



Minimum Essential Coverage (MEC Plus) Plan Schedule of Medical Benefits

Group ID: EFOHE

**This Plan provides Minimal Essential Coverage for Medical Care.
If the service is not listed on this Schedule of Benefits it is not covered.**

Claims Address

P.O. Box 1807
Draper, Utah 84020
Emdeon Payor ID: 88067

**PPO Provider Network:
PHCS Specific Services Network**

Customer Service: 877-453-4201

Coverage begins the 1st day of the month following 60 days of employment. Coverage ends the last day of the month following termination.
Minimum weekly hours for full time: 30 hours/130 per month

Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits Per Calendar Year
Annual Deductibles Does not include Co-pays. In-network and Out-of-network are separate accumulations and do not cross apply	Individual: None Family: None	Individual: None Family: None	Limits are per person per calendar year
Annual Co-pay and Co-Insurance Out of Pocket Maximums (Medical and Rx Co-pays apply to the annual out of pocket maximums)	Individual \$4,000 Family \$7,500	Individual: Unlimited Family: Unlimited	
Office Visits - Primary Care (exam or consultation)	\$20 Co-pay, Plan pays 100%	No Benefit	Limited to 3 visits annually.
Office Visits - Specialist (exam or consultation)	Network Discount Card applies	No Benefit	
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	Network Discount Card applies	No Benefit	Included on 3 visits annually.
Diagnostic Services - Major (Facility Charges) (MRI, CT, PET, Nuclear Medicine, etc.)	Network Discount Card applies	No Benefit	
Diagnostic Services - Major (Physician Charges) (MRI, CT, PET, Nuclear Medicine, etc.)	Network Discount Card applies	No Benefit	
Diagnostic Services - Minor (ultrasounds, bone density, ecography, etc)	Network Discount Card applies	No Benefit	
Emergency Room Facilities	Network Discount Card applies	No Benefit	
Emergency Room - All covered services other than facility charges	Network Discount Card applies	No Benefit	
Urgent Care Center & 24 Hour Clinic	\$50 Co-pay, Plan pays 100%	No Benefit	Limited to 1 visit annually.

Covered Preventive Services for Adults as defined by CMS Preventive Services

Wellness Office Visits and Lab Services	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 and Counseling	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

Colorectal Cancer Screening	Plan pays 100%	No Benefit	Screening for adults over age 50
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
Hepatitis B Screening	Plan pays 100%	No Benefit	For members at high risk, including members in countries with 2% or more Hepatitis B prevalence, and U.S. Born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence
Hepatitis C Screening	Plan pays 100%	No Benefit	For adults at increased risk, and one time for everyone born between 1945 - 1965
HIV Screening	Plan pays 100%	No Benefit	Screening for adults at higher risk
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Human Papillomavirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Tetanus, Diphtheria, Pertussis * Varicella	Plan pays 100%	No Benefit	Listed immunizations are once per calendar year. Human Papillomavirus shots up to age 26. Pneumococcal shots for adults 65 and older
Lung Cancer Screening	Plan pays 100%	No Benefit	For adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
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
Syphilis Screening	Plan pays 100%	No Benefit	For all adults at higher risk
Tobacco Use Screening	Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users

Covered Preventive Services for Women - Including Pregnant Women

Wellness Office Visits and Lab Services	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
BRCA Counseling	Plan pays 100%	No Benefit	Includes genetic test for women at high risk
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
Breastfeeding Consultations	Plan pays 100%	No Benefit	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
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
Contraception	Plan pays 100%	No Benefit	Includes birth control pills and devices, injections and surgical sterilization (hospital, physician, anesthesia)

Domestic and Interpersonal Violence Screening	Plan pays 100%	No Benefit	
Folic Acid Supplements	Plan pays 100%	No Benefit	For pregnant women
Gestational Diabetes Screening	Plan pays 100%	No Benefit	For women 24 to 28 weeks pregnant and/or at high risk of developing gestational diabetes
Gonorrhea Screening	Plan pays 100%	No Benefit	For all women at higher risk
Hepatitis B Screening	Plan pays 100%	No Benefit	For pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV) Screening and counseling	Plan pays 100%	No Benefit	For women sexually active
Human Paillomavirus (HPV) DNA Test	Plan pays 100%	No Benefit	One test every 3 years for woment with normal cytology results who are 30 or older
Osteoporosis Screening	Plan pays 100%	No Benefit	For women over age 60 or at high risk
Rh Incompatibility Screening	Plan pays 100%	No Benefit	For pregnant women and follow-up testing for women at higher risk
Tobacco Use Screening and interventions	Plan pays 100%	No Benefit	
Syphilis Screening	Plan pays 100%	No Benefit	For all pregant woment or other women at increase risk
Sexually Transmitted Infection (STI) Screening and Counseling.	Plan pays 100%	No Benefit	For sexually active women
Urinary Tract or Other Infection Screening for Pregnant Women	Plan pays 100%	No Benefit	

Covered Preventive Services for Children

Wellness Office Visits and Lab Services	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
Gonorrhea Preventive Medicaiton for the Eyes of All Newborns	Plan pays 100%	No Benefit	
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

Hypothyroidism Screening for Newborns	Plan pays 100%	No Benefit	
Immunizations * Diphtheria, Tetanus, Pertussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Human Papillomavirus * 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
Prescription Benefits			
Covered Prescription Drugs - SimpleSaveRx Customer Service: 844-728-3479 Rx Bin #: 018448 Rx PCN #: 66202303	Negotiated best price for drugs: \$0-\$20 (Tier 1) \$20-\$40 (Tier 2) \$40-\$100 (Tier 3)	No Benefit	Specialty Medications: No Benefit All prescriptions are limited to 31 day supply. Plan pays costs above \$100 up to \$150 per family per quarter.
Telemedicine			
Sherpaa	Plan pays 100%		Go to www.sherpaa.com for more information.

Effective: 1/1/2018

Dependents covered to age 26 regardless of student or 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.

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

Visit www.talltreehealth.com to view Schedule of Benefits, Plan Document, Enrollment information, claims history, link to the PPO Network and more.

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.