

# MEC Wellness/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   |

# MEC Wellness/Preventive Benefits

|   |   |
|---|---|
| Syphilis  | Screening for all pregnant women or other women at increased risk   |
| Well-Woman Visits   | To obtain recommended Preventive services for women under 65  |
| <b>Children - The MEC Plan covers 100% of the allowed amount in network; 40% out of network</b> |   |
| 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  |

| <b>MEC Monthly Rates</b> |         |
|--------------------------|---------|
| Employee Only            | \$62.00 |
| Employee + Child(ren)    | \$66.50 |
| Employee + Spouse        | \$68.14 |
| Employee + Family        | \$72.44 |

# Fixed Indemnity Medical Benefits - Plan 1

| Plan 1  |                 |
|---|-----------------|
| Medical Network   | First Health    |
| Network Provider Must Accept Plan   | Yes             |
| Prescription Network  | Caremark        |
| Pre-Existing Condition Limitation   | None            |
| Wellness Care   |                 |
| Wellness Care (one per year)  | \$100           |
| Inpatient Benefits  |                 |
| Standard Care   | \$300 per day   |
| Intensive Care Unit Maximum <sup>1</sup>  | \$400 per day   |
| Inpatient Surgery   | \$2,000 per day |
| Anesthesiology  | \$400 per day   |
| First Hospital Admission (1 per year)   | \$250           |
| Skilled Nursing (for stays in a skilled nursing facility after a hospital stay) | \$100 per day   |
| Outpatient Benefits <sup>2</sup>  |                 |
| Annual Outpatient Maximum   | \$2,000         |
| Physician Office Visit  | \$100 per day   |
| Diagnostic (Lab)  | \$75 per day    |
| Diagnostic (X-Ray)  | \$200 per day   |
| Ambulance Services  | \$300 per day   |
| Physical Therapy, Speech Therapy, Occupational Therapy                          | \$50 per day    |
| Emergency Room Benefit - Sickness   | \$200 per day   |
| Emergency Room Benefit - Accident   | \$500 per day   |
| Outpatient Surgery  | \$500 per day   |
| Anesthesiology  | \$200 per day   |
| Prescription Drugs <sup>3</sup>   |                 |
| Annual Maximum  | \$600           |
| Generic Coinsurance   | 70%             |
| Brand Coinsurance   | 50%             |

<sup>1</sup> Pays in addition to standard care benefit <sup>2</sup>All outpatient benefits are subject to the outpatient maximum

<sup>3</sup> Not subject to outpatient maximum

| Weekly Premiums       | Medical |
|-----------------------|---------|
| Employee Only         | \$19.98 |
| Employee + Child(ren) | \$33.17 |
| Employee + Spouse     | \$37.96 |
| Employee + Family     | \$50.55 |

# Dental, Vision, Term Life, Short Term Disability, & Accidental Loss Benefits

## Accidental Loss of Life, Limb & Sight

|                 |          |                                    |         |
|-----------------|----------|------------------------------------|---------|
| Employee Amount | \$20,000 | Child Amount (6 mos to 26 yrs old) | \$5,000 |
| Spouse Amount   | \$20,000 | Infant Amount (15 days to 6 mos)   | \$2,500 |

Accidental Loss of Life, Limb & Sight is part of the Medical Benefits

## Dental Benefits

|            | Waiting Period | Coinsurance | Annual Maximum Benefit   | \$750 | Deductible | \$50 |
|------------|----------------|-------------|--|-------|------------|------|
| 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              |       |            |      |

## Vision Benefits

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

## Term Life Benefits

|                 |  |                                    |         |
|-----------------|--|------------------------------------|---------|
| Employee Amount | \$10,000 (reduces to \$7,500 at 65; \$5,000 at 70) | Child Amount (6 mos to 26 yrs old) | \$5,000 |
| Spouse Amount   | \$5,000 (terminates at age 70)                     | Infant Amount (15 days to 6 mos)   | \$1,000 |

## Short-Term Disability

|         |                                    |                                       |                 |
|---------|------------------------------------|---------------------------------------|-----------------|
| Benefit | 60% of Salary up to \$150 per week | Waiting Period/Maximum Benefit Period | 7 days/26 weeks |
|---------|------------------------------------|---------------------------------------|-----------------|

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

| Weekly Premiums       | Dental  | Vision | Term Life | STD    |
|-----------------------|---------|--------|-----------|--------|
| Employee Only         | \$5.40  | \$2.42 | \$0.60    | \$4.20 |
| Employee + Child(ren) | \$14.58 | \$6.54 | \$0.90    | n/a    |
| Employee + Spouse     | \$10.80 | \$4.84 | \$0.90    | n/a    |
| Employee + Family     | \$20.52 | \$9.20 | \$1.80    | n/a    |