

PAR SIX SERVICES, INC.

# YOU ARE COVERED!

## HEALTH BENEFITS PROVIDED



The Wellness + Preventive Benefits outlined in this guide protect you from taxation underneath the Affordable Care Act.



The cost of items like vaccinations, medical screenings and birth control are covered at 100% for you!



# 866-809-7482

HAVE QUESTIONS? CALL US M - F 8 AM - 7 PM EST



# WELLMEC™ 100% Employer Covered Benefits

TPA: Boon PPO: MultiPlan

If you haven't already received your ID card in the mail, please call us.

## COVERED PREVENTIVE SERVICES FOR CHILDREN

### NEWBORNS AND CHILDREN

**Newborn Screenings:** Hearing, Hemoglobinopathies / Sickle Cell, Congenital Hypothyroidism, Phenylketonuria (PKU),

**Other Services:** Iron supplements (up to 12 months, when prescribed), Gonorrhea prophylactic medication

**Child Screenings:** Visual Acuity (age 3-5), Dental caries prevention (ages 6 months-5)

### TEENS

**Screenings:** HIV, Hepatitis B, Depression (age 12+), Sexually Transmitted Infection (STI) prevention counseling + screening, Skin cancer behavioral counseling (age 10+ with fair skin)

### VACCINATIONS

(From birth - age 18): Hepatitis A & B, Human Papillomavirus, Influenza (flu shot or intranasal), Measles, Mumps Rubella, Tetanus, Varicella, Pneumococcal, Diphtheria, Meningococcal, Pertussis, Rotavirus, Hemophilus influenza type B, Inactivated

### GENERAL

**Screenings:** Obesity (counseling included, ages 6+), Tobacco (counseling + cessation intervention included)

including pregnant women

## ADDITIONAL PREVENTIVE SERVICES FOR WOMEN

### SCREENINGS

Cervical cancer, Gonorrhea, HIV, Syphilis, Chlamydia, Tobacco, BRCA genetic testing (for women at higher risk), Domestic interpersonal violence, Breast cancer mammography (age 40+), Breast cancer testing + medications (for women of higher risk), and Osteoporosis (age 65+), Well Woman visits

### COUNSELING

Sexually Transmitted Infections (STI), HIV, Tobacco, Alcohol misuse, Obesity, BRCA, Domestic interpersonal violence, Breast cancer chemo prevention, Well-woman visits to obtain recommended preventative services

ages 18 and older

## COVERED PREVENTIVE SERVICES FOR ADULTS

### SCREENINGS

Blood pressure, Cholesterol, Diabetes, Obesity, Depression, Alcohol misuse, Tobacco use, Abdominal Aortic Aneurysm (men age 65-75), Colorectal cancer (age 50-75), Lung cancer (for age 55 - 80 who smoke 30 packs/year), Hepatitis B and C, HIV, Syphilis

### VACCINATIONS

Hepatitis A & B, Herpes Zoster, Human Papillomavirus, influenza (flu shot), Measles, Tetanus, Pertussis, Mumps Rubella, Meningococcal, Varicella, Pneumococcal, Diphtheria

### COUNSELING

Healthy Diet, Tobacco, Alcohol misuse, Obesity Skin cancer behavioral (for ages 18 - 24 with fair skin) Sexually Transmitted Infection (STI) prevention

### OTHER SERVICES

Aspirin use for men (ages 45 - 79) and for women (ages 55 - 79) to prevent CVD when prescribed by a physician, Fall prevention to include physical therapy and vitamin D supplementation (ages 65+), Tobacco cessation interventions


## CONTRACEPTION AND PREGNANCY

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

Folic acid supplements (when prescribed by a physician for women who may become pregnant), Bacteriuria screening,

Gestational Diabetes screening (after 24 weeks), Aspirin (for pregnant women at high risk for preeclampsia), Rh Incompatibility screening + follow up testing, Hepatitis B screening

Anemia (on a routine basis for pregnant women), Breastfeeding counseling, Expanded tobacco counseling / interventions

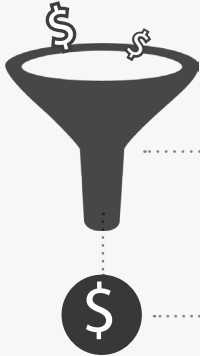
|  | EMPLOYEE   | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | FAMILY      |
|--|--|-------------------|------------------|-------------|
|  | No cost to you. Your Employer is covering \$75.00/ mo for you. | \$146.50/mo       | \$133.50/mo      | \$205.00/mo |



# WELLMEC™ MIN Optional Minimum Value Plan

TPA: Boon PPO: MultiPlan

## HOW THE WELLMEC™ MIN PLAN WORKS:



**\$6,850**  
Deductible

Before the MIN plan covers any medical costs you might encounter, you must first pay **\$6,850** out-of-pocket as an individual or **\$13,700** out-of-pocket for a plan with dependents.

**Pays 100%**  
After Deductible

After meeting the deductible, this plan will pay for 100% of any further medical costs you face as long as the services are covered and in-network. There is NO COVERAGE outside network.



## THIS PLAN PAYS 100% (IN-NETWORK) AFTER THE DEDUCTIBLE IS MET:

### Outpatient Services

- Mental / behavioral health
- Substance abuse disorder
- Laboratory
- Professional services
- Facility fee (e.g, surgery center, ambulatory)

### Imaging

- CT / PET scans
- MRIs
- X-rays
- Diagnostic imaging

### Other

- Prescription drugs
- Skilled nursing facility
- Specialist office visits
- Inpatient hospital

### Rehabilitation

- Speech therapy
- Occupational therapy
- Physical therapy

### Non-preventive

- Office visits for treatment and injury consultations
- Injections for immunizations for treatment of illness or injury



## WELLNESS + PREVENTATIVE:

WellMEC™ services included.



## TOTAL COST

|  | EMPLOYEE     | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | FAMILY        |
|--|--------------|-------------------|------------------|---------------|
|  | \$417.00/mo* | \$864.70/mo       | \$783.30/mo      | \$1,231.00/mo |

\*Employee cost not based on safe harbor amount. See your employer to calculate safe harbor amount.

Customer Service Center  
P.O. Box 11528  
Knoxville, TN 37939



**ATTENTION**  
**EMPLOYEE** of



Par Six Services, Inc.



# 2016 BENEFIT GUIDE

# 866-809-7482

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