

**Appendix B – Midwest Core CWA  
Medical - Preventive Comparison**

	<b>AIT CHCP - Current</b>	<b>AIT CHCP – Proposed</b>
<b>POS Network</b>	<ul style="list-style-type: none"> <li>•Wellness/Disease Detection: Specific services identified in plan.</li> <li>•\$20 copay / 0% coinsurance</li> <li>•Covers:               <ul style="list-style-type: none"> <li>○ Well-Child Care</li> <li>○ Adult Physical Exam</li> <li>○ Routine Gynecological Exam</li> <li>○ Disease Detection Tests                   <ul style="list-style-type: none"> <li>○ Mammograms</li> <li>○ Fecal occult blood test</li> <li>○ Total serum cholesterol tests</li> <li>○ Blood glucose tests for diabetes</li> <li>○ Sigmoidoscopies</li> <li>○ Pap test</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Preventive Care: Medical services aimed at early detection and intervention. Focuses on wellness, health promotion and other activities that reduce the likelihood of illness or injury.</li> <li>•\$0/\$0, Deductible waived</li> <li>•Covers Preventive office visits, tests, and procedures including:               <ul style="list-style-type: none"> <li>○ Well-baby and well-child care</li> <li>○ Routine well-woman examinations including pap smears, pelvic exams and mammograms</li> <li>○ Routine well-man exams, including PSA tests</li> <li>○ Routine physical exams</li> <li>○ Immunizations</li> </ul> </li> </ul>
<b>POS Non-Network</b>	<ul style="list-style-type: none"> <li>•Wellness/Disease Detection: Specific services identified in plan.</li> <li>•\$0 copay / 0% coinsurance</li> <li>•Covers:               <ul style="list-style-type: none"> <li>○ Well-Child Care: After deductible, ages 0-12, \$150 maximum per year; age 13-18, four visits total, \$50 maximum per visit</li> <li>○ Disease Detection Tests - \$75 annual benefit maximum, including office visits (for pap test &amp; mammogram), no deductible:                   <ul style="list-style-type: none"> <li>○ Mammograms</li> <li>○ Fecal occult blood test</li> <li>○ Total serum cholesterol tests</li> <li>○ Blood glucose tests for diabetes</li> <li>○ Sigmoidoscopies</li> <li>○ Pap test (covered at 100% and not subject to annual limit)</li> </ul> </li> </ul> </li> </ul>	Not Covered
<b>PPO Network</b>	<ul style="list-style-type: none"> <li>•Wellness/Disease Detection: Specific services identified in plan.</li> <li>•\$0 copay / 0% coinsurance</li> <li>•Covers:               <ul style="list-style-type: none"> <li>○ Well-Child Care: No deductible, ages Birth-12, 100% of Eligible Expense up to \$175 maximum per year; Age 13-18, four visits maximum total covered at 100% of Eligible Expenses, \$50 maximum per visit</li> <li>○ Disease Detection Tests - Up to \$125 maximum of Eligible facility Expenses, including related physician fees, with no deductible:                   <ul style="list-style-type: none"> <li>○ Mammograms &amp; pap tests (covered at 100% and not subject to annual limit)</li> <li>○ Fecal occult blood test</li> <li>○ Total serum cholesterol tests</li> <li>○ Blood glucose tests for diabetes</li> <li>○ Sigmoidoscopies</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Preventive Care: Medical services aimed at early detection and intervention. Focuses on wellness, health promotion and other activities that reduce the likelihood of illness or injury.</li> <li>•\$0/\$0, Deductible waived</li> <li>•Covers Preventive office visits, tests, and procedures including:               <ul style="list-style-type: none"> <li>○ Well-baby and well-child care</li> <li>○ Routine well-woman examinations including pap smears, pelvic exams and mammograms</li> <li>○ Routine well-man exams, including PSA tests</li> <li>○ Routine physical exams</li> <li>○ Immunizations</li> </ul> </li> </ul>

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Non-PPO	AIT CHCP - Current	AIT CHCP – Proposed
	<ul style="list-style-type: none"> <li>• Wellness/Disease Detection: Specific services identified in plan.</li> <li>• \$0 copay / 0% coinsurance/ See below regarding deductible information</li> <li>• Covers:               <ul style="list-style-type: none"> <li>○ Well-Child Care: No deductible, ages Birth-12, 100% of Eligible Expense up to \$175 maximum per year; Age 13-18, four visits total covered at 100% of Eligible Expenses, \$50 maximum per visit</li> <li>○ Disease Detection Tests - Up to \$125 maximum of Eligible facility Expenses, including related physician fees, with no deductible:                   <ul style="list-style-type: none"> <li>○ Mammograms &amp; pap tests (covered at 100% and not subject to annual limit)</li> <li>○ Fecal occult blood test</li> <li>○ Total serum cholesterol tests</li> <li>○ Blood glucose tests for diabetes</li> <li>○ Sigmoidoscopies</li> </ul> </li> </ul> </li> </ul>	Not Covered