

**St Luke's™**  
+ Health Plan



Plan on  
better health.

2023 OUTLINE OF COVERAGE | SMALL BUSINESSES



# When doctors and insurance work together, **patients win.**

That's the idea behind the St. Luke's Health Plan. Now, your employees can access seamless care and coverage from a health care name trusted by Idahoans for more than 125 years. Choosing a doctor, filling prescriptions, nailing down affordable coverage — it's all easier with St. Luke's Health Plan.

**This is quality health care for all Idahoans, from Burley to Boise and beyond. Better for Idaho. Better for employees. Better for our future.**

# Healthy network. Healthy team.

## Great network. Great benefits.

St. Luke's has the most sought-after network of doctors and specialists in the state. Our health plan expands your employees' current options by partnering with independent care practitioners and out-of-state health partners to ensure you're covered wherever life takes you.

## Skip pre-authorization stress.

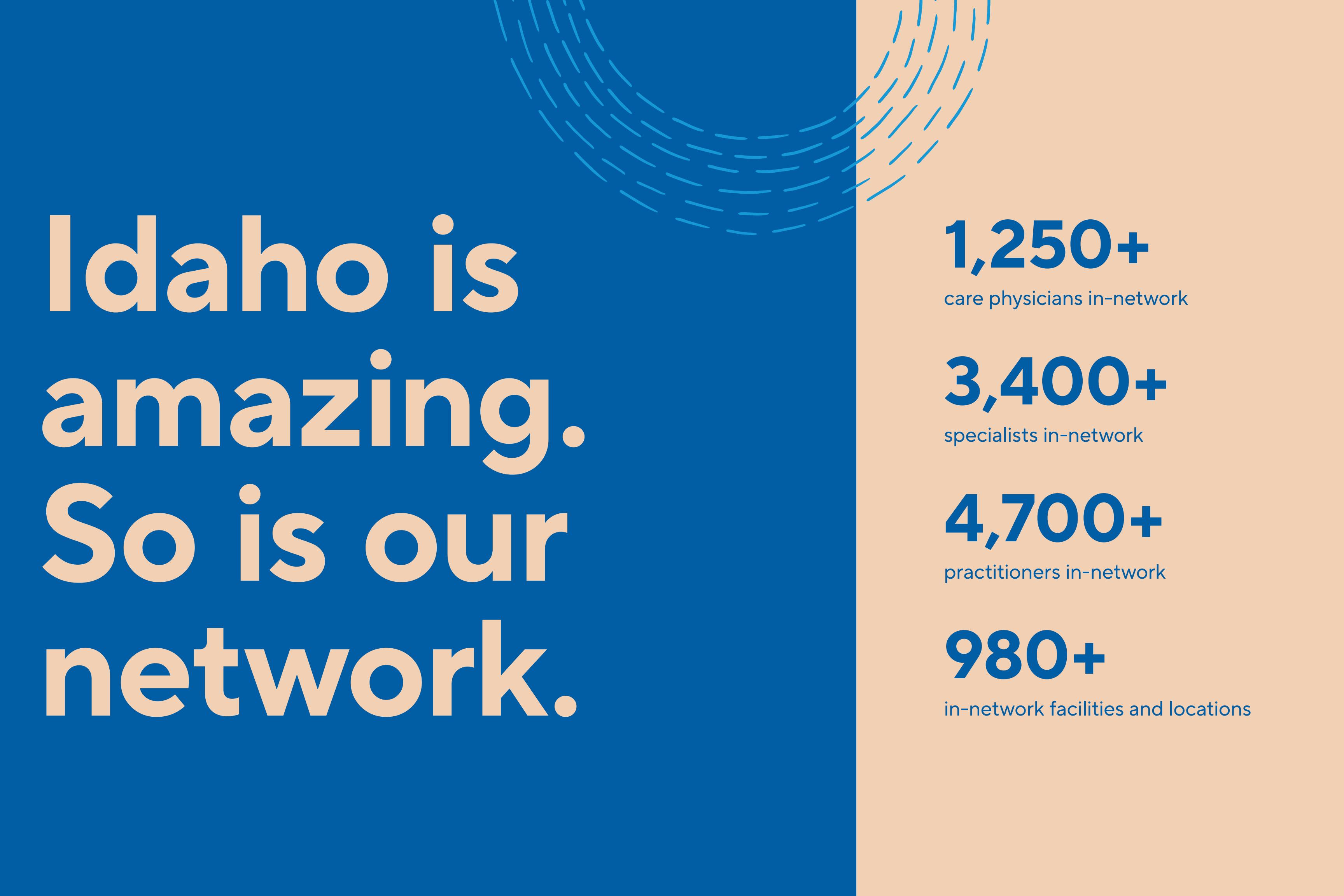
No more waiting games. With St. Luke's Health Plan, your employees won't have to seek pre-authorization for most in-network care (so long, dreaded "on hold" music).\*

\*Reference certificate of coverage for details regarding preauthorizations

## Make the living room the waiting room.

Carving out time for health can be a hassle. St. Luke's Health Plan makes virtual appointments available for both regular checkups and urgent care visits, so your employees can save gas money and precious time. Plus, our virtual care center has a 96 percent satisfaction rate.





**Idaho is  
amazing.  
So is our  
network.**

**1,250+**  
care physicians in-network

**3,400+**  
specialists in-network

**4,700+**  
practitioners in-network

**980+**  
in-network facilities and locations

Ada

Adams

Blaine

Boise

Camas

Canyon

Cassia

Custer

Elmore

Gem

Gooding

Jerome

Lemhi

Lincoln

Minidoka

Owyhee

Payette

Twin Falls

Valley

Washington



**Available in 20 counties in Idaho.**

 In network

To receive the highest level of benefits, members should obtain covered services within St. Luke's Health Plan areas of coverage whenever possible. St. Luke's Health Plan members and dependents have access to an extended network, often referred to as the wrap network, outside of the coverage areas; however, services are typically covered at a lower benefit level.

# Here's the plan(s).

**Member and dependents that live, work or travel outside the St. Luke's Health Plan areas of coverage have three options for care:**

- Travel to St. Luke's Health Plan coverage areas for all non-urgent and non-emergency care
- Utilize a provider in the wrap network at a lower benefit level
- Utilize a provider who is out-of-network for both St. Luke's Health Plan and the wrap network (note: if a member or dependent chooses this option, they are responsible for the full cost of services)

		SILVER		SILVER HSA QUALIFIED		GOLD	
Deductible	Individual	In network	Out of network	In network	Out of network	In network	Out of network
	Family	\$5,500	\$18,200	\$4,000	\$18,200	\$1,800	\$18,200
Annual out-of-pocket maximum	Individual	\$11,000	\$36,400	\$8,000	\$36,400	\$3,600	\$36,400
	Family	\$8,500	\$91,000	\$6,500	\$91,000	\$6,500	\$91,000
<b>Member coinsurance</b>		40%	60%	40%	60%	10%	60%
<b>Preventive care services</b>		\$0		\$0		\$0	
<b>Primary care physicians</b>		\$0	60% after deductible	\$0 after deductible	60% after deductible	\$0	60% after deductible
<b>Maternity</b>		\$0		\$0 after deductible		\$0	
Prescription drugs (30 day supply)	Affordable Care Act (ACA) preventive drugs	\$0		\$0		\$0 per drug	
	Tier 1 (preferred generic)	\$0 per drug		\$0 after deductible		\$0 per drug	
	Tier 2 (non-preferred generic)	\$10 per drug		\$10 after deductible		\$10 per drug	
	Tier 3 (preferred brand)	40% after deductible		40% after deductible		40% after deductible	
	Tier 4 (non-preferred brand)	50% after deductible		50% after deductible		50% after deductible	
	Tier 5 (preferred specialty)	40% after deductible		40% after deductible		40% after deductible	
<b>Diagnostic X-ray and lab services</b>		\$100 after deductible		40% after deductible		\$100 after deductible	
<b>Chiropractic care up to 18 visits</b>		\$75 after deductible		40% after deductible		\$50 after deductible	
<b>Emergency rooms</b>		\$450 after deductible		40% after deductible		\$200 after deductible	
<b>Physician, surgical and medical services</b>		40% after deductible	60% after deductible	40% after deductible	60% after deductible	10% after deductible	60% after deductible
<b>Specialists</b>		\$30		\$0 after deductible		\$25	
<b>Habilitative services up to 20 visits</b> Physical, speech and occupational		\$30		\$0 after deductible		\$25	
<b>Inpatient hospital services</b>		40% after deductible		40% after deductible		10% after deductible	



# Prescription for success.

## Accessing affordable prescriptions is a snap.

Our local pharmacy benefits managers work directly with doctors, in-state pharmacies and national chains to supply the medication your employees rely on to live their best lives. In fact, just about every independent and national chain is in our coverage network.

## Yes, even the hard-to-find ones.

Your employees don't need to go far for specialty medications. The St. Luke's Health Plan includes the white-glove services of our in-house pharmacy and specialty pharmacy services right here in the Gem State.

## Never forget a prescription again.

Your employees can scratch one more errand off their to-do lists with our mail-order pharmacy. In just a few minutes, they can arrange medication deliveries directly to their doors.

# \$0 is a great price.

## In-network care delivers a lot for a little.

When doctors and insurance team up for patients, in-network costs go down—all the way down.

- \$0 primary care physician visits
- \$0 preventive care
- \$0 maternity care
- \$0 preventive prescription drugs
- \$0 behavioral health
- \$0 preferred generic drugs on most plans

## A healthy helping of benefits.

### Benefits that benefit you.

We're not done yet! With St. Luke's Health Plan, your employees will gain access to exceptional benefits.

- **Maternity benefits:** From the first ultrasound to the birth of your child, our special maternity benefits provide quality care for your employees' growing families.
- **Member Portal:** Members can log in 24/7 to access info about benefits, view their coverage or choose a health care professional.
- **Customer Service:** When your employees need answers, we're just a call or click away.



# Health and wellness benefits.

We want our members to be as healthy as possible—that's why we cover many wellness services at no additional cost. Getting recommended preventive care and screenings promotes healthier living and can catch problems earlier when they are easier to treat.

RECOMMENDED AGE	SERVICE	FREQUENCY	COST
All	Wellness visits	At least once per year, and more frequently for infants and children under age 3.	\$0*
All	Flu vaccines	Once per year.	\$0*
All	Health Advisor Program	As needed or when recommended by your doctor.	\$0*
21-64 women only	Cervical cancer screenings	Once every 3-5 years.  Some women should get cervical cancer screenings more frequently. Please talk to your doctor so you can decide what is right for you.	\$0*
45+	Colorectal cancer screenings	Yearly.  The recommended frequency of colorectal cancer screenings varies depending on risks for this type of cancer and the type of test used. Please talk to your doctor about what is right for you.	\$0*
40+ women only	Breast cancer screenings	Once every two years.  Women are encouraged to make informed decisions about when to start breast cancer screening. Starting at age 40 isn't right for everyone, so please talk to your doctor about what is right for you.	\$0*

\*Please call customer service, **833-478-5853** Monday-Friday, 8am-5pm (MT), to verify benefits and coverage before proceeding with services.

# More plans for their life plan.

## Two ways to live better.

Whether you choose Silver or Gold for your business, your employees will tap into some amazing benefits from the start.

### Silver

Perfect for folks who are smack dab between driving too fast and AARP. Most employees fall into this group.

### Gold

Great for people who see the doctor regularly and have frequent prescriptions. Higher out-of-pocket costs, but lower deductibles in case of emergency.



# Choosing the right place to receive care.

Your employees have a number of smart options available for receiving care. Here's where to go, and how to receive care for whatever health issue they're experiencing.

Find care at [stlukeshealthplan.org/find-a-doctor](http://stlukeshealthplan.org/find-a-doctor)

## Care available wherever you are.

St. Luke's Health Plan offers On-Demand Virtual Care services seven days a week from 8am-8pm (MT), if appropriate for symptoms and health status. Your employees can simply log in to their MyChart account, answer a few questions about their symptoms and, after a short wait, begin a virtual visit with the next available St. Luke's primary care physician.

### Common conditions for virtual care visits include...

- Back pain
- Cough
- Stomach flu/gastroenteritis
- Eye irritation and redness
- Rash
- Sinus symptoms
- Sore throat
- Urinary tract infection (UTI)
- COVID-19

Please note: Chest pain, depression and headache require in-person evaluation.

Learn more about On-Demand Virtual Care options at [stlukesonline.org/mychart/on-demand-virtual-care](http://stlukesonline.org/mychart/on-demand-virtual-care)

ON-DEMAND VIRTUAL CARE	PRIMARY CARE	URGENT CARE	EMERGENCY ROOM
COST:	COST:	COST:	COST:
AVERAGE TIME FOR CARE:	AVERAGE TIME FOR CARE:	AVERAGE TIME FOR CARE:	AVERAGE TIME FOR CARE:
\$0	\$0	\$\$	\$\$\$\$
10 Minutes	60 Minutes	60-90 Minutes	Varies
APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?	APPOINTMENT REQUIRED?
No	Yes	No	No
TREATMENT	TREATMENT	TREATMENT	TREATMENT
<ul style="list-style-type: none"><li>• Video chat with a doctor or therapist from the comfort of home or on-the-go</li><li>• Send a visit summary to your primary doctor</li><li>• Care provided by U.S. board-certified doctors or therapists through smartphone, tablet or computer</li></ul>	<ul style="list-style-type: none"><li>• High-quality, comprehensive care</li><li>• Knows you and your medical history and coordinates all your care</li><li>• May offer additional services, such as labs</li></ul>	<ul style="list-style-type: none"><li>• Evening and weekend hours</li><li>• Convenient locations</li><li>• Lab and X-rays</li><li>• Care provided by U.S. board-certified doctors, nurses and nurse practitioners, depending on severity of symptoms</li></ul>	<ul style="list-style-type: none"><li>• When your symptoms are life threatening and you need care immediately</li><li>• Available 24/7</li><li>• Limited locations match other elements of urgent care description</li></ul>

# Plan exclusions and limitations.

In addition to limits and exclusions stated elsewhere in the Policy, coverage is specifically excluded for each of the following items and any related services and charges:

## GENERAL EXCLUSIONS

Any service not Medically Necessary for the diagnosis, treatment or prevention of injury or illness, even if it is not specifically listed as an exclusion (except for specific services offered through the Preventive Care Medical Benefit); services requiring Prior Authorization for which Prior Authorization is not obtained; care in a setting when another setting of care is more cost-effective or appropriate for the treatment; services in excess of the maximum number of units or days specified in the Policy; services, devices or medications prescribed by or performed by a practitioner without appropriate licensure or training; services that are experimental, investigational, or unproven; charges for failure to keep a scheduled visit, for the copying of medical records or for the completion of a Claim or administrative forms; services or supplies primarily for personal convenience or comfort, including but not limited to phones, televisions, guest services, deluxe or suite hospital room, air conditioners, diapers or hygiene items; private duty nursing; respite care, except as expressly covered by the Policy; and transportation, except ambulance services to the nearest appropriate facility, if medically necessary and other forms of transportation would likely endanger your health (emergent air ambulance services are reviewed retrospectively).

Amounts for services provided by In-Network Providers in excess of the Allowed Amount, although In-Network Providers are not permitted to bill the Member for the amount in excess of the Allowed Amount. For Out-of-Network Providers, unless provided for otherwise under the No Surprises Act, amounts charged in excess of the Usual, Customary and Reasonable (UCR) rate are not covered and the Member may be billed by the Provider for the amount in excess of UCR.

Services received before your effective date of coverage or after the coverage termination date; services related to complications arising from non-covered services, including those services that would not have been covered by the St. Luke's Health Plan at the time the complication arose; services received outside the United States, except for services that qualify as Emergency Services or Urgent Care, in which case the Member may qualify to be repaid only under specific circumstances; services resulting from participation in declared or undeclared acts of terrorism, war, military service, participation in a riot or civil disobedience; services that are the result of any injury or illness incurred by you while you are participating in the commission of a felony, unless the injury or illness is the result of domestic violence or a physical or mental health condition; services related to injuries incurred while under the influence of a controlled substance and/or alcohol; and autopsies.

Amounts for which the covered person has no obligation to pay, including (but not limited to) any charges by a facility owned or operated by the United States or any state or local government unless you are legally obligated to pay (excluding: (i) covered expenses rendered by a medical facility owned or operated by the United States Veteran's Administration when the services are provided to you for a non-service related illness or injury, and (ii) covered expenses rendered by a United States military medical facility to you and you are not on active military duty); services for which you receive compensation or reimbursement through another contractual arrangement or Medical Benefit, other than employer-based disability payments, such as (but not limited to) surrogate pregnancy; services for any condition, illness or injury that arises from or during the course of work for wages or profit that is covered by state insurance workers' compensation and federal act or similar law; services or supplies payable under a contract or insurance for uninsured or underinsured (UIM) coverage, motor vehicle, motor vehicle no-fault, or personal injury protection (PIP) coverage, commercial premises or homeowner's medical premise coverage or other similar type of contract or insurance; services or supplies received without charge from a medical department maintained by an employer, a mutual benefit association, labor union, trustee or similar group; treatment furnished without charge or paid directly or indirectly by any government or for which a government prohibits payment of benefits; services provided by a Family Member (spouse, parent or child); services provided by clergy; and services provided in a school setting (such as early learning and K-12).

Physical examinations, reports or related services or supplies for the purpose of obtaining or maintaining employment, insurance, or licenses or permits of any kind, school admission, school sports clearances, immigration, foreign travel, medical research, camps, or government licensure, or other reasons not related to medical needs; and court ordered examinations or treatment of any kind, except when Medically Necessary.

Care provided by phone, fax, e-mail, Internet or Telemedicine, except as expressly covered under the Policy; follow-up phone calls from Provider for test results, referrals, prescription refills or reminders that occur within seven (7) days of an in-person office visit; and calls to nurse line or to obtain educational material.

## DENTAL SERVICES

Dental, oral surgery or orthodontic related services (unless accident-related or otherwise specifically covered by St. Luke's Health Plan); care of the teeth or dental structures; tooth damage due to biting or chewing; dental X-rays; extractions of teeth, impacted or otherwise (except as covered under St. Luke's Health Plan); orthodontia treatment, appliances, or services; procedures in preparation for dental implants, except as covered under the Dental Trauma Medical Benefits; services to correct malposition of teeth; treatments for Temporomandibular Joint Dysfunction (TMJ); or dentures or related services.

## DURABLE MEDICAL EQUIPMENT (DME)

Biofeedback equipment; equipment or supplies whose primary purpose is preventing illness or injury; exercise equipment; items not manufactured exclusively for the direct therapeutic treatment of an illness or injured patient; items used outside the home primarily for sports/recreational activities; oral appliances, except to treat obstructive sleep apnea; over-the-counter items (except Medically Necessary crutches, walkers, standard wheelchairs, diabetic supplies and ostomy supplies are covered); personal comfort items including but not limited to air conditioners, lumbar rolls, heating pads, diapers or personal hygiene items; phototherapy devices related to seasonal affective disorder; supportive equipment/environmental adaptive items including, but not limited to, handrails, chair lifts, ramps, shower chairs, commodes, car lifts, elevators, and modifications made to the patient's home, place of work, or vehicle; standard car seats or strollers; push chairs; air filtration/purifier systems or supplies; water purifiers; allergenic mattresses; orthopedic or other special chairs; pillows; bed-wetting training equipment; corrective shoes; whirlpool baths; vaporizers; room humidifiers; hot tubs or other types of tubs; home UV or other light units (light boxes or specialized lamps or bulbs); home blood testing equipment and supplies (except diabetic equipment and supplies, and home anticoagulation meters); and repair or replacement of items not used in accordance with manufacturer's instructions or recommendations or items lost or stolen.

## FAMILY PLANNING AND REPRODUCTIVE SERVICES

### Maternity Care and Services

The \$0 copay for maternity care applies to all professional (physician) charges for both routine office visits and delivery. This also includes routine postpartum office visits. Maternity and newborn-related facility charges are not covered by the \$0 copay.

### If you purchase St. Luke's Health Plan on the Your Health Idaho exchange:

Abortion (voluntary termination of pregnancy) unless the life of the mother is endangered by the continued pregnancy, although complications of a non-covered abortion are covered; adoption expenses; infertility services or treatments to achieve pregnancy (regardless of the cause) including but not limited to artificial insemination, in vitro fertilization (IVF), or gamete intra-fallopian transplant (GIFT); reversal of sterilization; services or supplies for the treatment of sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia and premature ejaculation.

### If you purchase St. Luke's Health Plan off exchange:

Abortion (voluntary termination of pregnancy) unless the life of the mother is endangered by the continued pregnancy, or the pregnancy is the result of rape or incest, although complications of a non-covered abortion are covered; adoption expenses; infertility services or treatments to achieve pregnancy (regardless of the cause) including but not limited to artificial insemination, in vitro fertilization (IVF), or gamete intra-fallopian transplant (GIFT); reversal of sterilization; services or supplies for the treatment of sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia and premature ejaculation.

## HOME HEALTH AND HOSPICE

When provided through home health benefits, custodial care; housekeeping or meal services; maintenance care; and shift or hourly care services; when provided through hospice care, custodial care or maintenance care, except palliative care to the terminally ill patient subject to the stated limits; financial or legal counseling services; housekeeping or meal services; services by you or your family or volunteers; services

not specifically listed as covered hospice services under St. Luke's Health Plan; supportive equipment such as handrails or ramps; room and board while you reside in a skilled nursing facility, adult family home, or assisted living facility; and transportation.

## MENTAL HEALTH AND REHABILITATION SERVICES

The \$0 copay for behavioral health applies to all professional (physician) charges for both outpatient and inpatient mental health care services. Facility charges for mental health services are not covered by the \$0 copay.

Marriage and couples counseling; family therapy, in the absence of an approved mental health diagnosis; nontraditional, alternative therapies that are not based on American Psychiatric and American Psychological Association acceptable techniques and theories; sensitivity training; and treatment for sexual dysfunctions and paraphilic disorders.

Alcoholics Anonymous or other similar Chemical Dependency programs or support groups; care necessary to obtain shelter, to deter antisocial behavior, to deter runaway or truant behavior; court-ordered or other assessments to determine the medical necessity of court-ordered treatments; court-ordered treatments or treatments related to deferral of prosecution, deferral of sentencing or suspended sentencing or treatments ordered as a condition of retaining driving rights, when no medical necessity exists; custodial care, including housing that is not integral to a Medically Necessary level of care, such as care necessary to obtain shelter, to deter antisocial behavior, to deter runaway or truant behavior or to achieve family respite; emergency patrol services; housing for individuals in a Partial Hospital Program or Intensive Outpatient Program; information or referral services; information schools; long-term or custodial care; nonsubstance related disorders; therapeutic group homes, residential community homes, therapeutic schools, adventure-based and/or wilderness programs or other similar programs; and treatment without ongoing concurrent review to ensure that treatment is being provided in the least restrictive setting required.

Learning disabilities and related services, educational testing or associated training; special education for the developmentally disabled; day habilitation services designed to provide training, structured activities and specialized assistance to adults, chore services to assist with basic needs, vocational and custodial services; vocational rehabilitation, work hardening or training programs regardless of diagnosis or symptoms that may be present, or for non-Medically Necessary education.

Providers accompanying children or family members to health care appointments that are not part of the direct provision of Applied Behavior Analysis (ABA) services; ABA services by more than one program manager for each child/family (program development, treatment planning, supervision); training of therapy assistants and family members (as distinct from supervision); parent/provider training or classes, except for one-on-one or one-on-two direct training of the parents of one identified patient; and services provided in a home school, or public/private school environment that are part of a child's schooling as distinct from specific ABA treatment services (e.g., acting as the "Teacher's Aide," or helping a child with homework).

## PHARMACY BENEFIT

Any medication not included in the St. Luke's Health Plan formulary; any over-the-counter products, except as expressly covered by the Policy; anorectics (any drug used for the purpose of weight loss); any prescription refilled in excess of the number specified by the physician, or any refill dispensed after one year from the physician's original order; diagnostic tests; medications labeled "Caution: Limited by federal law to investigational use" or that are otherwise Experimental or Investigational; medications used for cosmetic purposes, including but not limited to medications such as Botox, Minoxidil (Rogaine), Tretinoin (Retin A, covered through age 25); FDA Approved High Dollar Non-Essential Medications (new drug formulations and derivatives of similar agents already marketed, or combinations of agents that provide no additional clinical benefit to the currently available medications); high dollar kits and non-FDA approved patches; fluoride, except as required under the Patient Protection and Affordable Care Act; immunological agents, biological sera, blood or blood plasma; impotency medications, including but not limited to Viagra; infertility medications; medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed medical facility, rest home, sanitarium, extended care facility, convalescent medical facility, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals; non-legend medications other than insulin and certain over-the-counter medications required under the Patient Protection and Affordable Care Act or as otherwise determined to be Medically Necessary; non-systemic contraceptives and implants, such as diaphragms, IUDs, cervical caps which would be covered through the Medical Benefits; or condoms which are over the counter; nutritional supplements;

prescriptions which an eligible individual is entitled to receive without charge from any Workers' Compensation laws; therapeutic devices or appliances, including support garments and other non-medical substances, regardless of intended use, except those listed above; and vitamins, singly or in combination, except prenatal and federal legend vitamins to treat covered medical conditions, or as required by the Patient Protection and Affordable Care Act (PPACA); certain narcotic analgesics or other addictive or potentially addictive medications that St. Luke's Health Plan determines not to cover; medications prescribed in quantities, dosages, or usages that are outside the usual standard of care for the medication in question or for the practitioner prescribing the drug; serum for allergies not administered in a Provider's office; prescriptions dispensed in a Provider's office unless expressly approved by St. Luke's Health Plan; compounded medications; botanical or herbal medicines; FDA-approved medications, medications or other items for non-approved indications, except when an FDA-approved drug has been proven clinically effective to treat such indication and is supported in peer-reviewed scientific medical literature; and vitamin B-12 injections except to treat Vitamin B-12 deficiency.

## PERSONAL CARE AND COSMETIC SERVICES

Services, supplies or surgery to repair, modify or reshape a functioning body structure for improvement of the patient's appearance or self-esteem (except for gender affirming surgery), including reduction of adipose tissue, abdominoplasty/pancicectomy and liposuction; dermabrasion, chemical peels or skin procedures to improve appearance or to remove scars or tattoos; athletic training, bodybuilding, fitness training or related expenses; gym memberships (unless expressly set forth in the Policy); prescription or non-prescription diets, nutritional and/or food supplements, vitamins, minerals or other dietary formulas or supplements, including weight loss shakes, unless expressly covered by the Policy; exercise programs and equipment; complications resulting from bariatric surgery performed internationally; and complications arising from bariatric surgery performed at non-ASMBS centers; services provided by a spa, health club or fitness center, except covered Medically Necessary services provided within the scope of the Provider's license; and routine foot care, except as covered by St. Luke's Health Plan if you have peripheral vascular disease or diabetes.

## GENDER AFFIRMING SERVICES

Services that are considered cosmetic (including but not limited to abdominoplasty, blepharoplasty, breast augmentation, calf implants, cheek/malar implants, chin augmentation (reshaping or enhancing the size of the chin), collagen injections, cryothyroid approximations (voice modification surgery), electrolysis (hair removal), face-lift, facial bone reduction, forehead lift, hair transplantation, laryngoplasty (reshaping of laryngeal framework/voice modification surgery), lip reductions/enhancement (decreasing/increase lip size), liposuction, mastopexy (breast lift), neck tightening, pectoral implants, reduction thyroid chondroplasty (trachea shave), and rhinoplasty).

## TRANSPLANT SERVICES

Animal-to-human transplants; artificial or mechanical devices designed to permanently replace human organs; complications arising from the donation procedure if the donor is not a Plan Member; donor expenses for you if you donate an organ or bone marrow, however, complications arising from the donation would be covered as any other illness to the extent they are not covered under the recipient's health plan; and transplants considered experimental and investigational.

## CLINICAL TRIALS

Investigational items, services, tests, or devices that are the object of the clinical trial; interventions, services, tests, or devices provided by the trial sponsor without charge; data collection or record keeping costs that would not be required absent the clinical trial; any activity or service (e.g., imaging, lab tests, biopsies) necessary only to satisfy the data collection needs of the trial; services or interventions clearly not consistent with widely accepted and established standards of care; and interventions associated with treatment for conditions not covered by St. Luke's Health Plan.

## VISION CARE

Non-prescription sunglasses or safety glasses; radial keratotomy, Lasik or any other refractive surgery; orthotics; pleoptics; vision therapy; visual analysis therapy or training related to muscular imbalance of the eye; optometric therapy; services or supplies received principally for cosmetic purposes other than contact lenses selected in place of eyeglasses; adult vision care including routine eye exams and hardware; additional vision hardware services including, but not limited to, scratch resistant coating, tinting, and the like; and specialized intraocular lenses associated with cataract surgery that correct vision disorders, such as Multifocal and Toric intraocular lenses.

**These exclusions were last updated October 1, 2022.**

## Let's do this.

### Good for employees. Good for you.

Offering health care insurance is more than just good business. It could pay off at tax time, too. Ask your broker if you qualify for the Small Business Health Care Tax Credit, which could be worth up to 50 percent of what you pay on employee premiums.

### 24/7 availability.

When you sign up, you'll gain access to our member portal. Get answers to burning questions and keep tabs on your investment in your team's health – even at 3 a.m.

### Actually affordable plans.

We've cut out the middle man to make our rates reasonable, competitive and in reach.

### Ready to get started?

Enrolling is super easy. Just call your broker to get started. Once you choose a plan, you'll receive easy-to-follow instructions about how to put it to work for you and your employees.

You're minutes away from making the right choice.

St Luke's<sup>TM</sup>  
+ Health Plan

Have questions? Want to walk through plans?  
Get in touch—we're ready to help.  
[stlukeshealthplan.org](http://stlukeshealthplan.org)

# St Luke's<sup>TM</sup>

+ Health Plan