

**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.**

<b>Covered Preventive Services for Adults</b>				
<b>Wellness Office Visits</b>	<b>Network Providers</b>	<b>Non-Network Providers</b>	<b>Benefit Limits</b>	
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 I* 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.	
<b>Covered Preventive Services for Women</b>				
<b>Wellness Office Visits</b>	<b>Network Providers</b>	<b>Non-Network Providers</b>	<b>Benefit Limits</b>	
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.
<b>Covered Preventive Services for Children</b>			
<b>Wellness Office Visits</b>	<b>Network Providers</b>	<b>Non-Network Providers</b>	<b>Benefit Limits</b>
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.

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).**

**Policy term is for a 12 month period. In the event of an early termination, there is a 6 month waiting period for all services.**

**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.**

# Frequently Asked Questions

## **WHO CAN PARTICIPATE?**

All employees who consistently work more than 30 hours per week are eligible to enroll.

## **CAN I ENROLL MY DEPENDENTS?**

Yes, you can enroll a spouse and dependent children up to age 26.

## **CAN I SIGN UP FOR COVERAGE AT ANY TIME?**

No, you must sign up for coverage during your open enrollment period. If you choose to waive coverage you will not be able to enroll until the open enrollment period next year or if you experience a qualifying event.

## **HOW ARE MY PREMIUMS PAID?**

If your election requires you to make a payment it will be taken as a payroll deduction. Any payroll deduction will take place on a pre-tax basis.

## **HOW DO I USE MY PLAN?**

Your employer will distribute all member ID card once enrolled. Simply present your ID card to your provider at the time of service. EBA will process the claim and send any applicable payment directly to your provider. You will receive an Explanation of Benefits (EOB) in the mail outlining what has been paid by your plan and what you still owe, if anything.

## **WHAT DOCTORS ARE IN MY NETWORK?**

A list of your doctors can be found by accessing the First Health website listed below.

## **HOW DO I KNOW IF A CLAIM HAS BEEN PAID?**

You will receive an Explanation of Benefits (EOB) in the mail outlining what has been paid by your plan and what you still owe, if anything.

## **Customer Service Contacts**

**ADDRESS:** Essential Benefit Administrators  
PP BOX 593  
Newport Beach, CA 92661

**PHONE:** (888) 292-0095

**EMAIL:** [info@essentialbenefitplans.com](mailto:info@essentialbenefitplans.com)

**WEBSITE:** [www.essentialbenefitplans.com](http://www.essentialbenefitplans.com)

**FIND A DOCTOR:** First Health Network  
[www.MyFirstHealth.com](http://www.MyFirstHealth.com)