

# Your Comprehensive Health Care Benefit

## We have you covered!

Our unique structure cuts out the middle man to make your life simpler and provide you with access to everyday, quality health care at a low cost.

You can enroll in the Health Access Benefit only, or you can pair it with a medical cost sharing membership.



## Health Access Benefit

This membership provides access to quality care that is both affordable and convenient. You can cover your whole family and meet your unique health care needs.



### Primary Care \*

You have direct access to your own primary care provider for your routine medical needs.



### In-Person Wellness Doctor Visits

#### Keep Your Doctor

Up to three a year reimbursed; see any doctor.



### Vision Screening

Up to \$250 total reimbursed per year, see any provider.



### Preventive Care

Lab tests, mammograms, colonoscopies, and more, up to \$4,500 per year.



### Physical Health & Wellness

Including gym memberships, up to \$250 per year.



### Dental Cleanings

Up to \$250 total reimbursed per year, see any provider.



### Low-Cost Prescriptions

You have access anytime to some of the lowest-priced prescription medication locally, by mail order, or international.



### Tobacco Cessation

Help quitting if you need to, up to \$500 reimbursed per year.



### Mental Health & Substance Counseling

From psychiatrist to counseling up to \$3,000 total reimbursed per year; see any provider.



### Lower Sharing Costs

Up to \$5,000 to cover the 3rd individual or family Initial Unshareable Amount per year.



### Nutritional Health

Nutritional counseling, meal planning, weight loss support, up to \$500 per year.

*\*Available for memberships with Direct Primary Care (DPC)*

# 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
Individual	\$70/month
Couple	\$140/month
Adult & Child(ren)*	\$120/month
Family*	\$160/month

\*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. Health Access Solutions accepts reimbursement requests for eligible preventive services from providers based in the United States, Canada, and Mexico. If the services were rendered by a provider outside the United States, you'll be asked to provide the following items: a copy of a financial statement showing the transaction came from an account under your name and an itemized receipt of the services you received.

**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.
- Requests must be submitted within the calendar year of the services and no later than March 1 of the following year.

**Questions?**

Call: 800-606-1135

Email: [members@healthaccesssolutions.com](mailto:members@healthaccesssolutions.com)