



MEC Plan Benefits

Effective Date: January 1, 2017

Provider Network First Health

The Affordable Care Act requires that in order for a plan to satisfy the Minimum Essential Coverage guidelines it must cover 63 preventative care services. These services must be covered at 100% without the employee having to pay a copayment or co-insurance or being applied to any deductible. This only applies when these services are delivered by a network provider.

Preventative Health Services for Adults		
Service	In-Network	Out-of-Network
1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have never smoked.	Covered at 100%	Not Covered
2. Alcohol Misuse screening and counseling.	Covered at 100%	Not Covered
3. Aspirin use for men and women of certain ages.	Covered at 100%	Not Covered
4. Blood Pressure screening for all adults.	Covered at 100%	Not Covered
5. Cholesterol screening for adults of certain ages or at higher risks.	Covered at 100%	Not Covered
6. Colorectal Cancer screening for adults over 50.	Covered at 100%	Not Covered
7. Depression screening for adults.	Covered at 100%	Not Covered
8. Type 2 Diabetes screening for adults with high blood pressure.	Covered at 100%	Not Covered
9. Diet counseling for adults at higher risk for chronic disease.	Covered at 100%	Not Covered
10. HIV screening for all adults at higher risk.	Covered at 100%	Not Covered
11. Immunization vaccines for adults - doses, recommended ages, and recommended populations v <ul style="list-style-type: none"> • Hepatitis A • Hepatitis B • Herpes Zoster • Human Papillomavirus • Influenza (flu shot) • Measles, Mumps, Rubella • Meningococcal • Pneumococcal • Tetanus, Diphtheria, Pertussis • Varicella 	Covered at 100%	Not Covered
12. Obesity screening and counseling for all adults	Covered at 100%	Not Covered
13. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk	Covered at 100%	Not Covered
14. Syphilis screening for all adults at higher risk	Covered at 100%	Not Covered
15. Tobacco Use screening for all adults and cessation interventions for tobacco users	Covered at 100%	Not Covered

* For additional information, visit: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1>





MEC Plan Benefits (cont.)

Preventative Health Services for Women		
Service	In-Network	Out-of-Network
1. Anemia screening on a routine basis for pregnant women.	Covered at 100%	Not Covered
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer.	Covered at 100%	Not Covered
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40.	Covered at 100%	Not Covered
4. Breast Cancer Chemoprevention counseling for women at higher risk.	Covered at 100%	Not Covered
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women.	Covered at 100%	Not Covered
6. Cervical Cancer screening for sexually active women.	Covered at 100%	Not Covered
7. Chlamydia Infection screening for younger women and other women at higher risk.	Covered at 100%	Not Covered
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).	Covered at 100%	Not Covered
9. Domestic and interpersonal violence screening and counseling for all women.	Covered at 100%	Not Covered
10. Folic Acid supplements for women who may become pregnant.	Covered at 100%	Not Covered
11. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.	Covered at 100%	Not Covered
12. Gonorrhea screening for all women at higher risk.	Covered at 100%	Not Covered
13. Hepatitis B screening for pregnant women at their first prenatal visit.	Covered at 100%	Not Covered
14. HIV screening and counseling for sexually active women.	Covered at 100%	Not Covered
15. Human Papillomavirus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older.	Covered at 100%	Not Covered
16. Osteoporosis screening for women over age 60 depending on risk factors.	Covered at 100%	Not Covered
17. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk.	Covered at 100%	Not Covered
18. Sexually Transmitted Infections counseling for sexually active women.	Covered at 100%	Not Covered
19. Syphilis screening for all pregnant women or other women at increased risk.	Covered at 100%	Not Covered
20. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users.	Covered at 100%	Not Covered
21. Urinary tract or other infection screening for pregnant women.	Covered at 100%	Not Covered
22. Well-woman visits to get recommended services for women under 65.	Covered at 100%	Not Covered

* For additional information, visit: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=2>



Preventative Health Services for Children		
Service	In-Network	Out-of-Network
1. Alcohol and Drug Use assessments for adolescents.	Covered at 100%	Not Covered
2. Autism screening for children at 18 and 24 months.	Covered at 100%	Not Covered
3. Behavioral assessments for children at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
4. Blood Pressure screening for children at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
5. Cervical Dysplasia screening for sexually active females.	Covered at 100%	Not Covered
6. Depression screening for adolescents.	Covered at 100%	Not Covered
7. Developmental screening for children under age 3.	Covered at 100%	Not Covered
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: <i>1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
9. Fluoride Chemoprevention supplements for children without fluoride in their water source.	Covered at 100%	Not Covered
10. Gonorrhea preventive medication for the eyes of all newborns.	Covered at 100%	Not Covered
11. Hearing screening for all newborns.	Covered at 100%	Not Covered
12. Height, Weight and Body Mass Index measurements for children at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
13. Hematocrit or Hemoglobin screening for children.	Covered at 100%	Not Covered
14. Hemoglobinopathies or sickle cell screening for newborns.	Covered at 100%	Not Covered
15. HIV screening for adolescents at higher risk.	Covered at 100%	Not Covered
16. Hypothyroidism screening for newborns.	Covered at 100%	Not Covered
17. Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary: <ul style="list-style-type: none"> • Tetanus, Diphtheria, Pertussis • Hepatitis A • Human Papillomavirus • Influenza (flu shot) • Meningococcal • Rotavirus • Haemophilus influenza type b • Hepatitis B • Inactivated Poliovirus • Measles, Mumps, Rubella • Pneumococcal • Varicella 	Covered at 100%	Not Covered
18. Iron supplements for children ages 6 to 12 months at risk for anemia.	Covered at 100%	Not Covered
19. Lead screening for children at risk of exposure.	Covered at 100%	Not Covered
20. Medical History for all children throughout development at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
21. Obesity screening and counseling.	Covered at 100%	Not Covered
22. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.	Covered at 100%	Not Covered
23. Phenylketonuria (PKU) screening for this genetic disorder in newborns	Covered at 100%	Not Covered
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk	Covered at 100%	Not Covered
25. Tuberculin testing for children at higher risk of tuberculosis at the following ages: <i>0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.</i>	Covered at 100%	Not Covered
26. Vision screening for all children.	Covered at 100%	Not Covered

GENERAL EXCLUSIONS

The following exclusions apply to the MEC health benefits:

No benefits will be payable for any medical care, services or treatment not explicitly included in the preventative benefit schedule.

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?

You will receive an ID card in the mail from EBA&M. Simply present your ID card to your provider at the time of service. EBA&M 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 can view all of your claims and benefits online by registering at www.EBAMOnline.com. To Register simply click the "New User Registration" button and enter the information on your EBA&M ID Card. For more information on how to set up and use EBAMOnline please refer to your HR Department.

CAN I DECLINE THIS COVERAGE AND PURCHASE A PLAN OUTSIDE OF MY EMPLOYER?

Yes, you are eligible to enroll in a plan through your spouse or the individual marketplace. You can also purchase a plan through the Exchange and you may be eligible for a premium subsidy from the Exchange. You may also be eligible for Medicare or Medicaid.

Customer Service Contacts

ADDRESS: EBA&M
PO Box 5079
Westlake Village, CA 95139

PHONE: (844) EBAM-MEC
(844) 322-6632

EMAIL: MECChoice@ebam.com

WEBSITE: www.EBAM.com

FIND A DR: First Health PPO
www.firsthealthlbp.com
(800) 226-5116

