



	Diagnosis 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 60% of allowed amount	
	Diagnostic Services - Minor (Ultrasound, bone density, echography, etc. performed and billed from a free-standing ambulatory center)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	
	Diagnostic Services - Minor (ultrasound, bone density, echography, etc.) billed by hospital facility	Deductible, then Plan pays 60%	Deductible, then Plan pays 60% of allowed amount	
	Diagnosis (First 40 Visits)	Deductible, then Plan pays 60%	Deductible, then Plan pays 60% of allowed amount	First 40 visits paid according to stated benefit. Thereafter, plan will pay 100% of Medicare allowed charges. Patient will be responsible for difference. No annual limit of 40 visits.
	Diagnosis (Visits 41 plus)	Deductible, then Plan pays 60% of Medicare allowable.		
	Durable Medical Equipment (includes crutches & prosthetics)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Emergency Room - Facility (no-pay when admitted)	\$250 co-pay, then plan pays 100%	\$250 co-pay, then plan pays 100% of allowed amount	Co-pay waived if admitted, then regular hospital benefits apply
	Emergency Room - All other covered services other than facility charges	Plan pays 100%	Plan pays 100% of allowed amount	
	Coronary Bypass Surgery / Lip Bonding	No Benefit		
	Hearing Aids	Plan Pays 80%	Plan pays 80%	\$3500 per year maximum
	Home Health Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
AHH	Inpatient Care	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
AHH	Hospitals - Inpatient Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Hospital Outpatient Services	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Infectious Services - Testing Only	Deductible, then Plan pays 60%	Deductible, then Plan pays 60%	\$1,600 per year maximum
	Infectious Services - Treatment	No Benefit		
	Maternity - Prenatal Office Visits	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	
	Maternity (Lab, X-rays, Ultrasound and related covered services)	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	All Covered Dependents Grandchildren are not covered
	Maternity / Physician / Practitioner Services Only	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Maternity - Facility / Hospital	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Medical Supplies (It includes but not limited to: Diabetic Test strips, ins.4 pumps)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
AHH	Mental Health - Inpatient	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Mental Health - Outpatient	\$25 co-pay then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
AHH	Outpatient Surgery - Facility	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Outpatient Surgery Performed in Physician's Office	Primary Care: \$25 co-pay, then 100% Specialist: \$30 co-pay, then 100%	Deductible, then Plan pays 60% of allowed amount	Covers any outpatient surgery performed in Physician's Office
AHH	Residential Treatment Facilities (Inpatient)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	Covered Dependency, Substance Abuse, Mental Health
	Residential Treatment Facilities (Outpatient)	\$25 co-pay then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
AHH	Skilled Nursing	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Sleep Studies	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of allowed amount	
	Stent/Filter for Women	Plan pays 100%	Deductible, then Plan pays 60% of allowed amount	

AHH

Sterilization - Men	Plan pays 100%	Deductible, then Plan pays 50% of allowed amount	
Chiropractic 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.
Tx/d and Otolaryngology	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
Transport	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of allowed amount	
Urgent Care Center - 24 Hours	\$25 copay then Plan pays 100%	Deductible, then Plan pays 80% of allowed amount	
Vision Care	Exam by Ophthalmologist covered under Medical Plan; all other exams and hardware covered under vision plan		

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

Acupuncture	\$25 per visit, then Plan pays up to \$175 per visit		<p>Master Lee's Health Center-800-807-469-1110  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Dr. Allen Weckman  <small>Ogden 801-475-1800</small></p> <p>After Copay Max allowed: \$125</p>
<p>Complementary/Functional Medicine/ Holistic &amp; Integrative Health: Bio Meridian Stress Assessment, Holistic Health Evaluations, Desensitization Therapy, Ozone Therapy, Craniosacral &amp; Therapeutic Therapies, Structural &amp; Visceral Therapy, Muscle Activation, Massage Therapy, etc. (Vitamins, minerals, homeopathy, and natural remedies)</p>	\$25 per visit, then Plan pays 100% \$15 copay for each therapy		<p>Peterson Wellness  <small>Lagon 485-767-1787</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Healthy Living Family Medica  <small>Layton 801-320-5414</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>The Health Spot  <small>Sandy 801-588-8300</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>The Health Spot  <small>Ogden 801-475-1800</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>John Gosdick  <small>Railly Scan Wellness &amp; Nutrition              801-774-9333</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Spine Care Center  <small>Dr. Alan Weckman              Ogden 801-475-1800</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Rockygro Hoices Functional Medicine  <small>Juzan Hayka, NP              800-819-7998</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Advanced Health Clinic  <small>801-447-8680</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Leo De L Torre, CAMTC, LMT  <small>Therapeutic &amp; Sports Massage Therapy              714-507-0150</small></p>
Topical Herbal Immune Field Application for Hormone Replacement Therapy	\$25 copay, then Plan pays 100% for a 10 day jar	\$25 per visit, then Plan pays 100% \$15 copay for each remedy	<p>Healthy Living Family Medical  <small>Layton 801-320-5414</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Judy Loge MD of Salt Lake City  <small>Dr. Leslie Cooper              801-415-1929</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Advanced Health Clinic  <small>801-447-8680</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Max allowed: \$200 per implant              Max allowed for Pulse Receptor \$50</p>
Functional Chiropractic Treatment includes: Hyperthermia, Pulse Electro Magnetic Field (PEMF) Health Pyl and Whole-Body Vibration (WBV), Oxygen Therapy, Nutrition, Enzyme Therapy, and Nutritional supplements, Reflexology, and Vitamins (Vitamins)	\$350 copay, then Plan pays 100% per treatment \$15 copay per box		<p>Life Health Center  <small>Dr. Marcus Boyger              865-800-7600</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Max allowed: \$26,100 per year</p>
Depression/Anxiety (includes: Hyperthermia, Pulse Electro Magnetic Field (PEMF), Health Pyl and Whole-Body Vibration (WBV), Oxygen Therapy, Neuro-Foodware, and/or Hormone Balance)	\$50 copay, then Plan pays 100%		<p>Life Health Center  <small>Dr. Marcus Boyger              865-800-7600</small>  <small>11101 S. 111th Street, Suite 100, Overland Park, KS 66209</small></p> <p>Max allowed: \$5,000 per year</p>

<p>Chiropractic</p>	<p>\$25 per visit. Plan pays 100% \$15 copay for each remedy</p>	<p>Life Health Center Dr. Marcus Borges 265-355-7800 Healthy Living Family Medical Layton, UT 820-5414 Advanced Health Clinic 801-447-8680 Max allowed: \$100 per treatment</p>
<p>Magnetics (Treatment for those who suffer moderate to severe headaches that do not respond to other over the counter medications. Pulse Electro Magnetic Field (PEMF), Heat, Red and Whole Body Vibration (WBV), Oxygen Therapy, Neuro-Feedback and Vit. Infusions (Vitamins).</p>	<p>\$50 copay, Plan pays 100%</p>	<p>Life Health Center Dr. Marcus Borges 395-355-7800 Max allowed: \$3,600 per year</p>
<p>Prokine Therapy (Treats mild to moderate musculoskeletal issues)</p>	<p>\$35 copay, Plan pays 100%</p>	<p>Peterson Wellness Center 435-707-787 Advanced Health Clinic 801-447-8680 Max allowed: \$250 per injection</p>
<p>Prolotherapy (Treats mild to moderate musculoskeletal issues. Is typically a dextrose solution)</p>	<p>\$35.00 copay, Plan pays 100%</p>	<p>Healthy Living Family Medical 801-820-5414 Jordan Orthopedics Dr. Joseph Albano 885-220-9009 Max allowed: \$125 per injection</p>
<p>Regenerative Medical Treatment, Platelet Rich Plasma (PRP), Amniotic Fluid Injections, Stem Cell Therapy, etc. (Treats mild to moderate musculoskeletal issues)</p>	<p>\$60 copay. Plan pays 100%</p>	<p>Life Health Center Dr. Marcus Borges 365-355-7800 Healthy Living Family Medical Avery Weida, FNP Shannon Walker, FNP Catherine Kelly Pierce, FNP 801-820-5414 Jordan Orthopedics Dr. Joseph Albano 885-220-9009 Interventional Spine &amp; Pain Management Mike Gaig, MD 801-262-7248 Healthy Living Family Medical 1830 W. Ananda Dr., Ste 100 Layton, Utah 801-820-5414 Max allowed: \$4,850 per injection</p>
<p>Regenerative Medical Treatment, Platelet Rich Plasma (PRP), Stem Cell Therapy, etc.- (Full) (treatment for more serious musculoskeletal issues such as severely torn tendons, ligaments, muscles, and bone on bone 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>\$60 copay. Plan pays 100%</p>	<p>Life Health Center Dr. Marcus Borges 395-355-7800 Jordan Orthopedics Dr. Joseph Albano 885-220-9009 Interventional Spine &amp; Pain Management Mike Gaig, MD 801-262-7248 Max allowed: \$4,850 per injection</p>

<p>Chronic illness, Fibromyalgia, Metal Toxicity, Neurotoxic Trauma, Immune Deficiency, etc.</p>	<p>\$25 Copay, Plan pays 100% \$15 copay for lab chemistry</p>	<p>Dr. Vancus Borges Life Health Center 385-586-7777 www.lifehealthcenter.com</p> <p>Peterson Wellness 435-707-1797 www.petersonwellness.com</p> <p>Healthy Living Family Medical Lynlyn 801-890-8404 www.healthyfamily.com</p> <p>The Health Spot Sandy 801-559-8850 www.thehealthspot.com</p> <p>The Health Spot Orem (801) 837-1506 www.thehealthspot.com</p> <p>Laura Robinson Body Scan Wellness &amp; Nutrition 801-777-1633 www.bodyscanwellness.com</p> <p>Soma Care Center Alex J. Mecham, DC (801) 474-1000 www.somacare.com</p> <p>Loos and Ralston Functional Medicine Inc. Susan Ralston, NP (385) 916-7468</p>
<p>Genetic/DNA testing (Gene to Drug, Drug to Gene and Food issues); Saliva tests, Her Medical Interventions (Pharmaceutical and/or Nutritional) goals for Nutrition Intervention;</p>	<p>10% copay and plan pays 100% up to \$1,000.00</p>	<p>Life Health Orem Dr. Vancus Borges 385-555-7834 www.lifehealthcenter.com</p> <p>Dixson Wellness Center 435-730-1787 www.dixsonwellness.com</p> <p>Coba Health 435-767-1713 or 801-358-7756 for testing of providers doing the testing.  Member pays cash price and submits the receipt to the plan for reimbursement.  Limited to \$1,200 per calendar year for testing.</p>
<p>COBA Coba Health (cash rate for elective surgical procedures)</p>	<p>Plan pays 100%</p>	<p>Before scheduling your elective surgery contact 435-767-1713 or 801-358-7756 to obtain a pre-authorization and a quote of benefits.</p>
<p>COBA Pricing for Pharmaceutical</p>	<p>Call COBA Health for information on the chosen provider.</p>	<p>Coba Health 435-767-1713 or 801-358-7756 for listing of providers  Cedar Valley Community Health Center Brigham City, UT 435-732-5061</p>

<p><b>Covered Prescription Drugs - RxEds</b> Customer Service 1-888-978-7336 Retail: 0102200 PCNP: 03081400 RX Code: 52748</p>	<p>Generic - 310 Brand - 20% Non-formulary - 35%</p>	<p>No Benefit</p>	
<p><b>Mail Order Drugs - Kroger Postal Prescription Services</b> Customer Service 800-552-8894 PO Box 2718 Portland, OR 97208-2718  90-day supply covered at both Retail and Mail Order for Maintenance Medications</p>	<p>Generic - 320 Brand - 20% Non-formulary - 35%</p>	<p>No Benefit</p>	<p>Birth Control Pills and Devices covered at 100% when received on a participating pharmacy.</p>

Renewal January 1, 2021

\* Pre-participation required. Failure to obtain prior authorization may result in a reduction or denial of benefits.  
 Note: Any non-covered or out-of-network amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.  
 SAPS - services provided by facility based radiologists, se rheumatologists, pathologists, labs, or ER physicians covered under the appropriate facility benefit.  
 Dependents covered to 2% regardless of social or marital status.  
 Primary Care - 12 months from the date the service was incurred.  
 Life-threatening services for a vital sign out of network provider will be paid in network.  
 Coordination of benefits - Supplemental meaning the Plan will pay up to 100% of eligible expenses.  
 Rural areas defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.  
 No pre-existing for Employees and Dependents.  
 Out of country benefits will be used on non-participating level.

We believe this coverage is a non-grandfathered health plan under the Patient Protection and Affordable Care Act, (PPACA)

Visit [www.williehealth.com](http://www.williehealth.com) for view 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 to make a benefit determination.

*Margo J. Currell*  
12/8/2020