

IARC Medical Plan Explanations and Examples of Covered and Non-Covered Expenses

The following provides explanations and examples of covered and non-covered medical expenses. For information on deductibles, co-insurance payments, out-of-pocket maximums, etc. Please refer to AIARC Benefits Navigation Guide.

What Your Plan Covers

The Plan will cover medical, prescription drug, or vision charges for:

Preventative Vaccinations: The following preventive vaccinations are covered at 100%, with no deductible:

- Cholera vaccinations
- Combination vaccinations that prevent measles, mumps, and rubella
- Covid-19 vaccinations (note: Covid-19 testing is only covered when prescribed by a doctor)
- DI-TE-PER vaccinations that prevent diphtheria, tetanus, and pertussis (whooping cough).
- Haemophilus influenza type B (Hib) vaccinations that prevent meningitis, pneumonia, and epiglottitis
- Hepatitis A, Hepatitis B, and Hepatitis E vaccinations
- HPV vaccinations that prevent infection by human papillomavirus which leads to cervical, anal, vaginal and mouth cancer.
- Influenza vaccinations (seasonal flu shots)
- Japanese encephalitis vaccinations
- Malaria prophylaxis vaccinations
- Meningococcal disease vaccinations that prevent types A, C, W-135, and Y
- Pneumococcal vaccinations that prevent pneumonia, meningitis, and sepsis.
- Polio vaccinations given as an injection (IPV) or orally (OPV)
- Rabies vaccinations
- Rotavirus vaccinations that prevent severe diarrhea
- Tick-borne encephalitis vaccinations
- Typhoid fever vaccinations
- Varicella vaccinations that prevent chicken pox.
- Yellow fever vaccinations

Annual vision exams are covered at 100% and frames and prescription lenses (including contact lenses) are covered at 80% up to \$500 per individual per calendar year.

Hearing aids are covered up to a maximum of \$2,500 per ear with a limit of one replacement every three calendar years. No deductible applies, but a 20% copayment from the participant is required.

Drugs and medicines which by law require a physician's prescription. Over-the-counter drugs, vitamins, and nutritional supplements are not covered.

Dental care (in lieu of the dental coverage described in the AIARC Benefits Hub when treatment is the result of a disease or accidental injury).

Services of a physician legally qualified to provide those services.

Hospital room and board up to the average semi-private rate or the average private room rate if the hospital does not have semi-private rooms, and other medically necessary hospital services, supplies, and medications received while hospitalized.

Convalescent care room and board up to 120 days per calendar year. Stay must come within 14 days of a hospital stay of at least 3 days. Care is not covered in a convalescent care facility resulting from drug or alcohol addiction, senility, intellectual disabilities, chronic brain syndrome, or other mental disorders.

Home health care agency services up to 120 days per calendar year.

Outpatient hospital service and supplies.

Hospice care for up to 30 days of inpatient care and up to \$5,000 for outpatient care.

Diagnostic tests and x-rays.

Skilled nursing care up to the equivalent of 70 eight-hour days per calendar year.

X-ray, radium, and radioactive isotope therapy.

Physical and occupational therapy; however, therapy, supplies and counseling are not covered when related to sexual dysfunctions.

Speech therapy to restore speech when it was lost due to a disease or injury.

Maternity care and delivery.

Outpatient in-vitro fertilization procedures up to 3 procedures per lifetime.

Mastectomies and the resultant breast reconstruction.

Professional ambulance services.

Treatment of mental disorders, alcoholism, and substance abuse.

Chiropractic services up to \$1,800 per individual per calendar year.

Durable medical and surgical equipment rental.

Artificial limbs and eyes including their fitting.

Anesthetics and oxygen.

Self-injectable drugs for insulin, epi-pens, and heparin. Other self-injectable drugs must be pre-authorized by Cigna.

Acupuncture, only when performed by a licensed physician for the purpose of anesthesia in connection with surgery that is covered by the Plan.

What Your Plan Does Not Cover

The Plan will not cover the following medical, prescription drug, or vision charges:

Made by a provider of health care services or supplies that are above what is considered reasonable based on the location of care and the nature of the service or supply.

Not prescribed, recommended, and approved by your physician or dentist.

Primarily for custodial care.

For the following types of counseling: marriage, family, child, career, social adjustment, pastoral, and financial.

For acupuncture (unless performed by a licensed physician for purposes of anesthesia, see above) or acupressure.

For services not necessary to treat the medical or dental condition.

For services considered experimental or investigational.

For services related to learning disabilities or developmental delays.

Already covered by another governmental (including Medicare), armed forces, union, or employer plan.

For services related to primal therapy, rolfing, psychodrama, megavitamin therapy, bioenergetics therapy, vision perception training, or carbon dioxide therapy.

Reversal of a sterilization procedure.

To improve, alter, or enhance appearance (with certain exceptions after a mastectomy and repair of an injury occurring while covered under the Plan).

Vision training, non-prescription glasses, and laser eye surgery or vision correction (LASIK).

Orthopaedic laser therapy treatment.