

MEC BASIC

Schedule of Benefits & Plan Design

Since the only benefits offered under this Plan are preventive and wellness services, all in network services will be covered at 100% of the cost by the Plan, and the Plan Participants will owe 0% of the cost of these covered preventive and wellness services. Out of network services will be covered at 0% of the cost by the Plan, and Plan Participant will owe 100% of the cost of these covered preventive and wellness services. No deductible or out of pocket maximum is required for this Plan.

The following table represents the type of medical services currently covered under the **MEC BASIC[™] Plan** (automatically subject to change as per Section V.), as well as the permitted interval and any requirements of such medical services. Note that some requirements may be defined by the benefit itself, such as cholesterol abnormalities screening: men 35 and older. Only men aged 35 or older may access such benefits by fiat of the benefit itself.

Benefit	Interval	Requirements
Abdominal aortic aneurysm screening: men	1	Aged 65-75, previous smoker
Alcohol misuse screening and counseling	1	Adults 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling
Anemia screening: pregnant women	1	Asymptomatic pregnant women
Aspirin to prevent cardiovascular disease: men	As prescribed	Aged 45-79, when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage
Aspirin to prevent cardiovascular disease: women	As prescribed	Aged 55-79, when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage
Bacteriuria screening: pregnant women	1	Pregnant women at 12-16 weeks' gestation or at the first prenatal visit, if later
Blood pressure screening in	1	Adults aged 18 or older
BRCA risk assessment and genetic counseling/testing	1	Women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medications	1	Tamoxifen for women at high risk for breast cancer and at low risk for adverse medication effects
Breast cancer screening	1 time every 2 years	Women aged 40 or older
Breastfeeding counseling	2	To parent(s) of the child once during pregnancy and once post-partum
Cervical cancer screening: Type A	1 time every 3 years	Women aged 21-65 with cytology (Pap smear)
Cervical cancer screening: Type B	1 time every 5 years	Women aged 30-65 who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing
Chlamydial infection screening: nonpregnant women	1	Non-pregnant women aged 24 or younger and older non-pregnant women who are at increased risk
Chlamydial infection screening: pregnant women	1	Pregnant women aged 24 or younger and older pregnant women who are at increased risk
Contraception, subject to pending regulations	As prescribed	FDA approved methods, sterilization procedures, not including abortifacient drugs
Cholesterol abnormalities screening: men 35 and older	1	

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Benefit (cont.)	Interval (cont.)	Requirements (cont.)
Cholesterol abnormalities screening: men younger than 35	1	Aged 20-35 if at increased risk for coronary heart disease
Cholesterol abnormalities screening: women 45 and older	1	Increased risk for coronary heart disease
Cholesterol abnormalities screening: women younger than 45	1	Aged 20-45 if at increased risk for coronary heart disease
Colorectal cancer screening	1 time every 5 years	Aged 50-75
Dental caries prevention: infants and children up to 5 years	1	Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians may prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.
Depression screening: adolescents	1	Aged 12-18
Depression screening: adults	1	Aged 18 or older
Diabetes screening	1	Asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg
Falls prevention in older adults: exercise or physical therapy	1	Community-dwelling adults aged 65 years or older who are at increased risk for falls
Falls prevention in older adults: vitamin D	As prescribed	Community-dwelling adults aged 65 years or older who are at increased risk for falls
Folic acid supplementation	As purchased	Women planning or capable of pregnancy
Gestational diabetes mellitus screening	1	Asymptomatic pregnant women after 24 weeks of gestation
Gonorrhea prophylactic medication: newborns	1	Newborns
Gonorrhea screening: women	1	Sexually active women at increased risk
Healthy diet counseling	1	Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease
Hearing loss screening: newborns	1	
Hemoglobinopathies screening: newborns	1	
Hepatitis B screening: nonpregnant adolescents and adults	1	Persons at high risk for infection
Hepatitis B screening: pregnant women	1	
Hepatitis B infection screening: adults	1	Persons at high risk for infection or persons born between 1945 and 1965
HIV screening: adolescents and adults	1	Adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened
HIV screening: pregnant women	1	All pregnant women, including those who present in labor who are untested and whose HIV status is unknown
Hypothyroidism screening: newborns	1	

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Benefit (cont.)	Interval (cont.)	Requirements (cont.)
Intimate partner violence screening and Counseling: women of childbearing age	1	Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse
Iron supplementation in children	As prescribed	Aged 6-12 months who are at increased risk for iron deficiency anemia
Lung cancer screening	1	Screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and counseling: adults	1	Offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions
Obesity screening and counseling: children	1	Aged 6-18
Osteoporosis screening: women	1	Women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors
Phenylketonuria screening: newborns	1	
Rh incompatibility screening: first pregnancy visit	1	Pregnant women
Rh incompatibility screening: 24–28 weeks' gestation	1	Pregnant women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
Sexually transmitted infections counseling	1	Sexually active adolescents and for adults at increased risk for STIs
Skin cancer behavioral counseling	1	Aged 10-24 who have fair skin
Tobacco use counseling and interventions: nonpregnant adults	2	Adults who use tobacco
Tobacco use counseling: pregnant women	2	Pregnant women who smoke
Tobacco use interventions: children and adolescents	2	Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents
Syphilis screening: nonpregnant persons	1	Persons at increased risk for syphilis infection
Syphilis screening: pregnant women	1	
Visual acuity screening in children	1 time every 2 years	Aged 3-5
Well-woman visits	1	Women only
HepB-1	1	Newborn
HepB-2	1	Aged 4 weeks – 2 months

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Benefit (cont.)	Interval (cont.)	Requirements (cont.)
HepB-3	1	Aged 24 weeks – 18 months
DTaP-1	1	Aged 6 weeks – 2 months
DTaP-2	1	Aged 10 weeks – 4 months
DTaP-3	1	Aged 14 weeks – 6 months
DTaP-4	1	Aged 12-18 months
DTaP-5	1	Aged 4-6
Hib-1	1	Aged 6 weeks – 2 months
Hib-2	1	Aged 10 weeks – 4 months
Hib-3	1	Aged 14 weeks – 6 months
Hib-4	1	Aged 12-15 months
IPV-1	1	Aged 6 weeks – 2 months
IPV-2	1	Aged 10 weeks – 4 months
IPV-3	1	Aged 14 weeks – 18 months
IPV-4	1	Aged 4-6
PCV-1	1	Aged 6 weeks – 2 months
PCV-2	1	Aged 10 weeks – 4 months
PCV-3	1	Aged 14 weeks – 6 months
PCV-4	1	Aged 12-15 months
MMR-1	1	Aged 12-15 months
MMR-2	1	Aged 13 months – 6
Varicella-1	1	Aged 12-15 months
Varicella-2	1	Aged 15 months – 6
HepA-1	1	Aged 12-23 months
HepA-2	1	Aged 18 months or older
Influenza, inactivated	1	Aged 6 months or older
LAIV (intranasal)	1	Aged 2-49
MCV4-1	1	Aged 2-12
MCV4-2	1	Aged 11 years, 8 weeks – 16
MPSV4-1	1	Aged 2 or older
MPSV4-2	1	Aged 7 or older
Td	1	Aged 7-12
Tdap	1	Aged 7 or older

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Benefit (cont.)	Interval (cont.)	Requirements (cont.)
PPSV-1	1	Aged 2 or older
PPSV-2	1	Aged 7 or older
HPV-1	1	Aged 9-12
HPV-2	1	Aged 9 years, 4 weeks – 12 years, 2 months
HPV-3	1	Aged 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	1	Aged 6 weeks – 2 months
Rotavirus-2	1	Aged 10 weeks – 4 months
Rotavirus-3	1	Aged 14 weeks – 6 months
Herpes Zoster	1	Aged 60 years or older

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.** Rehabilitative therapies **4.** Dental procedures **5.** Any other medical service, treatment, or procedure not covered under this Plan. **6.** 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 Summary Plan Description, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.