



**FREEDOM SERVICES, INC.**  
Visionary Benefits Administration



**HealthMax**  
Home Health Services

# MEC

A Minimum Essential Coverage Plan



Coverage

Eligibility

Enrollment

# Coverage

## Covered Preventative Services for Adults (ages 18 and older)

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use for men and women of certain ages
- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults over 50
- Depression screening for adults
- Type 2 Diabetes screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- HIV screening for all adults at higher risk
- Immunization vaccines for adults—doses, recommended ages, and recommended populations vary: *see below for list*
- Obesity screening and counseling for all adults
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Syphilis screening for all adults at higher risk

*Hepatitis A, Hepatitis B, Herpes Zoster, HPV, Flu Shot, MMR, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella*

## 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 about genetic testing for women at higher risk
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Breast Cancer Chemoprevention counseling for women at higher risk
- Breastfeeding support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
- Cervical Cancer screening for sexually active women
- Chlamydia Infection screening for younger women and other women at higher risk
- Contraception: FDA 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
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women
- HPV DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Sexually Transmitted Infections (STI) counseling for sexually active women
- Syphilis screening for all pregnant women or other women at increased risk
- Well-woman visits to obtain recommended preventive services

## Covered Services for Children

- Alcohol and Drug Use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages (*see HHS site for details*)
- Blood Pressure screening for children (*see HHS site for details*)
- Cervical Dysplasia screening for sexually active females
- Congenital Hypothyroidism screening for newborns
- Depression screening for adolescents
- Developmental screening for children under age 3, and childhood surveillance
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, Weight and Body Mass Index measurements for children (*see HHS site for details*)
- Hematocrit or Hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18 (*See below for list*)
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical History for all children throughout development (*see HHS site for details*)
- Obesity screening and counseling
- Oral Health risk assessment for young children (*see HHS site for details*)
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- STI prevention counseling and screening for at risk adolescents
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children

*Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, HPV, Inactivated Poliovirus, Flu Shot, MMR, Meningococcal, Pneumococcal, Rotavirus, Varicella*





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# Minimum Essential Coverage

## Medical Reimbursement Plan

### Preventative Services Only Plan

Minimum Essential Coverage (MEC) is the type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. Minimum Essential Coverage (MEC) provides first dollar coverage without any cost sharing, such as a copayment or the application of a deductible.

### Eligible Members

All employees who are working 30 hours or more per week are eligible for this Minimum Essential Coverage Group Health Plan. New employees will be eligible on the 1st of the month following 60 days after the date of hire. Employees working less than 30 hours per week are not eligible for participation in the Group Health Plan. Dependents are eligible for participation but spousal coverage is not available. Your cost for this coverage per pay period is \$18.46 for Single and \$55.38 for Single+Child(ren), deducted pre-tax.

### Covered Expenses

Our U.S. Department of Health and Human Services outlines 63 preventive services that are to be covered at 100%. A few of the services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, prenatal visits for pregnant women and more. A full list of the covered services is located on the previous page of this brochure as well as at: <http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>

### Reimbursement Process

This Group Health Insurance Plan is a MEC Reimbursement product. To use this coverage you must receive medically necessary preventative services from your care provider, incur the cost and pay your provider. Once you have paid your provider for the full cost of the preventative services you must complete the MEC claim form and manually submit it to Freedom Services Inc. for adjudication and reimbursement once approved. Please check with your care provider and Freedom Services Inc. prior to receiving preventative services to ensure your claim will be approved. Failure to seek approval may result in your claim being denied upon submission.

### Questions?

Contact Freedom Services today at 952.873.7561 or [information@freedomservices.com](mailto:information@freedomservices.com)



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## MINIMUM ESSENTIAL COVERAGE (MEC) FREQUENTLY ASKED QUESTIONS

The medical plan offered by your employer is a Minimum Essential Coverage (MEC) plan. An offering brochure is available separately and provides further details of benefits, the specific covered services and how to receive reimbursement under this plan.

### WHAT IS MINIMUM ESSENTIAL COVERAGE (MEC)?

- MEC offers specific preventive services for children, pregnant women, and adults [ages eighteen (18) and older].
- These services must be covered at 100% with no deductible, copayment, or coinsurance required.
- Members do not need to use a specific network and can receive care at any doctor of their choice.
- Benefits are paid to the member by **direct reimbursement of paid eligible preventive services**.
- More information about Minimum Essential Coverage can be found by visiting <https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage>.

### WHY WOULD I PARTICIPATE IN THIS MINIMUM ESSENTIAL COVERAGE REIMBURSEMENT PLAN?

- Participation in this plan may satisfy your individual responsibility to have coverage under the Affordable Care Act (ACA), reducing the risk of IRS tax penalties for non-coverage for you and your family.
- You can learn more about the ACA and your individual mandate by visiting <http://www.HSS.gov/healthcare>.

### CAN MINIMUM ESSENTIAL COVERAGE (MEC) BE DEDUCTED FROM MY PAYCHECK?

- If your employer requires a payroll deduction towards the cost of the MEC plan, you could elect to have the expense deducted from your pay on a pre-tax basis.

### WHAT HAPPENS IF I NO LONGER WORK FOR THIS COMPANY?

- If you were to leave employment, you would have the opportunity to continue this coverage through COBRA.

*This plan may not be right for you. Participation in this plan could make you ineligible for any subsidies or tax credits you might receive if you were to purchase your health coverage from a state or federal exchange. This plan pays secondary to any other medical coverage you may have.*

If you have questions regarding the grace period, please contact your Benefits Administrator or Freedom Services at 952.890.6524.



# MINIMUM ESSENTIAL COVERAGE (MEC) PLAN PARTICIPATION AGREEMENT



Enrollment by Freedom Services, Inc.

For FSI Use Only

Processed By: \_\_\_\_\_

This form is used to communicate enrollment in a Minimum Essential Coverage (MEC) Plan. Complete information on eligibility, effective dates, and allowable expenses can be found in the Summary Plan Description, provided to me by my employer.

## PLAN PARTICIPANT INFORMATION

First Name	MI	Last Name	Social Security Number <i>(required)</i>		
Participant Mailing Address (PO Box, Apartment, Lot or Unit No.)		City	State	Zip Code	
Company Name		Participant Email Address		Single <input type="checkbox"/>	Family <input type="checkbox"/>
					Plan Coverage Level

## TYPE OF ENROLLMENT

New Hire     Plan Open Enrollment     Qualified Status Change Event *(please forward with the Employee Profile and Benefit Plan Change Form)*

Hire Date \_\_\_\_\_ Effective Date \_\_\_\_\_

## COVERED INDIVIDUALS *(Please list only the eligible family member(s), including yourself, that you wish to enroll in the MEC Plan)*

Name (Last, First, MI) * <i>(please print legibly)</i>	SSN * <i>(privacy protected)</i>	DOB * <i>(mm/dd/yyyy)</i>	Gender *	Relationship *	Primary Insurance Carrier <i>(if covered by insurance plan other than this employer's)</i>
	(see above)		<input type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> Self	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dependent Child	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dependent Child	

\* Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) requires Freedom Services to report specific enrollment data to the Centers for Medicare & Medicaid Services (CMS). The above information is required for your (and your family's) enrollment in the Plan and is used for financial reporting and to verify your identity, in compliance with federal and state law.

## PARTICIPATION WAIVER *(Please check the box below only if you wish to waive participation in the Plan)*

I do NOT wish to participate in this tax-free, employer sponsored Plan.

**Certification and Acknowledgement:** I understand that my coverage can only be changed during the open enrollment period of the MEC or if I have a Qualified Change affecting my eligibility or the eligibility of my covered family members. I was offered the ability to opt-out of the Plan entirely and I have checked the box above if I have chosen to do so.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Payroll / HR Officer \_\_\_\_\_ Date \_\_\_\_\_

