



**WellMEC** is an affordable, innovative healthcare plan that provides preventive care, vaccinations and wellness services, paid at 100%. Additionally, **WellMEC** is compliant with the minimum essential coverage requirements of the Affordable Care Act.

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## Employers

Avoid the \$2,000/employee IRS penalty and satisfy the Employer Mandate by offering **the WellMEC plan**.

In addition, **WellMEC** will issue form 1095 to all employees of the business.

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**No Deductibles | No Co-payments**  
**All Pre-Existing Conditions Covered**  
**Guaranteed Acceptance through Age 64**

\*The MEC plan provides 100% coverage for preventive and wellness only.

**THIS IS NOT COMPREHENSIVE MAJOR MEDICAL INSURANCE** and therefore is not intended to replace ACA compliant major medical plans. **ADDITIONAL MAJOR MEDICAL PLANS AVAILABLE.**





## Summary of Preventive Health Services

### 17 Covered Preventive Services for Adults

1. **Abdominal Aortic Aneurysm one-time screening** for men of specified ages who have ever smoked
2. **Alcohol Misuse screening and counseling**
3. **Aspirin use** to prevent cardiovascular disease for men and women of certain ages
4. **Blood Pressure screening** for all adults
5. **Cholesterol screening** for adults of certain ages or at higher risk
6. **Colorectal Cancer screening** for adults over 50
7. **Depression screening** for adults
8. **Diabetes (Type 2) screening** for adults with high blood pressure
9. **Diet counseling** for adults at higher risk for chronic disease
10. **Hepatitis C screening** for adults at increased risk, and one time for everyone born 1945 – 1965
11. **HIV screening** for everyone ages 15 to 65, and other ages at increased risk
12. **Immunization vaccines** for adults — doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
13. **Lung cancer screening** for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
14. **Obesity screening and counseling** for all adults
15. **Sexually Transmitted Infection (STI) prevention counseling** for adults at higher risk
16. **Syphilis screening** for all adults at higher risk
17. **Tobacco Use screening** for all adults and cessation interventions for

### 22 Covered Preventive Services for Women

1. **Anemia screening** on a routine basis for pregnant women
2. **Breast Cancer Genetic Test Counseling (BRCA)** for women at higher risk for breast cancer
3. **Breast Cancer Mammography screenings** every 1 to 2 years for women over 40
4. **Breast Cancer Chemoprevention counseling** for women at higher risk
5. **Breastfeeding comprehensive support and counseling** from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. **Cervical Cancer screening** for sexually active women
7. **Chlamydia Infection screening** for younger women and other women at higher risk
8. **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. **Domestic and interpersonal violence screening and counseling** for all women
10. **Folic Acid supplements** for women who may become pregnant
11. **Gestational diabetes screening** for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
12. **Gonorrhea screening** for all women at higher risk
13. **Hepatitis B screening** for pregnant women at their first prenatal visit
14. **HIV screening and counseling** for sexually active women
15. **Human Papillomavirus (HPV) DNA Test** every 3 years for women with normal cytology results who are 30 or older
16. **Osteoporosis screening** for women over age 60 depending on risk factors
17. **Rh Incompatibility screening** for all pregnant women and follow-up testing for women at higher risk
18. **Sexually Transmitted Infections counseling** for sexually active women
19. **Syphilis screening** for all pregnant women or other women at increased risk
20. **Tobacco Use screening and interventions** for all women, and expanded counseling for pregnant tobacco users
21. **Urinary tract or other infection screening** for pregnant women
22. **Well-woman visits** to get recommended services for women under 65

### 26 Covered Preventive Services for Children

1. **Alcohol and Drug Use assessments** for adolescents
2. **Autism screening** for children at 18 and 24 months
3. **Behavioral assessments for children** at the following ages: 0 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. **Blood Pressure screening for children** at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
5. **Cervical Dysplasia screening** for sexually active females
6. **Depression screening** for adolescents
7. **Developmental screening** for children under age 3
8. **Dyslipidemia screening** for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
9. **Fluoride Chemoprevention supplements** for children without fluoride in their water source
10. **Gonorrhea preventive medication** for the eyes of all newborns
11. **Hearing screening** for all newborns
12. **Height, Weight and Body Mass Index measurements** for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
13. **Hematocrit or Hemoglobin screening** for children
14. **Hemoglobinopathies or sickle cell screening** for newborns
15. **HIV screening** for adolescents at higher risk
16. **Hypothyroidism screening** for newborns
17. **Immunization vaccines** for children from birth to age 18 —doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
18. **Iron supplements** for children ages 6 to 12 months at risk for anemia
19. **Lead screening** for children at risk of exposure
20. **Medical History for all children throughout development** at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
21. **Obesity screening and counseling**
22. **Oral Health risk assessment** for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
23. **Phenylketonuria (PKU) screening** for this genetic disorder in newborns
24. **Sexually Transmitted Infection (STI) prevention counseling and screening** for adolescents at higher risk
25. **Tuberculin testing for children** at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. **Vision screening** for all children.



## Schedule of Benefits

The Plan covers 100% of the Preventive and Wellness benefits required by PHSA § 2713(a) with no deductibles or copayments. All In-Network service will be 100% covered, Out-of-Network service will not be covered and Plan Participant will owe 100% of these preventive and wellness services.

Preventive and Wellness Services		
Annual Maximum	Unlimited	
<b>Benefits are payable for eligible procedures incurred as part of Preventive Care Services only. Treatment of a diagnosed illness or injury is not cover under this benefit.</b>		
Covered Benefits <sup>1</sup>	Benefit Level	Limits
<ul style="list-style-type: none"> <li>• Medical services with a rating of “A” or “B” from the current recommendations of the United States Preventive Services Task Force;</li> <li>• Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only;</li> <li>• Screenings for infants, children, and adolescents provided in the comprehensive guidelines of the Health Resources Administration; and</li> <li>• Additional preventive care for women not covered in paragraph (1) but provided for in the comprehensive guidelines of the Health Resources Administration.</li> </ul>	100% <sup>2</sup>	Some services are subject to age and other limitations.

## Preventive and Wellness Benefits: Limitations, Intervals, and Requirements

<sup>1</sup> Benefits automatically subject to PHSA § 2713, Amendments to this section, through legislative act or regulation, are automatically incorporated into this document by reference.

<sup>2</sup> This Plan utilizes a Preferred Provider Organization, or “PPO” network. Preventive services accessed “In-network”, will be 100% covered.





The following table represents the type of medical services currently covered under the **WeIMEC™ Plan** as well as the permitted interval and any requirements of such medical services. If a medical service does not have a specific interval under law or regulation, the interval for that medical service is once per year.

Preventive and Wellness Services		
Benefit	Interval	Requirements
Abdominal aortic aneurysm screening	1 per lifetime	<b>Men</b> aged 65-75, previous smoker
Alcohol misuse screening and counseling	1	<b>Adults</b> 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse
Anemia screening	1	<b>Pregnant women</b>
Aspirin: preventive medication	As prescribed	<b>Adults</b> aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, not at increased risk for bleeding, with a life expectancy of at least 10 years, and willing to take low-dose aspirin daily for at least 10 years
		<b>Pregnant women</b> at high risk for preeclampsia
Bacteriuria screening	1	<b>Pregnant women</b> at 12-16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening	1	<b>Adults</b> aged 18 or older
BRCA risk assessment and genetic counseling/testing	1	<b>Women</b> at high risk. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medications	1	<b>Women</b> at high risk for breast cancer and at low risk for adverse medication effects
Breast cancer screening	1 time every 2 years	<b>Women</b> aged 40 or older
Breastfeeding counseling	2 (during pregnancy and after birth)	
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	<b>Women</b> aged 21 to 65



Cervical cancer screening: with cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women aged 30-65 who want to lengthen the screening interval
Chlamydial screening	1	Women age 24 or younger if: <ul style="list-style-type: none"> <li>• Pregnant, or</li> <li>• Sexually active increased risk of infection</li> </ul>
		Women aged 24 or older who are at increased risk
Cholesterol abnormalities screening	1	Women aged 20-45 if at increased risk for coronary heart disease
		Women 45 and older if at increased risk for coronary heart disease
		Men aged 20-35 if at increased risk for coronary heart disease
		Men 35 and older
Colorectal cancer screening	1 time every 5 years	Aged 50-75
Contraceptive methods and counseling	As prescribed	Women with reproductive capacity; approved by FDA.
Dental caries prevention	1	Infants and children up to 5 years. 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	1	Adolescents aged 12-18
		Adults 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: exercise or physical therapy	1	Adults aged 65 years and older who are at increased risk for falls
Falls prevention: vitamin D	As prescribed	Adults aged 65 years and older who are at increased risk for falls





Folic acid supplementation	As purchased	<b>Women</b> planning or capable of pregnancy
Gestational diabetes screening	1	<b>Pregnant women</b> between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Gonorrhea prophylactic medication	1	<b>Newborns</b>
Gonorrhea screening	1	Sexually active <b>women</b> age 24 years or younger and in older women who are at increased risk for infection
Healthy diet and physical activity counseling	1	<b>Adults</b> who are overweight or obese and have additional cardiovascular disease (CVD) risk factors
Hearing loss screening	1	<b>Newborns</b>
Hemoglobinopathies screening	1	<b>Newborns</b>
Hepatitis B screening	1	<b>Adolescents and adults</b> at high risk for infection
		<b>Pregnant women</b>
Hepatitis C screening	1	<b>Adolescents and adults</b> at high risk for infection
		<b>Adults</b> born between 1945 and 1965
HIV screening	1	<b>Adolescents</b> 15 or younger at high risk
		<b>Adolescents and adults</b> ages 15 to 65 years
		<b>Adults</b> older than 65 at increased risk
		<b>Pregnant women</b>
Human Papillomavirus (HPV) DNA Test	1 every 3 years	<b>Women</b> age 30 and older with normal cytology results
Hypothyroidism screening	1	<b>Newborns</b>
Intimate partner violence screening	1	<b>Women</b> of childbearing age



Iron supplementation	As prescribed	<b>Children</b> aged 6-12 months who are at increased risk for iron deficiency anemia
Lung cancer screening	1	<b>Adults</b> ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Obesity screening and counseling	1	<b>Children</b> aged 6-18
		<b>Adults</b> with a body mass index of 30 kg/m <sup>2</sup> or higher
Osteoporosis screening	1	<b>Women</b> 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.
Preeclampsia screening	1	<b>Pregnant women</b>
Phenylketonuria screening	1	<b>Newborns</b>
Rh incompatibility screening: first pregnancy visit	1	<b>Pregnant women</b>
Rh incompatibility screening: 24–28 weeks' gestation	1	<b>Pregnant women</b> at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
Sexually transmitted infections counseling	1	Sexually active <b>adolescents</b> and <b>adults</b> at increased risk for sexually transmitted infections
Skin cancer behavioral counseling	1	Aged 10-24 who have fair skin
Statin preventive medication	As prescribed	<b>Adults</b> ages 40-75 years without a history of cardiovascular disease (CVD) when all of the following criteria are met: 1) they have 1 or more CVD risk factors; and 2) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.
Tobacco use counseling and interventions	2	<b>Children and Adolescents</b>
		<b>Adults</b> who use tobacco
		<b>Pregnant women</b> who smoke



Tuberculosis screening	1	Adults at high risk
Syphilis screening	1	Adolescents and adults at increased risk
		Pregnant women
Visual acuity screening	1 time every 2 years	Children aged 3-5
Well-woman visits	1	Adult women
<b>Immunizations</b>		
Vaccine	Interval	Requirements
HepB-1	1	Newborn
HepB-2	1	Aged 4 weeks – 2 months
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





Vericella-1	1	Aged 12-15 months
Vericella-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
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

## Preventive and Wellness Benefits: Exclusions

Some health care services are not covered by the Plan. The following is an example of services that are generally not covered.

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 Schedule of Benefits or otherwise explicitly provided in the Summary Plan Description (SPD), this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.