dr. Marcus Borges 385-855-7600 ----- Hyden Orthopedics Dr. Joseph Alarico 335-570-8029 ----- Interventional Spine &amp; Pain Management Miami Care, LLC 609-267-6798 ----- Max allowed: \$4,000 per injection</p>
<p>Platelet Rich Plasma (PRP) Stem Cell Therapy (Full) (chronic) for many various musculo-skeletal issues such as severely torn tendons, ligaments, muscles, and bone on some joints. Hyperthermia, Pulse Electro Magnetic Field (PEMF), Whole Body Vibration (WBV), and the appropriate levels of PRP or New Life Regenerative Medicine Injections)</p>	<p>\$50 copay, Plan pays 100%</p>	<p>Life Health Center Dr. Marcus Borges 385-855-7600 ----- Hyden Orthopedics Dr. Joseph Alarico 335-570-8029 ----- Interventional Spine &amp; Pain Management Miami Care, LLC 609-267-6798 ----- Max allowed: \$4,000 per injection</p>
<p>Chronic Neck Pain/Myofascial Pain/Tension, Neck/Neck Trauma, Immune Deficiency, etc.</p>	<p>\$25 Copay; Plan pays 100% \$15 copay for each remedy</p>	<p>Dr. Marcus Borges Life Health Center 385-855-7600 ----- Prolozone Wellness 435-787-1787 ----- Healthy Living Family Medical Lorton 501-820-3474 ----- The Health Spa Sandy 601-566-5950 ----- The Health Spa Oxon 800-807-500 ----- Lynn Swadlow Body Spine Wellness &amp; Nutrition 800-774-1015 ----- Spinal Care Center Agnel, Merford, NC 800-476-1835 ----- Pain and Rehab Functional Medicine Inc Susan Hoyle, NP 385-619-0858</p>

COBA

<p>Genetic/DNA testing (Gene 19 Drug, Drug to Drug and Food Interact) Solva tests. (for Medical Interventions (P4) or nutritional studies, Nutritional tests for nutritional interventions)</p>	<p>100% coinsurance and copay 100% up to \$1,900.00</p>	<p>Life Health Center Dr. Marcus Bergan 825-358-1902 ..... Rebecca Wallace, Center 425-787-1757 ..... Coca Valley 435-737-1713 or 801-358-2766 for listing of providers doing the testing  McClain says total price and submit the receipts to the COBA for reimbursement.  Limited to \$1,900 per calendar year for testing.</p>
<p>* Care Health (same coverage for elective surgical procedures)</p>	<p>Plan pays 100%</p>	<p>Before scheduling your elective surgery, contact 435-737-1713 or 801-358-2766 to obtain a pre-authorization or a copy of benefit.</p>
<p>Cash payments in lieu of network provider. Members are encouraged to negotiate a cash price and the plan will reimburse them for saving the money. Example: MR at a hospital is \$2015 versus at Mountain Medical over price, \$629</p>	<p>Plan pays 100%</p>	<p>Internal benefit information only. Christel Joann Du claims to pay at 100%</p>
<p>COBA Pricing for Pharmacy (medical)</p>	<p>Go to COBA Health for information on the lowest prices.</p>	<p>Life Health 435-737-1713 or 801-358-2766 for listing of providers  Coca Valley Community Health Center Bingham City, UT 435-733-8061</p>

<p><b>Covered Prescription Drugs - RexEd</b></p>	<p>Generic - 4-3 Brand - 20% Non-formulary - 35%</p>	<p>No Benefit</p>	<p>Self Control Pills and Clinics covered at 100% when obtained at in part retail pharmacy.</p>
<p>Customer Service 1-888-874-7328 No Ben: 41-22200 PCHE: 03260000 RX Cop: 5PK1R</p>	<p>Generic - \$20 Brand - 20% Non-formulary - 35%</p>	<p>No Benefit</p>	
<p><b>Mail Order Drugs - Kroger Retail Prescription Benefits</b></p>	<p>Generic - \$20 Brand - 20% Non-formulary - 35%</p>	<p>No Benefit</p>	<p>Self Control Pills and Clinics covered at 100% when obtained at in part retail pharmacy.</p>
<p>Customer Service 800-657-8894 PO Box 2718 Purdue, IN 47240-2718  90 day supply covers on both Retail and Mail Order for maintenance medications.</p>			

Revised January 1, 2023

\* Prior authorization required. Failure to obtain prior authorization may result in a reduction or denial of benefits.  
 Note: Any cost shared or out of pocket amount or services are the responsibility of the patient and are not included in the Out of Pocket Maximum.  
 RAPS - services provided by facility based radiology, non-neurologic, nephrology, onc, or ER physicians covered under the appropriate facility benefit.  
 Dependents covered to 25 regardless of student or marital status.  
 Trial by 90 - 12 months from the date the service was incurred.  
 Life threatening services incurred at an out of network provider will be paid in network.  
 Co-payment of members - Suppliers/Pharmacies the Plan will pay up to 100% of eligible expenses.  
 Rural areas are defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be used in network.  
 No pre-claiming for Employees and Dependents.  
 Out of country benefits will be paid at non-participating level.  
 We believe this coverage to be a non-grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA).  
 Visit [www.cobahc.com](http://www.cobahc.com) for your eligibility, access claim history and link to the PPO network and more.  
 All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing are not a guarantee of payment.  
 Claims are determined upon receipt of the claim and any additional information required, e.g. specific documentation.

