

WELLESSENTIALS™ 7.0

WellEssentials 7.0™ 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. WellEssentials 7.0™ provides coverage for a broad range of medical services, as outlined in the table below.

Medical Service Deductible Information		
	Deductible	Out-of-Pocket Maximum
Individual	\$7,000	\$7,350
Family	\$14,000	\$14,700
Overview of Benefits		
Medical Service	Member Pays	Limitations & Exceptions
Preventive & Wellness Services	\$0	Some services are subject to age and other limitations. Not covered if services are provided at hospital.
Primary Care Office Visit	\$150 Copay New Doctor \$50 Copay Existing Doctor	Not covered if services are provided at hospital. Not subject to the deductible.
Specialist Office Visit	\$200 Copay New Doctor \$100 Copay Existing Doctor	
Urgent Care	\$150 Copay	Subject to the deductible.
Laboratory Services Radiology CT/MRI/Pet Scans	\$50 Copay/Test \$75 Copay/Test \$500 Copay/Test	Not covered if services are provided at hospital. Not subject to the deductible.
Emergency Room	\$400 Copay plus deductible (if deductible is met, 50% Coinsurance)	Limited to 1 visit per plan year. Use of emergency room for non-emergency care are not covered. Subject to the deductible before coinsurance.

Overview of Benefits

Medical Service	Member Pays	Limitations & Exceptions
Hospital Room & Board	\$500 Copay per admission plus deductible (if deductible is met, 50% Coinsurance)	Combined limit of 3 days per plan year for all inpatient services. Neonatal intensive care (NICU) is not covered. Subject to the deductible before coinsurance.
Generic Drugs	\$20 Member 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.