AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION



Introducing ...

MEC PLUS HEALTH PLANS

MEC Plus10, MEC Plus20, and MEC Plus45

PLANS INCLUDE:

First Health Network

Everyone qualifies - no medical underwriting

No deductible plus first dollar coverage

Minimum Essential Coverage (MEC) Annual Benefit

50-80% coinsurance, pharmacy, full inpatient/outpatient hospitalization, medical and surgical professional services, emergency room, urgent care, labs and x-rays, ambulance, maternity, mental health and substance abuse

No waiting periods for base plans

EMPLOYERS:

- Your staff can purchase the amount of coverage they believe best fits their needs and lifestyle.
- Attract and retain valuable employees with a comprehensive medical benefits program.
- Employer sponsored Freedom Plans are exempt from regulations on offering benefits to part-time or 1099 employees.
- If annual coverage needs are expected to exceed the MEC Plus Health Plans' annual limitations, employees may consider additional industry available options.
- Potential return of unused claim funds.
- MEC Plus Health Plans utilize the First Health Network, one of the largest nationwide preferred provider networks.
- Available to associations and employers with a minimum of 4 enrolled and 70% participation of eligibles.

To learn more about the MEC Plus Health Plans, contact:

Facilitated by:

SB/A Cooperative

Administered by:

S&S Health



Partners of MEC Plus Health Plans

S&S HEALTH



TPA infrastructure designed to deliver performance and compassion. Experience and Leadership to deliver confidence, empathy, and back-end accuracy.

S&S Health Benefits Hub supports four key service pillars:

- Back-Office Administration: Custom-fit plan administratively designed to mirror your strategy. S&S Health manages the complex in enrollment, fulfillment, billing and more.
- Enterprise-Grade Network Access: Gain access to premium national networks and specialty care solutions, with pricing and scale that's often out of reach for self-funded plans.
- S&S Health Marketplace: A curated ecosystem of best-in-class solutions from cost sharing tools to member experience enhancements. Better, smarter, faster, simpler.
- Empathy Driven Service: Our team is dedicated to understanding your needs and those of your members, ensuring every interaction feels personal, supportive, and human.



Transparent Health Group, founded in 2008, provides top-shelf multilingual concierge customer service and technology services that enhance the customer service experience in the health insurance industry. Our concierge benefit provides full plan navigation in multiple languages for all benefits in the health plan design:

Welcome Call (Outbound Member Benefit Review) - Establish service relationship, answer questions, review benefits, confirm preferred providers, annual outreach to review benefits.

Inbound Member and Service Resolution - Assist Members in finding eligible providers, understanding patient responsibility and coverage, providing claims assistance, and utilizing cost savings programs.

Provider Eligibility and Claims - Assist providers in determining Member eligibility and providing plan overview, coverage information and claims support.

Data Analytics - Monthly status reports of all provider activity will be submitted to Client and Sponsor.

SERVE YOU®



Serve You Rx

Since 1987, Serve You Rx has been the pharmacy benefit manager (PBM) of choice for employee benefit brokers and consultants, their clients, including employers, unions, coalitions, and governmental entities, as well as third party administrators who are looking for a valuable partner to effectively manage prescription drug costs. Serve You RX offers over 66,000 pharmacies nationwide and is a wholly-owned mail order pharmacy.





A fully automated and integrated partner solution for individual billing and payment processing needs. The Veridy system manages enrollments, generates invoices, processes payments, and distributes funds.

Self-service member/employee portal for viewing key policy data, updating information.

Broker/Agent of Record and Vendor portal to view book of business including policies, invoices and payments. Brokers and Agents of Record can view statements and personnel information.

SS0125

■ MEC Plus Health Plans ■ MEC Plus10, MEC Plus20, MEC Plus45



Base Plan Coverage on all MEC Plus Health Plans include the following:

PPO Network	First Health Network
Deductible - Individual / Family	None
Telemedicine - Online and Telephonic Physician Calls 24/7/365	\$0 Copay
Primary Care Physician (PCP) Office Visits	3 PCP Visits at \$20 Copay*
Providers limited to Family Practice, Internal Medicine, Pediatrics, OB/GYN,	per person per year. All other visits
- office and other outpatient services.	Subject to Coinsurance.
Specialist Care	Subject to Coinsurance
Prescription Drugs	Subject to Coinsurance
Generic / Brand	\$500 Plan Benefit Maximum Allowed
	per Prescription per 30 Day Supply
Inpatient & Outpatient Hospital	Subject to Coinsurance
Mental / Behavioral Health	Subject to Coinsurance
Inpatient / Outpatient Limited to 30 Days or Visits	
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging, X-Ray, and Labs	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
ACA Preventive Care Services - Minimum Essential Coverage (MEC)	MEC coverage paid at 100%
Adult, Women, Child - Immunization, Screenings, & Services	
MEC not subject to Annual Maximum or Coinsurance Percentages	
(Please see Minimum Essential Coverage in full brochure)	

3

MEC Plus10	Annual Maximum Benefit Individual \$10,000 Family \$20,000
BENEFIT SUMMARY	
Coinsurance (Patient Responsibility)	50% of \$10,000
Annual Out-of-Pocket Maximum	\$5,000 Individual
	\$10,000 Family
Annual Maximum Benefit Covered	\$10,000 Individual
	\$20,000 Family
Out of Network Coverage	See Provisions and Exclusions in Brochure
MEC Plus20	Annual Maximum Benefit Individual \$20,000 Family \$40,000
BENEFIT SUMMARY	
Coinsurance (Patient Responsibility)	50% of First \$10,000 20% of Next \$10,000
Annual Out-of-Pocket Maximum	\$7,000 Individual \$14,000 Family
Annual Maximum Benefit Covered	\$20,000 Individual \$40,000 Family
Out of Network Coverage	See Provisions and Exclusions in Brochure
MEC Plus45	Annual Maximum Benefit Individual \$20,000 / Family \$40,000 Extra Enhanced Ind. \$25,000 / Fam. \$50,000
BENEFIT SUMMARY	
Coinsurance on Base Plan (Patient Responsibility)	50% of First \$10,000
	20% of Next \$10,000
Annual Out-of-Pocket Maximum	0% of Next \$25,000 \$7,000 Individual
Aimai out-or-i ocket Maximum	\$14,000 Family
Annual Maximum Benefit Covered	\$20,000 Individual + \$25,000 Extra Enhanced
	\$40,000 Family + \$50,000 Extra Enhanced
Out of Network Coverage	See Provisions and Exclusions in Brochure
EXTRA ENHANCED BENEFITS	in brochare
Extra Inpatient Hospital & Outpatient Surgery and Professional Services	Covered at 100%
Excludes Outpatient Drugs, Kidney Dialysis, Chemo Therapy,	If Admitted
& All Other Infusion Therapy	20,000 Individual + \$25,000 Extra Enhanced \$40,000 Family + \$50,000 Extra Enhanced
Annual Maximum Benefit Covered	\$25,000 Individual \$50,000 Family
Limitations	See Provisions and Exclusions

MEC Plus Plans

Annual Deductible None Member Annual Out-of-Pocket Maximum None Ochemurace Parentage covered Plan Pays Based on Contracted Amounts) 100% Pharmacy Benefit 100% of ACA mandated description, i.e. Birth Control Annual Maximum of Covered Services Services Listed Below are Eligible 1. Alcohomical Andric Annualysm 9. Diet Counselling 2. Alcohomical Andric Annualysm 11. Sexually Transmitted Infection (STI) 4. Blood Pressure 12. Syphilis 5. Cholesterol 13. Hiv Covered at 100% 5. Cholesterol 13. Hiv Covered at 100% 6. Colorectal Gracer 14. Tobacco Use 15. Immunization Viscoines 16. Octovered Counselling 17. Depression 18. Type 2 Diabetes 18. Type 2 Diabetes 19. Question of the Academy of the	All Employer Plans	- ME(C Covered Services	Minimum Essential Coverage (MEC Plan) In-Network Provider (PPO) Only	
Co insuranno Percentage covered (Plan Pays Based on Contracted Amounts) Pharmacy Serenti Armual Maximum of Covered Services Roadinal Maximum of Covered at 100% Adult Preventative Services- Screenings and Services Liefed Below are Eligible 1. Abdominal Acris Anauryam 9. Dief Courseling Covered at 100% 2. Alcohol Milase 10. Obesity 11. Sexually Transmitted Infection (STI) Covered at 100% 8. Colorectal Cancer 12. Syphilis Covered at 100% 8. Colorectal Cancer 14. Tobacco Use Covered at 100% 8. Type 2 Diabetes Covered at 100% Roman Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 12. Gestational Diabetes Covered at 100% Roman Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 12. Gestational Diabetes Covered at 100% Roman Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 12. Gestational Diabetes Covered at 100% Roman Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 12. Gestational Diabetes Covered at 100% Roman Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 1. Alcohol and Covered at 100% Roman Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 1. Acceptation of the Preventiative Services - Screenings and Services Liefed Below are Eligible 1. Anomia 1. Alcohol and Covered at 100% 1. Anomia 1. Alcohol and Covered at 100% Roadinal Services - Screenings and Services Liefed Below are Eligible 1. Alcohol and Diabetes 1. Alcohol and Covered at 100% Roadinal Services - Screenings and Services Liefed Below are Eligible 1. Alcohol and Diabetes 1. Alcohol and Diabetes 2. Well Moman Intention (STI) Covered at 100% Roadinal Services - Screenin	Annual Deductible			None	
Pharmacy Benefit 100% of ACA mandated prescription, i.e. Birth Control Annual Maximum of Covered Services No Annual Maximum of Covered Services Services Act (ACA) Acut Preventative Services - Screenings and Services Listed Below are Eligible 1. Abdominal Acrile Aneurysm 9. Diet Counseling Covered at 100% Covered at 100% Covered at 100% 1. Sexually Transmitted Infection (STI) Covered at 100% Covered at 100% 1. Sexually Transmitted Infection (STI) Covered at 100% Covered at 100% 1. Sexually Transmitted Infection (STI) Covered at	Member Annual Out-of-Pocket Maximum			None	
Arrual Maximum of Covered Services Routine Vell Care - As Provided Under the Affordable Care Act (ACA) Adult Preventative Services - Screenings and Services Listed Below are Eligible 1. Abdominal Acric Aneurysm 2. Alcohol Misuse 10. Obesity 2. Alcohol Misuse 10. Obesity 3. Aspirin 11. Sexually Transmitted Infection (STI) 5. Cholesterol 12. Syphilis 6. Covered at 100% 6. Colorectal Cancer 13. HIV Covered at 100% 6. Colorectal Cancer 14. Tobacco Use Covered at 100% 6. The Depression 15. Immunication Vaccines Covered at 100% 6. The Depression 15. Immunication Vaccines Covered at 100% 6. The Depression 16. Immunication Vaccines Covered at 100% 6. Repair Covered at 100% 6. Broast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) 6. Repair Covered at 100% 6. Broast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test 6. Repair Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 10. Covered at 100% 10. Covered at 100% 11. Folic Acid Supplements 22. Well Women Virts Covered at 100% 13. Behavioral 14. Hemoglubinopathies or Sickle Cell 15. Covered at 100% 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 17. Covered at 100% 18. Covered at 100% 19. Covered at 100% 10. Covered at 100% 10. Covered at 100% 11. Folic Acid Supplements 12. Suppliis 13. Behavioral 14. Hemoglubinopathies or Sickle Cell 14. Hemoglubinopathies or Sickle Cell 15. Covered at 100% 16. Human Papillomavirus (HIV) Covered at 100% 17. Immunization Vaccines Covered at 100% 18. Developmental 19. Debesion 20. Medical History Covered at 100% 10. Flooride Supplements Covered at 100% 10. Flooride Supplements Covered at 100% 10. Flooride Supplements Covered at 100% 11. Covered at	Co-Insurance Percentage covered (Plan Pays Based on Contracted Amounts)			100%	
Routins Well Care - As Provided Under the Affordable Care Act (ACA) Adult Preventative Services - Screenings and Services Listed Below are Eligible 1. Abdominal Aortic Aneurysm 9. Diet Counseling Covered at 100% 2. Alcoho Misuse 10. Obesity Covered at 100% 4. Blood Pressure 11. Sexually Transmitted Infection (STI) 6. Colorectal Cancer 11. Tobacco Use Covered at 100% 6. Colorectal Cancer 11. Tobacco Use Covered at 100% 6. Singe 2 Diabetes Covered at 100% 6. Tobacco Use Covered at 100% 6. Broast Cancer Manmography 15. Human Immunodeficiency Virus (HIV) 6. Broast Cancer Chemoprovention 16. Human Papillomavirus (HPV) DNA Test 6. Broast Cancer Chemoprovention 17. Cotscoporosia Covered at 100% 6. Broast Cancer Chemoprovention 18. Rh hoompatibility Covered at 100% 6. Broast Cancer Manmography 6. Children Sh hoompatibility Covered at 100% 6. Covered	Pharmacy Benefit			100% of ACA mandated prescription, i.e. Birth Control	
Adult Preventative Services - Screenings and Services Listed Below are Eligible 1. Abdorniant Aortic Aneuryem 9. Diet Courselling Covered at 100% 2. Alcohol Misuse 10. Obesity 11. Sexually Transmitted Infection (STI) 4. Blood Pressure 11. Sexually Transmitted Infection (STI) 5. Cholesterol 13. HIV Covered at 100% 6. Colorectal Cancer 14. Tobacco Use Covered at 100% 6. Colorectal Cancer 15. Immunization Vaccines Covered at 100% 6. Type 2 Diabetes Covered at 100% 6. Research Covered Covered at 100% 6. Research Covered Covere	Annual Maximum of Covered Services			No Annual Maximum	
1. Abdoninal Aortic Aneurysm 9. Diet Courseling Covered at 100% 2. Alcohol Misuse 10. Oberity Covered at 100% 3. Aspirin 11. Sexually Transmitted Infection (STI) Covered at 100% 5. Cholesterol 12. Syphilis Covered at 100% 6. Colorectal Cancer 13. HIV Covered at 100% 6. Colorectal Cancer 14. Tobacco Use Covered at 100% 6. Colorectal Cancer 15. Immunization Vaccines Covered at 100% 6. Type 2 Diabetes Covered at 100% 6. Type 2 Diabetes Covered at 100% 6. Covered at 100% 6. Type 2 Diabetes Covered at 100% 6. Covered at 100% 6. Type 2 Diabetes Covered at 100% 6. Covered at 100% 6. Brasiteriuma Uninary Tract 13. Gonorrhea Covered at 100% 6. Covered at 100% 6. Brasiterium Uninary Tract 13. Gonorrhea Covered at 100% 6. Brasit Cancer Chemoprevention 16. Human Papiliomavirus (HPV) DNA Test Covered at 100% 6. Brasit Cancer Chemoprevention 16. Human Papiliomavirus (HPV) DNA Test Covered at 100% 6. Chamydia Infection 17. Osteoporosis Covered at 100% 6. Chamydia Infection 18. Rh Incompatibility Covered at 100% 6. Chamydia Infection 19. Tobacco Use Covered at 100% 6. Chamydia Infection 10. Domestic and Interpersonal Volence 21. Syphilis Covered at 100% 6. Chamydia Infection 10. Domestic and Interpersonal Volence 21. Syphilis Covered at 100% 6. Chamydia Infection 10. Domestic and Interpersonal Volence 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 6. Covered	Routine Well Care – As Provided Under the Afford	dable Care	Act (ACA)		
2. Alcohol Misuse 10. Obesity Covered at 100% 3. Aspirin 11. Sexually Transmitted Infection (STI) Covered at 100% 4. Blood Pressure 12. Syphilis Covered at 100% 5. Cholesterol 13. HIV Covered at 100% 6. Colorical Cancer 14. Tobacco Use Covered at 100% 7. Depression 15. Immunization Vaccines Covered at 100% 8. Type 2 Diabetes Covered at 100% Women Preventative Services – Screenings and Services Listed Below are Eligible Covered at 100% 1. Anemia 12. Gestational Diabetes Covered at 100% 2. Bacteriuria Urinary Tract 13. Gonombea Covered at 100% 3. BRICA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mamnography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamycia Infection 19. Tobacco Use Covered at 100% 9. Contracep	Adult Preventative Services - Screenings and Ser	vices Liste	ed Below are Eligible		
3. Aspirin	Abdominal Aortic Aneurysm	9.	Diet Counseling	Covered at 100%	
Blood Pressure 12	2. Alcohol Misuse	10.	Obesity	Covered at 100%	
5. Cholesterol 13. HIV Covered at 100% 6. Colorectal Cancer 14. Tobacco Use Covered at 100% 7. Depression 15. Immunization Vaccines Covered at 100% 8. Type 2 Diabetes Covered at 100% Momen Preventative Services – Screenings and Services Listed Below are Eligible 1. Anemia 12. Gestational Diabetes Covered at 100% 2. Bacteriuria Urinary Tract 13. Gonorrhea Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 6. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Alustim 15. Hemoglobin Covered at 100% 13. Behavioral 16. HIV Covered at 100% 14. Hematocrit or Hemoglobin Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Cervical Covered at 100% 18. Chlamydia Infection Covered at 100% 19. Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 11. Folic Acid Supplements Covered at 100% 12. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 13. Behavioral 16. HIV Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenyllectoruria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100%	3. Aspirin	11.	Sexually Transmitted Infection (STI)	Covered at 100%	
6. Colorectal Cancer 14. Tobacco Use Covered at 100% 7. Depression 15. Immunization Vaccines Covered at 100% 8. Type 2 Diabetes Covered at 100% Women Preventative Services – Screenings and Services Listed Below are Eligible 1. Anemia 12. Gestational Diabetes Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 18. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breast Cancer Chemoprevention 19. Tobacco Use Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 9. Contraception 19. Tobacco Use Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Autism 15. Hermoglobinopathies or Sickle Cell Covered at 100% 13. Behavioral 16. HiV Covered 17. Immunization Vaccines Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Hermoglobinopathies or Sickle Cell Covered at 100% 16. Covered at 100% 17. Popression 18. Hiv Covered at 100% 18. Hiv Covered at 100% 19. Autism 15. Hermoglobin Covered at 100% 19. Autism 15. Hermoglobinopathies or Sickle Cell Covered at 100% 19. Covered at 100% 19. Behavioral 16. HiV Covered at 100% 19. Depression 20. Medical History Covered at 100% 19. Depression 20. Medical History Covered at 100% 19. Depression 20. Medical History Covered at 100% 10. Depression 20. Medical History Covered at 100% 10. Depression 20. Desity Covered at 100% 10. Fluoride Supplements 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Pherylketoruria (PKU) Covered at 100% 10. Fluoride Supplements 24. Sexually Transmitted Infection Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100%	4. Blood Pressure	12.	Syphilis	Covered at 100%	
7. Depression 15. Immunization Vaccines Covered at 100% 8. Type 2 Diabetes Covered at 100% Women Preventative Services – Screenings and Services Listed Below are Eligible 1. Anemia 12. Gestational Diabetes Covered at 100% 2. Bacteriuria Urinary Tract 13. Gonornhea Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Autism 14. Hematocrit or Hemoglobin Covered at 100% 13. Behavioral 16. HIV Covered at 100%	5. Cholesterol	13.	HIV	Covered at 100%	
8. Type 2 Diabetes Covered at 100% Women Preventative Services – Screenings and Services Listed Below are Eligible 1. Anemia 12. Gestational Diabetes Covered at 100% 2. Bacteriuria Urinary Tract 13. Gonorrhea Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 6. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chiamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% Child Preventative Services – Screenings and Services Listed Below are Eligibile 11. Alcohol and Drug Use 14. Hematocrit or Hemoglobin pathies or Sickle Cell Covered at 100% 9. Covered at 100% 13. Behavioral 16. HIV Covered at 100% 16. Congenital Hypothyroidism 17. Immunization Vaccines Covered at 100% 18. Iron Supplements Covered at 100% 19. Covered at 100% 19. Depression 20. Medical History Covered at 100%	6. Colorectal Cancer	14.	Tobacco Use	Covered at 100%	
Women Preventative Services – Screenings and Services Listed Below are Eligible 1. Anemia 12. Gestational Diabetes Covered at 100% 2. Bacteriuria Urinary Tract 13. Gonorrhea Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 6. Breast Stancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breast Steeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chilamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% Child Preventative Services – Screenings and Services Listed Below are Eligible 13. Alcohol and Drug Use 14. Hematocrit or Hemoglobin 25. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 16. HIV Covered at 100% 17. Immunization Vaccines 18. Iron Supplements Covered at 100% 19. Covered at 100% 19. Covered at 100% 19. Covered at 100% 19. Covered at 100% 10. Domestic And Interpresonal Violence 10. Sexually Transmitted Infections (STI) Covered at 100% 11. Folic Acid Supplements 12. Well Woman Visits Covered at 100% 13. Behavioral 14. Hematocrit or Hemoglobin Covered at 100% 15. Cervical Dysplasia 16. HIV Covered at 100% 16. Covered at 100% 17. Depression 18. Iron Supplements Covered at 100% 19. Depression 20. Medical History Covered at 100% 21. Depression 22. Overed at 100% 23. Phenylketonuria (PKU) Covered at 100% 24. Boord-hea 25. Sexually Transmitted Infection 26. Covered at 100% 27. Depression 28. Phenylketonuria (PKU) Covered at 100% 29. Dysplotenia 21. Obesity Covered at 100% 20. Redical History Covered at 100% 20. Posterouria (PKU) Covered at 100% 20. Covered at 100% 21. Hearing 22. Oral Health Covered at 100%	7. Depression	15.	Immunization Vaccines	Covered at 100%	
1. Anemia 12. Gestational Diabetes Covered at 100% 2. Bacteriuria Urinary Tract 13. Gonorrhea Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 13. Behavioral 16. HIV Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Human 20. Medical History Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 10. Fluoride Supplements 23. Tuberculin Testing Covered at 100%	8. Type 2 Diabetes			Covered at 100%	
2. Bacteriuria Urinary Tract 13. Genorrhea Covered at 100% 3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chiamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% Covered at 100% Covered at 100% 11. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 2. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100%	Women Preventative Services – Screenings and S	Services Li	sted Below are Eligible		
3. BRCA 14. Hepatitis B Covered at 100% 4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements Covered at 100% 12. Well Woman Visits Covered at 100% 13. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Devered at 100% 11. Folic Acid Supplements Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100% 13. Behavioral Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100%	1. Anemia	12.	Gestational Diabetes	Covered at 100%	
4. Breast Cancer Mammography 15. Human Immunodeficiency Virus (HIV) Covered at 100% 5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100%	2. Bacteriuria Urinary Tract	13.	Gonorrhea	Covered at 100%	
5. Breast Cancer Chemoprevention 16. Human Papillomavirus (HPV) DNA Test Covered at 100% 6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Autism 25. Hemoglobinopathies or Sickle Cell Covered at 100% 13. Behavioral 16. HIV Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Drivered at 100% 11. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	3. BRCA	14.	Hepatitis B	Covered at 100%	
6. Breastfeeding 17. Osteoporosis Covered at 100% 7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 11. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 12. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 13. Behavioral 16. HIV Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	4, Breast Cancer Mammography	15.	Human Immunodeficiency Virus (HIV)	Covered at 100%	
7. Cervical Cancer 18. Rh Incompatibility Covered at 100% 8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 13. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 14. Blood and Drug Use 15. Hemoglobinopathies or Sickle Cell Covered at 100% 15. Behavioral 16. HIV Covered at 100% 16. Blood Pressure 17. Immunization Vaccines Covered at 100% 17. Covered at 100% 18. Covered at 100% 19. Lead Exposure Covered at 100% 19. Depression 20. Medical History Covered at 100% 19. Dyslipidemia 21. Obesity Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing Covered at 100%	5. Breast Cancer Chemoprevention	16.	Human Papillomavirus (HPV) DNA Test	Covered at 100%	
8. Chlamydia Infection 19. Tobacco Use Covered at 100% 9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 13. Behavioral 15. Hemoglobinopathies or Sickle Cell Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Filuoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	6. Breastfeeding	17.	Osteoporosis	Covered at 100%	
9. Contraception 20. Sexually Transmitted Infections (STI) Covered at 100% 10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% 12. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 13. Behavioral 15. Hemoglobinopathies or Sickle Cell Covered at 100% 14. Blood Pressure 17. Immunization Vaccines Covered at 100% 15. Cervical Dysplasia 18. Iron Supplements Covered at 100% 16. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 17. Depression 20. Medical History Covered at 100% 18. Developmental 21. Obesity Covered at 100% 19. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing Covered at 100%	7. Cervical Cancer	18.	Rh Incompatibility	Covered at 100%	
10. Domestic and Interpersonal Violence 21. Syphilis Covered at 100% 11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% Child Preventative Services – Screenings and Services Listed Below are Eligibile 1. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 2. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 3. Behavioral 16. HIV Covered at 100% 4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing Covered at 100%	8. Chlamydia Infection	19.	Tobacco Use	Covered at 100%	
11. Folic Acid Supplements 22. Well Woman Visits Covered at 100% Child Preventative Services – Screenings and Services Listed Below are Eligibile 1. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 2. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 3. Behavioral 16. HIV Covered at 100% 4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	9. Contraception	20.	Sexually Transmitted Infections (STI)	Covered at 100%	
Child Preventative Services – Screenings and Services Listed Below are Eligibile 1. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 2. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 3. Behavioral 16. HIV Covered at 100% 4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing Covered at 100%	10. Domestic and Interpersonal Violence	21.	Syphilis	Covered at 100%	
1. Alcohol and Drug Use 14. Hematocrit or Hemoglobin Covered at 100% 2. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 3. Behavioral 16. HIV Covered at 100% 4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	11. Folic Acid Supplements	22.	Well Woman Visits	Covered at 100%	
2. Autism 15. Hemoglobinopathies or Sickle Cell Covered at 100% 3. Behavioral 16. HIV Covered at 100% 4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%					
3. Behavioral 16. HIV Covered at 100% 4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	Alcohol and Drug Use	14.	Hematocrit or Hemoglobin	Covered at 100%	
4. Blood Pressure 17. Immunization Vaccines Covered at 100% 5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	2. Autism	15.	Hemoglobinopathies or Sickle Cell	Covered at 100%	
5. Cervical Dysplasia 18. Iron Supplements Covered at 100% 6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	3. Behavioral	16.	HIV	Covered at 100%	
6. Congenital Hypothyroidism 19. Lead Exposure Covered at 100% 7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing Covered at 100%	4. Blood Pressure	17.	Immunization Vaccines	Covered at 100%	
7. Depression 20. Medical History Covered at 100% 8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	5. Cervical Dysplasia	18.	Iron Supplements	Covered at 100%	
8. Developmental 21. Obesity Covered at 100% 9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	6. Congenital Hypothyroidism	19.	Lead Exposure	Covered at 100%	
9. Dyslipidemia 22. Oral Health Covered at 100% 10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	7. Depression	20.	Medical History	Covered at 100%	
10. Fluoride Supplements 23. Phenylketonuria (PKU) Covered at 100% 11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	8. Developmental	21.	Obesity	Covered at 100%	
11. Gonorrhea 24. Sexually Transmitted Infection Covered at 100% 12. Hearing 25. Tuberculin Testing Covered at 100%	9. Dyslipidemia	22.	Oral Health	Covered at 100%	
12. Hearing 25. Tuberculin Testing Covered at 100%	10. Fluoride Supplements	23.	Phenylketonuria (PKU)	Covered at 100%	
	11. Gonorrhea	24.	Sexually Transmitted Infection	Covered at 100%	
13. Height, Weight and Body Mass Index 26. Vision Covered at 100%	12. Hearing	25.	Tuberculin Testing	Covered at 100%	
	13. Height, Weight and Body Mass Index	26.	Vision	Covered at 100%	

SS0125

MEC Plus10, MEC Plus20, MEC Plus45

Provisions and Exclusions

Base Plans

Preventative Care, Wellness Visits, Pap Smears, Flu Shots, Immunizations, and more.

Primary Care, Specialist, and Urgent Care Visits Plus X-rays, CT and MRI Scans, Lab and Diagnostic Services. Prescription Drugs – ACA at 100% (includes Birth Control), plus all others at indicated co-insurance up to threshold limit using the Serve You Rx pharmacy card at your favorite pharmacy.

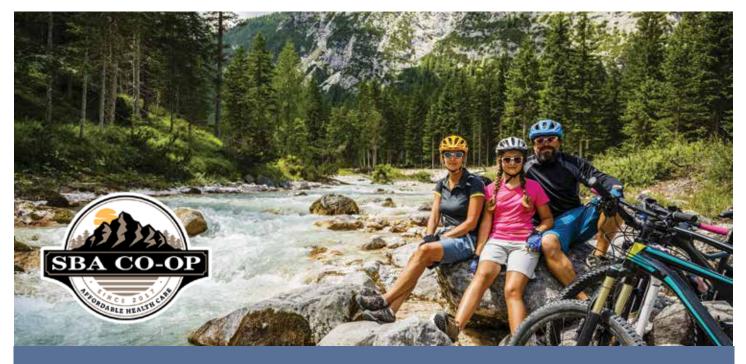
- Participation Requirement for All SB/A Products Subject to Stated Product Minimums and Additional Requirements provided by SB/A.
- MEC Plus10, MEC Plus20, and MEC Plus45 are available to employer groups or associations and require a minimum of 4 participants to bill.
- · Prior-authorization is required for Major Diagnostic, In/Out Patient Surgery and Hospitalization.
- Inpatient / Outpatient Mental / Behavioral Health benefits limited to 30 days or visits.
- · Pharmacy benefits are eligible for Rx discounts above base plan threshold.
- \$500 Plan Benefit Maximum per Brand Prescription per 30 Day Supply.
- · Employees must sign the appropriate employee application.
- · No Medical Underwriting.
- · No Pre-Existing Condition Exclusions on Base Plans.
- No Waiting Periods (includes Prenatal checks).
- · Patient is eligible for "Contractual Discounts" in excess of Annual Maximum benefits as "Patient Pay Responsibility."
- Notice: All Non-Network Providers involved in the emergency services or the legally required Continuum of Care will be accepted, and Providers will be paid at Network contractual rates.

Extra Enhanced Benefits - Inpatient/Outpatient Benefit Provisions & Exclusions (MEC Plus45)

- Extra Enhanced Inpatient Hospital & Outpatient Hospital Surgery Benefit Services are in addition to base benefits. Access to Extra Enhanced Benefits requires depletion of base plan.
- Annual Maximum benefit is limited to stated annual amounts MEC Plus45 \$25,000 Individual / \$50,000 Family.
- Extra Enhanced Inpatient/Outpatient Benefit provision MEC PLUS45 is effective 60 days after the effective date of the member.
- Extra Enhanced Inpatient Hospital & Outpatient Surgery Benefit MEC Plus45 \$25,000 Individual / \$50,000 Family.
- Extra Enhanced provision MEC Plus45 is subject to a 12/6 pre-existing condition provision. Conditions which exist 12 months before the effective date will be excluded from coverage for the first 6 months of coverage.
- Pre-Existing Condition Requirement is applied to Extended Coverage Amounts above \$20,000 on MEC Plus45.
- Mental/Behavioral Inpatient/Outpatient Healthcare benefits limited to 30 days or visits.
- Emergency Room, Lab, X-ray, Imaging are covered if admitted to an Inpatient Hospital stay.
- Maternity inpatient hospital and outpatient services are effective 10 months after the effective date.
- Outpatient Drugs, Kidney Dialysis, Chemo Therapy, and all other Infusion Therapy is excluded from coverage under Extra Enhanced Inpatient Hospital & Outpatient Surgery Benefit provision.
- · Observation stays are excluded from coverage.

Exclusions from Coverage

- · Any hospital confinement that began on or before the effective date is excluded from plan coverage.
- Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training except if deployed on active duty.
- · Workers Compensation injuries and illness.
- Cosmetic surgery procedures exceptions to some reconstructive surgeries.
- · Bariatric/Gastric Sleeve surgery.
- Sex transformation / change surgery.



RATES: MEC Plus10, MEC Plus20, MEC Plus45

MEC Plus10:

Individual \$10,000 / Family \$20,000

Employee Only \$326.25 Employee + Spouse \$517.25 Employee + Child(ren) \$498.75 Employee + Family \$641.25

MEC Plus20:

Individual \$20,000 / Family \$40,000

Employee Only \$397.75 Employee + Spouse \$657.55 Employee + Child(ren) \$626.75 Employee + Family \$830.75

MEC Plus45:

Individual \$20,000 / Family \$40,000 with Extra Enhanced Benefit

Individual \$25,000 / Family \$50,000

Employee Only \$459.25 Employee + Spouse \$792.85 Employee + Child(ren) \$749.75 Employee + Family \$1,015.25

7 SS0125