Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Benefit	In-Network	Out-Of-Network
Plan Deductible	$5,000 Individual $7,500 Family	$6,000 Individual $12,000 Family
Any Other Deductible	N/A	N/A
Deductible – Accumulation	Embedded	Embedded
Deductible – INN and OON integration	In-Network and Out-of-Network Accumulate Separately	
Member Coinsurance	20%	50%
Out of Pocket Maximum	$7,500 Individual $12,000 Family	$10,000 Individual $20,000 Family
Out of Pocket – Accumulation	Embedded	Embedded
Out of Pocket – INN and OON integration	In-Network and Out-of-Network Accumulate Separately	
Annual Benefit Maximum	Unlimited	Unlimited
Benefit Period	Calendar Year 1/1-12/31	

Savings Plus Plan benefit payment pricing of 150% of the Medicare Allowable rate applies to the following In-Network services: All in-patient and out-patient facility services; All in-patient professional and ancillary services; Surgical services – in a hospital in-patient and out-patient setting; Surgical services – in an ambulatory or free-standing surgical facility setting; All emergency services; Ambulance services - air, ground, and water; High cost diagnostic services, imaging, sleep management studies, and genetic services; dialysis/hemodialysis – all settings, all services; Infusion services – all settings, all services.
If an Out-Of-Network provider is used for these services, with the exception of Emergency Medical services and Emergency Transportation, plan payment will be based on 120% of the Medicare allowable rate.

Preventive Medical Services

Benefit	In-Network	Out-Of-Network
Providers cannot buy and bill as specialty medications/drugs are excluded. The member may contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F.		
Primary Care Physician Office: Adult Routine Physical - 1 visit per plan year.	No Charge (Deductible Waived)	Not Covered
Pediatrician - Well Child Care: Up to age 2 - 9 visits per plan year Age 2 – 2 visits per plan year Age 3 and more – 1 visit per plan year	No Charge (Deductible Waived)	Not Covered
Children Eye Exam	No Charge (Deductible Waived)	Not Covered
Gynecological - Adult Routine Physical - 1 visit per plan year.	No Charge (Deductible Waived)	Not Covered
Maternity (ACA Required Prenatal /Postnatal Testing/Services only)	No Charge (Deductible Waived)	Not Covered
Routine Immunizations (Child & Adult)	No Charge (Deductible Waived)	Not Covered
Flu Shot (Routine)	No Charge (Deductible Waived)	Not Covered
X-Rays and Lab tests (Routine)	No Charge (Deductible Waived)	Not Covered
Mammography (Routine) – 1 per plan year; Age 40 and more	No Charge (Deductible Waived)	Not Covered

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Pap-smear (Routine) – 1 per plan year		No Charge (Deductible Waived)	Not Covered
Prostate Cancer Screening PSA (Routine) - 1 per plan year		No Charge (Deductible Waived)	Not Covered
Colon Cancer Screening (Routine) - age 45-75 Colonoscopy – 1 in 10 years Sigmoidoscopy – 1 in 3 years		No Charge (Deductible Waived)	Not Covered
Non-Preventive Medical Services			
Benefit	**In-Network**		**Out-Of-Network**
Primary Care Physician Visits	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Specialist Physician Visits	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Maternity Professional – Maternity Care for Dependent Child is excluded.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Chiropractic Care – Limited to 24 visits per Calendar Year. Preauthorization may be required.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Non-Preventive Lab and Radiology			
Benefit	**In-Network**		**Out-Of-Network**
Lab and Pathology	**Office Setting or Independent Lab** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
X-Rays / Radiology	**Office Setting or Independent Lab** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
MRI / MRA; CT / CTA / PET Scan; Genetic testing and counseling beyond ACA mandated is covered. Preauthorization may be required.	**Office Setting or Independent Lab** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Sleep Studies/Sleep Management Services Home Setting is not covered.	**Office Setting or Home:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Inpatient Services			
Benefit	**In-Network**		**Out-Of-Network**
Pre-Surgical / Pre-Admission Testing	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Hospital Stay: Includes Room and Board; Drugs and Medication; Anesthesia and ICU; Maternity Stay, Maternity Care for dependent child is excluded. Inpatient Lab Maternity – newborn under mother for well-baby; Preauthorization is required;	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Inpatient Maternity Professional	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Anesthesia	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Inpatient Surgery- Surgeon/ Assistant Surgeon Charges	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Inpatient Behavioral / Mental Health & Chemical/Substance / Alcohol Abuse	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Inpatient Detoxification Preauthorization is required	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Inpatient Physical Medical Rehab – Limited to 100 days per plan year. Preauthorization may be required.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Skilled Nursing Facility - Limited to 100 days per plan year. Preauthorization may be required.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Outpatient Services			
Benefit	**In-Network**		**Out-Of-Network**
Outpatient Surgery Facility Preauthorization is required.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Outpatient Surgery -Physician / Surgeon / Assistant Surgeon	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Anesthesia	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Second Opinion – Surgical	**Professional Non-Facility based Services:**	**Facility based Services:**	50% Coinsurance after Deductible

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

	20% Coinsurance after Deductible	20% Coinsurance after Deductible *Savings Plus Plan Benefit*	
Home Health Care – Limited to 100 visits per year, limits combined with Home Infusion. Patient not required to be homebound. Home Health Aides are covered. Preauthorization may be required.	20% Coinsurance after Deductible		50% Coinsurance after Deductible
Hospice – Facility or Home . Limited to 210 days per calendar year. Preauthorization may be required.	**Home Setting:** 20% Coinsurance after Deductible	**Facility Setting:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Behavioral/Mental Health & Chemical / Substance or Alcohol Abuse; Medication Management, Psych testing, Eating disorders, Partial Hospitalization, Intensive Outpatient Therapy and Methadone clinics are covered. Halfway Homes are not covered.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Therapy Services			
Benefit	**In-Network**		**Out-Of-Network**
Autism Spectrum Disorder – ABA Therapy is included Developmental delays included	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Cardiac Rehabilitation	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Chemotherapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Cognitive Therapy - Limited to 20 visit per calendar year. Combined INN/OON visit limit.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Gene / Cellular Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Home Infusion - Up to 100 visits per calendar year, limits combined with Home Health Care.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Home visits – Professional	Not Covered		Not Covered
Infusion Therapy (**Provider cannot buy and bill)**	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Occupational Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Orthoptic / Pleoptic Therapy Limited to 8, combined In-network and out-of-network, visits per lifetime	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Physical Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Pulmonary/Respiratory Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Radiation Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Speech Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Emergency Services			
Benefit	**In-Network & Out-Of-Network**		
Emergency Care	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		
Urgent Care	20% Coinsurance after Deductible		50% Coinsurance after Deductible
Emergency Medical Transportation: Ground and air covered.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		
Other Services			
Benefit	**In-Network**		**Out-Of-Network**
Abortion - Elective & Therapeutic; Maternity Care for Dependent Child is excluded.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Acupuncture- Limited to 10 visits per year.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Allergy Services / Injections	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Allergy Testing	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Alternative Medicine	Not Covered		Not Covered
Ambulance Service – Non Emergency Transport. Ground and air only.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		50% Coinsurance after Deductible
Bariatric Surgery - Preauthorization may be required.	20% Coinsurance after Deductible *Savings Plus Plan Benefit*		Not Covered
Bereavement counseling	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Biofeedback	Not Covered		Not Covered
Blood Processing / Blood Storage: Includes autologous donation. Blood transfusions covered. Short term blood storage covered; long term blood storage excluded.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Dental – Accident to sound teeth only. Treatment must be started within 3 months or as soon as the patient is stable. Routine Dental is excluded.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Dialysis / Hemodialysis Home Dialysis is not covered	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Durable Medical Equipment (Includes Diabetic Supplies) – includes repairs, and rentals. Breast Pumps are covered at 100%. Electric pumps – limited to 1 every pregnancy. Manual pumps – limited to 1 every pregnancy	20% Coinsurance after Deductible		Not Covered

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Urinary Catheters	20% Coinsurance after Deductible		50% Coinsurance after Deductible
Ostomy Supplies	20% Coinsurance after Deductible		50% Coinsurance after Deductible
Foot Care (routine) – Diabetic only.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Hearing Aids (exams, fittings, and device) – Limited to $2500 every year. Limited to 1 single purchase per hearing impaired ear every 3 years. Repair/replacement of a hearing aid would apply to this limit in the same manner as a purchase.	20% Coinsurance after Deductible		50% Coinsurance after Deductible
Immunizations (non-routine)	Not Covered		Not Covered
Infertility Services - Basic Testing Only	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Infertility Services – Comprehensive (AI) & Advanced (ZIFT/GIFT/IVF) Combined INN/OON with benefit limit of $2,000 per lifetime.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Injections (**Provider cannot buy and bill)**	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Medical Nutrition Therapy	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Medical Nutrition Products – PKU formulas and enteral feeding supplies	20% Coinsurance after Deductible		Not Covered
Medical Supplies	20% Coinsurance after Deductible		Not Covered
Nutritional Counseling – Diabetic Limited to 6 visit per plan year.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Nutritional Counseling – Nondiabetics	Not Covered		Not Covered
Online visits - Telephone consultations are excluded	20% Coinsurance after Deductible		50% Coinsurance after Deductible

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Oral Surgery – Accidental only	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	20% Coinsurance after Deductible
Orthotics and Prosthetic Devices – Diabetic shoes are covered . Limited to a single purchase type of each type of prosthetic device every 3 years. Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.	20% Coinsurance after Deductible		50% Coinsurance after Deductible
Private Duty Nursing	Not Covered		Not Covered
Respite Care	Not Covered		Not Covered
Retail Health Clinics	Not Covered		Not Covered
Sterilization – Men are covered Woman are covered 100% per ACA.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Sterilization Reversals	Not Covered		Not Covered
TMJ Treatment & Appliances	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Transgender Treatment/Surgery	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Vision Exams (Routine) – Limited to 1 exam every 24 months.	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Vision surgery – Cataract and Glaucoma (includes initial frames, lenses or contact following cataract surgery)	**Professional Non-Facility based Services:** 20% Coinsurance after Deductible	**Facility based Services:** 20% Coinsurance after Deductible *Savings Plus Plan Benefit*	50% Coinsurance after Deductible
Wigs/Toupees	Not Covered		Not Covered

Transplant Services
Centers of Excellence Locations Only

Benefit	**In-Network**	**Out-Of-Network**
Live Donor Health Services	20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

Bone Marrow Donor Search – Limited to $10,000 Per Calendar year	20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Organ Transplant – Facility	20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Organ Transplant – Physician & anesthesiologist	20% Coinsurance after Deductible *Savings Plus Plan Benefit*	Not Covered
Travel and lodging for Organ Transplant	Maximum of $25,000 per Transplant	
Travel and lodging for Bone Marrow Donor Search	Maximum of $5,000 per Calendar Year	

Prescription Drug Benefits Carelon Rx
1-833-261-2460 or www.Carelonrx.com

Copayments and Cost Shares listed apply after plan deductible has been met.

Covers 30 day supply (retail), 31-90 day supply (retail or mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral & injectable fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your formulary for prescriptions requiring precertification or step therapy for coverage.

Generic (Tier 1)	**No cost for Preventive Rx Drugs** **30 day supply:** $10 Copay **31- 90 day supply:** $25 Copay	$10 Copay
Preferred (Tier 2)	**30 day supply:** $35 Copay **31- 90 day supply:** $87.50 Copay	$35 Copay
Non-Limited/Non-Preferred (Tier 3)	**30 day supply:** $70 Copay **31- 90 day supply:** $175 Copay	$70 Copay
Specialty (Tier 4)	All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F.	

Preauthorization (Anthem UM/CM West: 1-800-274-7767)
The following services require Preauthorization, or benefit will be reduced by $1,000 for inpatient stays or 20% for outpatient services.

Inpatient Services:	Outpatient Services:	Other Services:
Cervical Spine Surgery	Cartilage Transplant Knee	Bone Stimulator
Computer Navigation for Orthopedic Surgery	Cervical Spine Surgery	Cardio/External Defibrillator
Elective Admissions	Cochlear Implant	Cooling Devices
Emergency Admissions	Computer Navigation for Orthopedic Surgery	CPAP/BIPAP
Hospice	Lumbar Spine Surgery	Electric Scooters
Lumbar Spine Surgery	Mandibular/Maxillary Surgery (Orthognathic)	Infusion Pumps
Rehabilitation Facility Admissions	Mastectomy for Gynecomastia	Insulin Pumps
Sacroiliac Joint Fusion	Nasal Septoplasty	Limb Prosthetics
Skilled Nursing Facility Admissions	Reduction Mammoplasty	Myoelectric prosthetics
Transplants	Rhinoplasty	Neuromuscular Stimulators

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025

	Sacroiliac Joint Fusion	TENS Unit
	Sclerotherapy (Lower Extremities)	Wheelchairs
Managed Care Services:	Sleep Apnea Surgery - LAUP/UPPP, Nasal, and Uvulopalatoplasty	Wound Vacs
Inpatient BH/SA	Botulinum Toxin – Review for Migraine Use Only	Azacitidine (Vidaza)
Electric Convulsive Therapy (ECT)	Home Health Services	Bevacizumab (Avastin) – Review for Non-Eye Only
Intensive Outpatient Therapy	Home Hospice	Bortezomib (Velcade)
Partial Hospitalization (PHO)	Hyperbaric Oxygen Therapy (Systemic/Topical)	Etanercept (Enbrel)
Residential Care (RTC)	Coronary CT Angiography (CCTA)	Fulvestrant (Faslodex)
Psychological testing	Coronary MRA	Immune Globulin (Intravenous)
Genetic Counseling	Cardiac MRI	Infliximab (Remicade)
	MRA of the Head and/or Neck	Ipilimumab (Yervoy)
	MRI of the Brain	Nivolumab (Opdivo)
	MRI of the Spine – Cervical, Thoracic, Lumbar, Sacral	Paclitaxel (Abraxane Only)
	PET Scan	Panitumubab (Vectibix)
	Physical/Occupational/Speech Therapy	Pembrolizumab (Keytruda)
		Pemetrexed (Alimta)
		Rituximab (Rituxan) – Review for Non-Oncology Diagnosis/Treatment Only

Exclusions
In addition to exclusions listed in the document, the following services are excluded from coverage under the Plan

Alternative Medicine/homeopathy	Long-Term Care
Aquatic Therapy	Massage Therapy
Arch supports (supportive shoe inserts)	Maternity care for dependent child
Biofeedback	Non-Emergency Care outside the U.S.
Cosmetic Surgery (exclusion does not apply to breast reconstruction post-mastectomy)	Orthopedic Shoes/ orthopedic inserts – Non-diabetic
Custodial Care	Respite Care
Dental Care (Routine) Adult and Child except ACA allowed	Routine Eye Care (Adult) and Child except ACA allowed
Growth Hormone Therapy	Self-Inflicted unless result of medical condition
Halfway house / Home – (Non-healthcare residential facility)	Weight Loss Programs

Compunnel Inc.
Employee Benefit Summary – Silver HDHP SPP
Network: National PPO (BlueCard PPO Network)
Effective Date: 05/01/2025