

# Minimum Essential Coverage (MEC) Wellness/Preventive Plan Enrollment

Employee Only Monthly Rate - \$66.37

MEC Preventive Services	In-Network	Non-Network
15 Preventive Services for Adults	100%	40%
22 Preventive Services for Women	100%	40%
26 Covered Preventive Services for Children	100%	40%
PPO Network: MultiPlan, https://www.multiplan.com, 888-342-7427		

## **Instructions to Enroll**

- 1. Please visit the link below
  - Web Link: www.essentialstaffcare.com/MECenroll
- 2. Please login using the access code and your social security number
  - Access Code: 400 + 2915600 + last 4 digits of your SSN
- 3. Please completely fill out the employee information section.
  - TeleSearch's group number is **2915600**
- 4. Please submit application only if enrolling in the plan. If you wish to decline the plan, please decline on the Benefit Acknowledgement Form (available on this website).

## **Frequently Asked Questions**

#### How do I enroll?

Enrolling in the MEC Wellness/Preventive plan is easy. You can enroll by completing the Essential StaffCARE enrollment application at the web link above.

## Can I receive a subsidy on the Exchange?

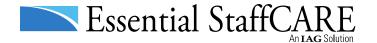
**No,** if you enroll into the MEC Wellness/Preventive Plan you will not qualify for a subsidy at the health insurance exchange, as this plan will meet the definition of Minimum Essential Coverage. Please DO NOT enroll into the MEC Wellness/Preventive Plan if you wish to obtain or wish to continue receiving Federally subsidized coverage from the health insurance exchange

## Do these plans satisfy the Individual Mandate?

**Yes**, by enrolling into the MEC Wellness/Preventive Plan you will be meeting your Individual Mandate obligations.

## How do I make a payment?

An ID card and confirmation of coverage letter will be mailed to your home address, which will include your ID card and instructions for direct payment. If you do not receive these documents within 10 business days of your effective date, or if you have a change of address, please contact the Essential StaffCARE Customer Service at 866-798-0803. Present your ID card to the provider at the time of service. These ID cards are used for



identification purposes and providers use them to verify eligibility status.

## When does coverage begin?

Coverage begins the 1st of the month following receipt of your first monthly payment.

### Does this plan cover medical services?

This plan is in compliance with ACA rules and regulations. It covers wellness and preventive services only.

## Are dependents covered?

Not for this enrollment. Dependent coverage will begin to be offered starting February 1, 2015.

#### Is there a pre-existing clause for the MEC Wellness/Preventive Plan?

There are no restrictions for pre-existing conditions in this plan. Even if you were previously diagnosed with a condition, you can receive coverage for related services as soon as your coverage goes into effect.

## How can I make changes or enroll if I initially declined?

To make changes or enroll if you initially declined, contact your employer and request a change form after January 1st. Changes are effective the 1st of the month following the date of the change request. You can cancel or reduce coverage at any time.

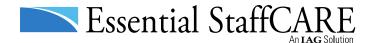
## When can I enroll in the plan?

Official Enrollment dates are from December 8<sup>th</sup> until December 31<sup>st</sup>, 2014, but only for this Employee Only option.

## What is a qualifying life event?

A qualifying life event is defined as a change in your status due to one of the following: Marriage or divorce, birth or adoption of a child(ren), termination, death of an immediate family member. medicare entitlement, employer bankruptcy, loss of dependent status, and loss of prior coverage.

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.



# **Minimum Essential Coverage Covered Preventive Services**

## 15 Covered Preventive Services for Adults (ages 18 and older)

Abdominal Aortic Aneurysm - one time screening for ages 65-75

Alcohol Misuse - screening and counseling

Aspirin - use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician

Blood Pressure - screening for all adults

Cholesterol - screening for adults

Colorectal Cancer - screening for adults starting at age 50 limited to one every 5 years

Depression - screening for adults

Type 2 Diabetes - screening for adults

Diet - counseling for adults

HIV - screening for adults

Immunization - vaccines for adults (Hepatitis A & B, Herpes Zoster, Human

Papillomavirus, Influenza (flu shot), Measles, Mumps Rubella, Meningococcal,

Pneumococcal, Tetanus, Diptheria, Pertussis)

Obesity - screening and counseling for all adults

Sexually Transmitted Infection (STI) - prevention counseling for adults

Tobacco Use - screening for all adults and cessation interventions

Syphilis - screening for all adults

# 23 Covered Preventive Services for Women, Including Pregnant Women

Anemia - screening on a routine basis for pregnant women

Bacteriuria - urinary tract or other infection screening for pregnant women

BRCA - counseling and genetic testing for women at higher risk

Breast Cancer Mammography - screenings every year for women age 40 and over

Breast Cancer Chemoprevention - counseling for women

Breastfeeding - comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. Non-network services will be payable as network services.

Cervical Cancer - screening

Chlamydia Infection - screening

Contraception - Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs

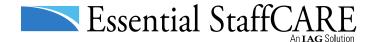
Domestic and Interpersonal Violence - screening and counseling for all women

Folic Acid - supplements for women who may become pregnant when prescribed by a physician

Gestational Diabetes - screening

Gonorrhea - screening for all women

Hepatitis B - screening for pregnant women



Human Immunodeficiency Virus (HIV) - screening and counseling

Human Papillomavirus (HPV) DNA Test - HPV DNA testing every three years for women with normal cytology results who are 30 or older

Osteoporosis - screening for women over age 60

Rh Incompatibility - screening for all pregnant women and follow-up testing

Tobacco Use - screening and interventions for all women, and expanded counseling for pregnant tobacco users

Sexually Transmitted Infections (STI) - counseling

Syphilis - screening

Well-woman visits - to obtain recommended preventive services

## 26 Covered Services for Children

Alcohol and Drug Use - assessments

Autism - screening for children limited to two screenings up to 24 months

Behavioral - assessments for children limited to 5 assessments up to age 17

Blood Pressure - screening

Cervical Dysplasia - screening

Congenital Hypothyroidism - screening for newborns

Depression - screening for adolescents age 12 and older

Developmental - screening for children under age 3, and surveillance throughout childhood

Dyslipidemia - screening for children

Fluoride Chemoprevention - supplements for children without fluoride in their water source when prescribed by a physician

Gonorrhea - preventive medication for the eyes of all newborns

Hearing - screening for all newborns

Height, Weight and Body Mass Index - measurements for children

Hematocrit or Hemoglobin - screening for children

Hemoglobinopathies - or sickle cell screening for newborns

HIV - screening for adolescents

Immunization - vaccines for children from birth to age 18 – doses, recommended ages, and recommended populations vary (Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicells)

Iron - supplements for children up to 12 months when prescribed by a physician

Lead - screening for children

Medical History - for all children throughout development (Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15-17 years)

Obesity - screening and counseling

Oral Health - risk assessment for young children up to age 10

Phenylketonuria (PKU) - screening for newborns

Sexually Transmitted Infection (STI) - prevention counseling and screening for adolescents

Tuberculin - testing for children



Vision - screening for all children under the age of  $\boldsymbol{5}$