Five Key Features of MEC Plus

1. MEC Plus is the lowest cost plan that fulfills the governments individual mandate and keeps you from paying a penalty tax. The 2017 tax penalty is the greater of $695 per adult or 2.5% household income.

2. MEC Plus also provides routine preventive care office visits, labs and procedures at no cost to you. A detailed list of covered services is attached.

3. MEC Plus provides unlimited free access to CallMD (866) 568-6720. CallMD is a non-emergency medical service with licensed, board-certified physicians who can diagnose and treat your medical conditions, and provide prescription drugs.

4. MEC Plus provides 4 office visits to a local network primary care physician at a cost of $10 co-payment per visit.

5. MEC Plus provides WellCardRx which discounts prescription drugs up to 50% at local retail pharmacies near you.

PREVENTIVE CARE

The ***Plan's*** benefits shall be based on the recommendations of the United State Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and Advisory Committee and the current Health Resources and Services Administration guidelines. For a current listing of preventive services and procedures, please visit:

https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1

Covered Preventive Services For Adults

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 age fifty (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 and recommended populations vary
Obesity – screening and counseling for adults
Sexually Transmitted Infection (STI) – prevention counseling for adults at higher risk
Tobacco Use – screening for all adults and cessation interventions for tobacco users
Syphilis – screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

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 one (1) to two (2) years for women over forty (40)
* Breast Cancer Chemoprevention – counseling for women at higher risk
*Breast Feeding – comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical Cancer – screenings 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 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 twenty-four (24) to twenty-eight (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 (3) years for women with normal cytology results **who are thirty (30) or older**
Osteoporosis – screening for women over sixty (60) depending on risk factors
*Rh Incompatibility – screening for all pregnant women and follow-up testing for women at 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 sixty-five (65)

Covered Preventive Services For Children

Alcohol and Drug Use – assessments for adolescents
*Autism – screening for children at eighteen (18) and twenty-four (24) months of age
Behavioral – assessments for children of all ages
Blood Pressure – **screening** for children ages: * **1 to 11 months, 1 to** 4 years, 5 to 10 years, 11 to 14 years, 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 three (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, 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 through the age of thirty (30) days and diagnostic follow-up for children to age twenty-four (24) months
Height, Weight and Body Mass Index – measurements for children – ***Ages 0 to 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 eighteen (18) – doses, recommended ages, and recommended populations vary
*Iron – supplements for children ages six (6) to twelve (12) months at risk for anemia
Lead – screening for children at risk of exposure
Medical History – for all children throughout development – ***Ages 0 to 11 months, 1 to** 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 year
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 for adolescents at high 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, 15 to 17 years
Vision – screening for all children

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.abadmin.com or by calling 1(800) 247-7114.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0.00**	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out–of–pocket limit?	Not Applicable	The plan has no **out-of-pocket limit.**
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of in-network providers, see www.imsppo.com or call (800) 853-2100	If you use a **PPO** doctor or other health care provider, this **plan** will pay some or all of the costs of covered services. Be aware, your **PPO** doctor or hospital may use a **Non-PPO** provider for some services. Plans use the term **in-network, preferred or participating providers** in their network. See the chart starting on page 2 for how this **plan** pays different providers.
Do I need a referral to see a specialist?	No	You can see the specialist you choose without permission from the **plan.**
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$10.00	Limitation 4 visits per plan year. Simple laboratory and x-rays included with the office visit co-payment
	Specialist visit	Not Applicable	Not covered under the medical plan.
	Other practitioner office visit	Not Applicable	Not covered under the medical plan.
	Preventive care/screening/immunization	$0.00	You have coverage for preventive care/screening/immunization only. See www.healthcare.gov/what-are-my-preventive-care-benefits for updated list.
If you have a test	Diagnostic test (x-ray, blood work)	$0.00 (Preventive laboratory)	You have coverage for preventive care/screening/immunization only. See www.healthcare.gov/what-are-my-preventive-care-benefits for updated list.
	Imaging (CT/PET scans, MRIs)	Not Applicable	Not covered under the medical plan.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you need drugs to treat your illness or condition	Generic drugs	Not Covered	Not covered under the medical plan.
	Preferred brand drugs	Not Covered	Not covered under the medical plan.
	Non-preferred brand drugs	Not Covered	Not covered under the medical plan.
	Specialty drugs	Not Covered	Not covered under the medical plan.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not covered through the medical plan.
	Physician/surgeon fees	Not Covered	Not covered through the medical plan.
If you need immediate medical attention	Emergency room services	Not Covered	Not covered through the medical plan.
	Emergency medical transportation	Not Covered	Not covered through the medical plan.
	Urgent care	Not Covered	Not covered through the medical plan.
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not covered through the medical plan.
	Physician/surgeon fee	Not Covered	Not covered through the medical plan.
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Not covered	Not covered through the medical plan.
	Mental/Behavioral health inpatient services	Not covered	Not covered through the medical plan.
	Substance use disorder outpatient services	Not covered	Not covered through the medical plan.
	Substance use disorder inpatient services	Not covered	Not covered through the medical plan.
If you are pregnant	Prenatal and postnatal care	Not covered	Not covered through the medical plan.
	Delivery and all inpatient services	Not covered	Not covered through the medical plan.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Not covered	Not covered through the medical plan.
	Rehabilitation services	Not covered	Not covered through the medical plan.
	Habilitation services	Not covered	Not covered through the medical plan.
	Skilled nursing care	Not covered	Not covered through the medical plan.
	Durable medical equipment	Not covered	Not covered through the medical plan.
	Hospice service	Not covered	Not covered through the medical plan.
If your child needs dental or eye care	Eye exam	0% coinsurance	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors
	Glasses	Not covered	Not covered through the medical plan.
	Dental check-up	0% coinsurance	Children from Birth through age 5 years. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Weight loss programs
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Acupuncture
- Treatment for medical conditions

Other Covered Services **(This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Preventive Exams
- Immunizations
- mammograms
- Routine Laboratory
- PSA

Your Rights to Continue Coverage:

**** Individual health insurance sample –**

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at (915) 532-210. You may also contact the Texas state insurance department.

OR

**** Group health coverage sample –**

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Assured Benefits Administrators 1-800-247-7114.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does not meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $40.00
- **Patient pays** $7,500

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Copays	$0
Coinsurance	$0
Limits or exclusions	$7,500
Total	**$7,500**

Note: Assumes **PPO** Providers where applicable
Assumes all charges are for the mother except routine nursery, vaccines and other preventive
Assumes 5 generic prescription

- **Amount owed to providers:** $5,400
- **Plan pays** $60
- **Patient pays** $5,380

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Copays	$40
Coinsurance	$0
Limits or exclusions	$5,300
Total	**$5,340**

Note: Assumes **PPO** Providers where applicable
Assumes 12 generic prescriptions
Assumes 4 physician office visits
Assume Lab done at Independent laboratory

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.