OPTION 2 - MEC WELLNESS/PREVENTIVE PLAN BENEFITS AT A GLANCE Policy Number 82739000-M-JSP

ACA Required Wellness and Preventive Benefits

Adults	
The MEC Plan covers 100% of the allowed amount in network; 40% out of network	
Abdominal Aortic Aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol Misuse	Screening and counseling
Aspirin	Use for men and women of certain ages
Blood Pressure	Screening for all adults
Cholesterol	Screening for adults of certain ages or at higher risk
Colorectal Cancer	Screening for adults over 50
Depression	Screening for adults
Type 2 Diabetes	Screening for adults with high blood pressure
Diet	Counseling for adults at higher risk for chronic disease
HIV	Screening for all adults at higher risk
Immunization	Vaccines for adults' doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
Obesity	Screening and counseling for all adults
Sexually Transmitted Infection (STI)	Prevention counseling for adults at higher risk
Tobacco Use	Screening for all adults and cessation
Syphilis	Screening for all adults at higher risk
Women, Including Pregnant Women	
The MEC Plan covers 100% of the allowed amount in network; 40% out of network	
Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Counseling about genetic testing for women at higher risk
Breast Cancer Mammography	Screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention	Counseling for women at higher risk
Breastfeeding	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical Cancer	Screening for sexually active women
Chlamydia Infection	Screening for younger women and other women at higher risk
Contraception	Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
Domestic and Interpersonal Violence	Screening and counseling for all women
Folic Acid	Supplements for women who may become pregnant
Gestational Diabetes	Screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea	Screening for all women at higher risk
Hepatitis B	Screening for pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV)	Screening and counseling for sexually active women
Human Papillomavirus (HPV) DNA Test	High risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
Osteoporosis	Screening for women over age 60 depending on risk factors
Rh Incompatibility	Screening for all pregnant women and follow-up testing for women at a higher risk
Tobacco Use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users
Sexually Transmitted Infections (STI)	Counseling for sexually active women
Syphilis	Screening for all pregnant women or other women at increased risk
Well-Woman Visits	To obtain recommended Preventive services for women under 65

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ACA Required Wellness and Preventive Benefits	
Children	
The MEC Plan covers 100% of the allowed amount in network; 40% out of network	
Alcohol and Drug Use	Assessments for adolescents
Autism	Screening for children at 18 and 24 months
Behavioral	Assessments for children of all ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Blood Pressure	Screenings for children: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 yers; 15 to 17 years
Cervical Dysplasia	Screening for sexually active females
Congenital Hypothyroidism	Screening for newborns
Depression	Screening for adolescents
Developmental	Screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk of lipid disorders. Ages: 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Fluoride Chemoprevention	Supplements for children without fluoride in their water source
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing	Screening for all newborns
Height, Weight, and Body Mass Index	Measurements for children ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Hematocrit or Hemoglobin	Screening for children
Hemoglobinopathies	Or Sickle Cell screening for newborns
HIV	Screening for adolescents at higher risk
Immunization	Vaccines for children from birth to age 18-- doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
Iron	Supplements for children ages 6 to 12 months at risk for anemia
Lead	Screening for children at risk of exposure
Medical History	For all children throughout development: Ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Obesity	Screening and counseling
Oral Health	Risk assessment for young children: Ages: 0 to 11 months; 1 to 4 years; 5 to 10 years
Phenylketonuria (PKU)	Screening for this genetic disorder in newborns
Sexually Transmitted Infection (STI)	Prevention counseling and screening for adolescents at higher risk
Tuberculin	Testing for children at higher risk of tuberculosis: Ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Vision	Screening for all children

Monthly Rates							
Employee Only	**$65.28**	**Employee + Child(ren)**	**$168.48**	**Employee + Spouse**	**$100.57**	**Employee + Family**	**$203.76**

YOU MUST COMPLETE THE ENROLLMENT FORM ON THE LAST PAGE

OPTION 1 - FIXED INDEMNITY MEDICAL PLAN BENEFITS AT A GLANCE

Policy Number 273900-JSP

Fixed Indemnity Medical Benefits

Weekly Rates

Inpatient Benefits		Outpatient Benefits[1]	
Standard Care Maximum	$300 per day	Annual Outpatient Maximum	$2,000
Intensive Care Unit Maximum[2]	$400 per day	Physician Office Visit	$100 per day
Inpatient Surgery	$2,000 per day	Diagnostic Lab	$75 per day
Anesthesiology	$400 per day	Diagnostic X-Ray	$200 per day
First Hospital Admission (one per year)	$250	Ambulance Services	$300 per day
Skilled Nursing payable for stays in a skilled nursing facility after a hospital stay	$100 per day	Physical, Occupational, and Speech Therapy	$50 per day
Accidental Loss of Life, Limb & Sight		Emergency Room - Sickness	$200 per day
Employee Amount	$20,000	Emergency Room - Accident	$500 per day
Spouse Amount	$20,000	Outpatient Surgery	$500 per day
Child Amount (6 months to 26 years old)	$5,000	Anesthesiology	$200 per day
Infant Amount (15 days to 6 months)	$2,500	**Prescription Drug[3]**	
Wellness Care		Prescription Drug Annual Maximum	$600
Wellness Care (one per year)	$100	Prescription Drug Benefits	$20 per day

[1]all outpatient benefits are subject to outpatient maximum [2]pays in addition to standard care benefit [3] not subject to outpatient maximum

Employee Only	$19.98	Employee + Child(ren)	$33.17	Employee + Spouse	$37.96	Employee + Family	$50.55

Dental Benefits

Annual Maximum Benefit		$750	Deductible	$50
	Waiting Period	Co-Insurance	Annual Maximum Benefit	
Coverage A	None	80%	Exams, Cleanings, Intraoral Films and Bitewings	
Coverage B	3 Months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures	
Coverage C	12 Months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures	

Employee Only	$5.23	Employee + Child(ren)	$14.12	Employee + Spouse	$10.46	Employee + Family	$19.87

Vision Benefits

	In-Network Rates	Out of Network Rates
Eye Examination for Glasses [1](including dilation)	Co-pay: $10, plan pays 100%	Plan pays $35, you pay rest
Frames [2]	Plan pays $110 allowance [4]	Plan pays $55
Standard Plastic Lenses for Glasses [1]	Co-pay: $25, plan pays 100%	Co-pay: $0, plan pays $25-$55 [3]
Standard Contact Lens Fit [1]	Plan pays up to $55	You pay 100% of the price
Premium Contact Lens Fit [1]	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses [1]	Plan pays $110 allowance[4]	Plan pays $88
Contact Lenses Medically Necessary [1]	Plan pays 100%	Plan pays $200

[1] Once every 12 months [2] Once every 24 months [3] Single Vision: $25, Bifocal: $40, Trifocal: $55 [4] Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%

Employee Only	$2.35	Employee + Child(ren)	$3.10	Employee + Spouse	$4.18	Employee + Family	$7.58

Term Life Benefits

	Term Life Benefits
Employee Amount	$10,000 (reduces to $7,500 at 65; $5,000 at age 70)
Spouse Amount	$5,000 (terminates at age 70)
Child Amount (6 months to 26 years old)	$5,000
Infant Amount (15 days to 6 months)	$1,000

Employee Only	$0.60	Employee + Child(ren)	$0.90	Employee + Spouse	$0.90	Employee + Family	$1.80

Short-Term Disability

Benefit	60% of Salary up to $150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks
Employee Only	$4.20		