

# WELLCARE™

WellCARE 18™ provides coverage for the preventive health and wellness services required by the Affordable Care Act’s PHSA § 2713 (a). This health plan provides Minimum Essential Coverage and satisfies the “A Tax” penalty and Individual Mandate. WellCARE 18™ provides more coverage than a traditional MEC plan. WellCARE 18™ does not cover out-of-network services.

Medical Service Deductible Information		
Deductible	In-Network Services	Out-of-Pocket Maximum
Individual	\$2,000	\$7,150
Family	\$4,000	\$14,300
Overview of Benefits		
Medical Service	Member Pays	Limitations & Exceptions
Preventive & Wellness Coverage	\$0	Some services are subject to age and other limitations. Not covered if services are provided at hospital.
Primary Care Office Visit Specialist Office Visit	\$25 Copay \$50 Copay	The deductible does not apply. Not covered if services are provided at hospital.
Laboratory Services	\$50 Copay	Not covered if services are provided at hospital.
Urgent Care	\$50 Copay	
Radiology CT/MRI/Pet Scans*	\$50 Copay/Test 50% Coinsurance/Test	
Rehabilitation & Habilitation Services	\$50 Copay/Therapy	Combined limit of 20 visits per plan year.
Generic Drugs	\$20 Copay	Deductible does not apply. Specialty drugs are not covered.

NOTE: Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations, and Exclusions before enrolling in this plan.