

## Appendix III WeHealth Membership Plan Benefits

### 1. WeHealth App.

#### Benefits:

- Video Visit- Urgent Care Adult/Pediatric - **Unlimited**  
*(24/7 access)*
- Prescribing of Medication or DMEOP
- Discount prescription card
- Work release letters
- Referrals to Specialists

**Cost:** \$25 per month

### 2. Silver Plus Plan

#### Benefits:

- Video Visit- Urgent Care Adult/Pediatric - **Unlimited**  
*(24/7 access)*
- Walk In Urgent Care during - **Unlimited**  
*(9am to 10pm Weekdays, 10am to 6pm on Weekends)*
  - I & D Abscess
  - Wound care with debridement
  - Application of Cast for minor non-displaced fractures
  - Repair of laceration
  - Application of splint
  - Repair of split ear lobes (Non Cosmetic, Urgent Only)
  - Ear Irrigation for wax
  - Nebulizer Treatment (medications are additional charge)
- Annual physical exam *(1 per year)*
- Preventative Visits *(15 per year)*
  - EKG
  - Pulmonary Function Test (Spirometry)
  - Urinalysis
  - Blood Sugar Check
  - Weight/Height BMI Check
  - Fecal Occult Blood Test
  - PPD Skin Test (One per year)
- Flu Vaccine (One per year)
- Pediatric Visits
  - Childhood Immunization (Cost of Vaccines are additional charge)
- GYN Exam
  - Pap smear (One Per year)
  - Family Planning
  - Pregnancy Test
- Prescribing of Medication or DMEOP
- Discount prescription card
- Work release letters
- Referrals to Specialists

**Cost:** \$125 per month

**Co-pay:** \$10

**Cancelation Cost:** \$200

**Minimum Agreement Term:** 6 Months

### 3. Gold Plus Plan

#### Benefits:

- Video Visit- Urgent Care Adult/Pediatric - **Unlimited**  
(24/7 access)
- Walk In Urgent Care during - **Unlimited**  
(9am to 10pm Weekdays, 10am to 6pm on Weekends)
  - I & D Abscess
  - Wound care with debridement
  - Application of Cast for minor non-displaced fractures
  - Repair of laceration
  - Application of splint
  - Repair of split ear lobes (Non Cosmetic, Urgent Only)
  - Ear Irrigation for wax
  - Nebulizer Treatment (medications are additional charge)
- Annual physical exam (1 per year)
- Preventative Visits (15 per year)
  - EKG
  - Pulmonary Function Test (Spirometry)
  - Urinalysis
  - Blood Sugar Check
  - Weight/Height BMI Check
  - Fecal Occult Blood Test
  - PPD Skin Test (One per year)
- Flu Vaccine (One per year)
- Pediatric Visits
  - Childhood Immunization (Cost of Vaccines are additional charge)
- GYN Exam
  - Pap smear (One Per year)
  - Family Planning
  - Pregnancy Test
- X-Ray Imaging
- Allergy Testing through skin
- Allergy Shots (steroid)
- Vitamin B-12
- Tetanus Vaccine (after injury)
- Nutritionist/Dietitian
  - Weight Loss Management
  - Nutritional Behavior Modification
- Minor Procedures
  - IM/IV treatment (cost of drugs are additional charge)
  - Shaving of skin lesions
  - Skin Tag removal
  - Joint Injections (steroid)
  - Sebaceous cyst removal
  - Partial or full nail removal for fungus ingrown toe nail
- Cardiology
- Podiatry
- Personal Coach
- Vascular studies (Venous, Carotid, Peripheral duplex scans)
- Echocardiogram
- ABI Testing
- Holter Monitor

**Cost:** \$400 per month

**Cancelation Cost:** \$500

**Minimum Agreement Term:** 6 Months

- (A) Included Benefits: Wehealth Members in good standing shall be entitled to Unlimited Urgent Care visits for adults and/or pediatric for \$150.00 per member per month for Silver Plus plan, for \$400.00 per member per month for Gold Plus plan. All treatment, testing and care are identified on Appendix I, II, III.
- (B) THIS AGREEMENT DOES NOT COVER HOSPITAL STAYS, EMERGENCY ROOM VISITS, SERVICES OF SPECIALISTS NOT EMPLOYED BY AG, TREATMENT (INCLUDING BUT NOT LIMITED TO IMAGING) PROVIDED ANYWHERE OTHER THAN AT AG'S FACILITIES, AND ALL LAB TESTS OTHER THAN THOSE IDENTIFIED ON APPENDIX I, II, III.
- (C) ALL SALES ARE FINAL AND CANNOT BE CANCELLED. Once an order is placed, our vendors are also unable to cancel, make changes, or modify any order. The submission of any order fully acknowledges your agreement to this Membership Agreement.
- (D) **This plan is NOT insurance.**  
The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This plan provides discounts at certain healthcare providers for medical services. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received.