

MEC CARE™



MEC CARE™

Find A Provider



Go to www.multiplan.com

Sample ID Card

MEC CARE™		
Employer Name: United Benefits GP	Plan ID: WPL333	
Member Name: First Last	Member ID #: 123456789	
<small>Each Person is a Cardholder: Replace Last 2 Digits with Applicable Suffix</small>		
Dependents:		
	www.WellDyneRX.com	Pharmacy Help Desk 555-555-5555
Member Services: 555-555-5555		
BIN:123456	RXGROUP: HMATPA	

<u>This card does not guarantee coverage.</u>	
To Verify benefits, eligibility, or obtain precertification/ authorization, visit the websites or call: 555-555-5555	
For Members:	www.hma-az.com/members
For Providers:	www.hma-az.com/provider-portal
Claims: HMA	123 Easy St Tempe AZ 85285
Administered by	
	To find a PHCS, or if not available, a Multiplan provider, visit www.multiplan.com or call 888-826-5317

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MEC Care™ provides coverage for the preventive health and wellness services required by the Affordable Care Act's PHSA § 2713 (a). This health plan provides Minimum Essential Coverage and satisfies the "A Tax" penalty and Individual Mandate. MEC Care™ provides more coverage than a traditional MEC plan. MEC Care™ does not cover out-of-network services.

Medical Service Deductible Information		
Deductible	In-Network Services	Out-of-Pocket Maximum
Individual	\$2,000	\$7,150
Family	\$4,000	\$14,300
Medical Services		
Medical Service	Member Pays	Limitations & Exceptions
Preventive & Wellness Coverage	\$0	Some services are subject to age and other limitations.
Telemedicine	\$0	None
Non-Specialist Doctor Visit Specialist Visit	\$25 Copay \$50 Copay	The deductible does not apply.
Outpatient Laboratory	\$50 Copay	None
Urgent Care	\$50 Copay	
Outpatient X-Rays Outpatient CT/MRI/Pet Scans	\$50 Copay/Test 50% Coinsurance/Test	
Rehabilitation & Habilitation Services	\$50 Copay/Therapy	
Mental and Behavioral Health	\$50 Copay/Admission	Limited to outpatient services.
Generic Drugs	\$20 Copay	The deductible does not apply.

NOTE: Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations, and Exclusions before enrolling in this plan.

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Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - a. Sports
 - b. Camp
 - c. Employment
 - d. Travel
 - e. Insurance
 - f. Marriage
 - g. Legal proceedings
2. Routine foot care for treatment of the following:
 - a. Flat feet
 - b. Corns
 - c. Bunions
 - d. Calluses
 - e. Toenails
 - f. Fallen arches
 - g. Weak feet
 - h. Chronic foot strain
3. Dental procedures
4. Any other medical service, treatment, or procedure not covered under this Plan
5. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Appendix A or otherwise explicitly provided in this *Plan Document*, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service
6. Claims unrelated to treatment of medical care or treatment
7. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition
8. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits to the Plan Document
9. Any claim related to an injury arising out of or in the course of any employment for wage or profit
10. Claims which would otherwise be covered by a Worker's Compensation policy for which a participant is entitled to benefit
11. Any claim arising from service received outside of the United States, except for the reasonable cost of claims billed by the Veterans Administration or Department of Defense for benefits covered under this Plan and not incurred during or from service in the Armed Forces of the United States

12. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed
13. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted
14. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant
15. Claims due to the use of illegal drugs
16. Claims due to an act of war, declared or undeclared, not including acts of terrorism
17. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
18. Elective, voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus were carried to term
19. Travel, unless specifically provided in the schedule of benefits
20. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
21. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits
22. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
23. Services or supplies which are primarily educational
24. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression
25. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion
26. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change
27. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
28. Any claims for fertility or infertility treatment
29. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
30. Claims for or disability resulting from reversal of sterilization
31. Claims for telephone consultations, the completion of forms, or failure to keep scheduled appointments
32. Recreational or diversional therapy
33. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider
34. Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, rock climbing, rappelling, or hang gliding
35. Claims that arise primarily due to medical tourism
36. Podiatry
37. Supportive devices of the foot
38. Treatments for sexual dysfunction
39. Aquatic or massage therapy
40. Claims arising while legally intoxicated under the influence of illegal drugs, irrespective whether a criminal charge arose, unless the claim arose due to a drug addiction
41. Biofeedback training
42. Skilled nursing facility stay

43. Durable medical equipment and prosthetics
44. Home health care or hospice care
45. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury
46. Claims for temporomandibular joint syndrome
47. Claims for biotech or specialty prescriptions
48. Any claim which is not explicitly covered in the schedule of benefits
49. Genetic testing unless explicitly covered in the schedule of benefits
50. Outpatient hospital services unless explicitly covered in the schedule of benefits
51. Inpatient hospital services unless explicitly covered in the schedule of benefits
52. Organ transplants
53. Emergency Room visiting, including Emergency Transportation
54. Claims for cosmetic surgery, not related to mastectomy reconstruction, to produce a symmetrical appearance or prosthesis or physical complications which result from such procedures
55. Chiropractic care
56. Radiation and chemotherapy
57. Dialysis
58. Acupuncture
59. Alternative medicine/homeopathy
60. Children dental and vision
61. Outpatient surgery at hospital
62. Outpatient surgery at ambulatory surgery center
63. PCP surgery
64. Specialist surgery
65. Inpatient hospitalization including MHSA
66. Anesthesia