



First Health Network

Minimum Essential Coverage Plan Schedule of Medical Benefits

**This Plan covers routine preventive services only.
This Plan does not cover medical illness or accidental injury claims.**

Covered Preventive Services for Adults				
Wellness Office Visits		Network Providers	Non-Network Providers	Benefit Limits
Office Visit Exam & Includes Services For:		Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Abdominal Aortic Aneurysm		Plan pays 100%	No Benefit	One time screening for males of ages 65 to 75 who have ever smoked.
Alcohol Misuse Screening		Plan pays 100%	No Benefit	
Aspirin use for Men and Women		Plan pays 100%	No Benefit	One Aspirin use consultation for women ages 45 to 79 and men 55 to 79.
Blood Pressure Screening		Plan pays 100%	No Benefit	One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over.
Cholesterol Screening		Plan pays 100%	No Benefit	One screening per calendar year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease.
Depression Screening		Plan pays 100%	No Benefit	
Type 2 Diabetes Screening		Plan pays 100%	No Benefit	Screening for adults with high blood pressure only.
Diet Counseling		Plan pays 100%	No Benefit	Screening for adults at higher risk of chronic disease.
HIV Screening		Plan pays 100%	No Benefit	Screening for adults at higher risk.
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococca † Tetanus, Diphtheria, Pertussis * Varicella		Plan pays 100%	No Benefit	Listed immunizations are once per calendar year. Pneumococcal shots for adults 65 and older.
Obesity Screening and Counseling		Plan pays 100%	No Benefit	
Sexually Transmitted Infection (STI) Screening and Counseling		Plan pays 100%	No Benefit	Prevention counseling for adults at higher risk, includes syphilis screening.
Tobacco Use Screening		Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users.
Covered Preventive Services for Women				
Wellness Office Visits		Network Providers	Non-Network Providers	Benefit Limits
Well-Women Visits		Plan pays 100%	No Benefit	
Anemia Screening		Plan pays 100%	No Benefit	For pregnant women.
Bacteriuria urinary tract or infection Screening		Plan pays 100%	No Benefit	For pregnant women.
Breast Cancer Mammography Screening		Plan pays 100%	No Benefit	Screenings every 1 to 2 years for women over 40 years old.
Breast Cancer Chemoprevention Counseling		Plan pays 100%	No Benefit	Counseling for women at high risk.
Cervical Cancer Screening		Plan pays 100%	No Benefit	Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening		Plan pays 100%	No Benefit	For younger women and women at high risk.

Covered Preventive Services for Children

Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Alcohol and Drug Use Assessments	Plan pays 100%	No Benefit	
Autism Screening	Plan pays 100%	No Benefit	For children at 18 months to 24 months
Behavioral Assessments	Plan pays 100%	No Benefit	For children to age 18
Blood Pressure Screening	Plan pays 100%	No Benefit	For children to age 18
Cervical Dysplasia Screening	Plan pays 100%	No Benefit	For sexually active females
Congenital Hypothyroidism Screening	Plan pays 100%	No Benefit	For newborns
Depression Screening	Plan pays 100%	No Benefit	For teenagers ages 12 to 18
Developmental Screening	Plan pays 100%	No Benefit	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100%	No Benefit	For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	Plan pays 100%	No Benefit	For children without fluoride in their water sources
Hearing Screenings	Plan pays 100%	No Benefit	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100%	No Benefit	For children to age 18
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit	For children to age 18
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100%	No Benefit	For all newborns
HIV Screening	Plan pays 100%	No Benefit	For sexually active children
Immunizations * Diphtheria, Tetanus, Pefussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella	Plan pays 100%	No Benefit	For children to age 18.
Iron Supplements	Plan pays 100%	No Benefit	For children ages 6 to 12 months at risk of anemia.
Lead Screening	Plan pays 100%	No Benefit	For children at risk of exposure
Medical History	Plan pays 100%	No Benefit	For all children throughout development.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	For children to age 18.
Oral Health	Plan pays 100%	No Benefit	At risk assessment for your children ages newborn to age 10.
Phenylketonuria (PKU) Screening	Plan pays 100%	No Benefit	For genetic disorders in newborns.
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	For children at higher risk, includes gonorrhea preventive medication for newborn eyes.
Tuberculin Testing	Plan pays 100%	No Benefit	For children at higher risk of tuberculosis to age 18.
Vision Screening	Plan pays 100%	No Benefit	For children to age 18.

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.



ESSENTIAL PLANS BENEFIT SUMMARY

EBA Essential Plans provide affordable coverage that meets the requirements under the Affordable Care Act, which avoids members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

	In Network MEC Plus	In Network MEC Premium Plus	Out of Network
Annual Maximum/Lifetime Maximum Benefit	Unlimited	Unlimited	Not Covered
Deductible (per person)	\$0	\$0	Not Covered
Medical Benefits			
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable	Not Covered
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at 100%	Covered at 100%	Not Covered
Primary Doctor & Pediatric–sick visits	\$25 co-pay – 5 Visits per Year	\$25 co-pay – Unlimited Visits	Not Covered
Specialist Doctor	\$35 co-pay – 1 Visit per Year	\$35 co-pay – 5 Visits per Year	Not Covered
Laboratory Services and Imaging	Preventive Care only included	Preventive Care only included	Not Covered
X-Rays	Preventive Care only included	Preventive Care only included	Not Covered
Urgent Care	\$50 co-pay – 2 Visits per Year	\$50 co-pay – 3 Visits per Year	Not Covered
Emergency Room Admission	Not Covered / Network Discounted Rate	\$250 co-pay – 1 Visit per Year	Not Covered
Outpatient Surgery, Hospice, Skilled Nurse	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
In Patient Surgery/Services	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Maternity Pre/Post Natal Consultation	Not Covered / Network Discounted Rate	\$25 co-pay – 3 Visits	Not Covered
Mental Health, Substance Abuse Consultation	Not Covered / Network Discounted Rate	\$25 co-pay – 1st 3 visits	Not Covered
Rehabilitative Speech Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Rehabilitative and Rehabilitative Physical Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Chiropractic Care	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	
Skilled Nursing Facility	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Durable Medical Equipment	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Outpatient Facility (e.g. Ambulatory Surgery Center)	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered
Prescription Drug Benefits			
RX	Discount for Generics	Discount for Generics	Not Covered

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.

Coordination of Benefits: Non-duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

Rx Insurance Plan underwritten through Pram Insurance Services. See plan description for details.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

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