



*MEC Plus Benefit Guide*

# How does the Program Work? - It's Simple!



## ACA compliant coverage

### What is a Limited Fixed Indemnity Program?

A Limited Fixed Indemnity Benefit Program is designed to help you deal with covered medical expenses from covered accident (or sickness) events such as physician office visits, emergency room trips, hospitalization, diagnostic tests and even prescription drugs up to certain *preset* limited benefit levels. This program is not basic health insurance or major medical insurance; and is not designed to replace, provide or modify major medical insurance.

### What is a Minimum Essential Coverage (MEC) Plus Plan?

A Minimum Essential Coverage Plus Plan consists of a Fully Insured or Self-Funded Limited Fixed Indemnity Benefit Plan and a Self-Funded 100% Preventive Care Plan. The Limited Fixed Indemnity Plan is designed to help you deal with covered medical expenses from a covered accident (or sickness) such as physician office visits, emergency room trips, hospitalization, diagnostic lab and X-rays, surgeries and prescription drugs up to certain benefit levels. This program is not major medical insurance. The Self-Funded 100% Preventive Care plan is designed to be compliant with the Affordable Care Act by meeting the Minimum Essential Coverage requirements of Healthcare Reform. This plan satisfies the Individual Mandate requirement that began in 2014. Self-Funded plans in the large group market are not required to cover all of the essential benefits. A group can offer minimum essential coverage and avoid the 4980 H (a) "no offer" penalty/tax/assessment.

The **Century Healthcare** program is packaged with access to limited fixed indemnity accident and sickness insurance, certain non-insured benefits and PPO savings. This program is not designed to cover the level of expense found with treatment or care for rare disease or catastrophic illness.

## How do I use the program if I need care or treatment for an accident or sickness?

### Network:

If you chose an in network provider, you are entitled to a discount on your services. This means that you are able to save out of pocket expenses. **Century Healthcare** discounts the bill and sends the provider the benefit payment along with an explanation of benefits. Please note that in order to receive 100% coverage for preventive services in an MEC Plus Plan the services must be received from an in-network provider.

### Find a Provider:

To locate a participating **PHCS Limited Benefit Network** provider in your area, please call **PHCS at (877) 796-7427** or visit [www.multiplan.com/chc](http://www.multiplan.com/chc).

### Schedule an Appointment :

Call your selected provider and set up an appointment to see your doctor. We recommend you confirm your provider's continued participation in the **PHCS Limited Benefit Network** when you make your appointment.

### Benefit Amounts:

**Century Healthcare** pays based on a fixed schedule of benefits. If the plan states you are entitled to \$75 office visit, the benefit you are entitled to is \$75 even if you choose an out of network provider.

### How to Use the Plan:

When a member goes in for service, the member simply has to show his/her **Century Healthcare** ID card. You do not need to pay anything at point of service, nor do you need to fill out a claim form. The provider will submit the claim to **Century Healthcare** and we will pay the provider directly. If the benefit amount is greater than the billed amount, **Century Healthcare** will pay the difference to the member. For example: Member goes to get an X-Ray which costs \$100 and the benefit for X-Ray & Lab is \$125; **Century Healthcare** will pay the \$100 to the facility and then pay the remaining \$25 to the member.

### Assignment of Benefits:

**Century Healthcare** allows assignment of benefits. There are no deductibles or coinsurance. Only prescriptions are subject to co-pays.

### Payment:

The provider will bill **Century Healthcare** directly. If the provider wishes you pay up front, have them call **Century Healthcare** customer service while you are at the provider's office. If you elect to pay up front you can easily file a claim with **Century Healthcare**.

If you have questions about your benefits or the status of claims, please call CHC Customer Service at (877) 685-2432 from 7:00 a.m. to 7:00 p.m. CDT/CST. **WebTPA pays the claims for Century Healthcare.**



**Group Fixed Indemnity Benefit Plan:**

These plans are being offered by the Independent Haulers Association (IHA) to meet your insurance needs. This benefit summary is intended to give you a brief overview of the benefits and is not a guarantee of payment. Benefits are based on plan provisions outlined in the Certificate of Insurance.

Benefit Description	Value	Select	Premier
<b>Hospital Confinement<sup>1</sup></b> Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or sickness.	Pays \$500 per day (Maximum of 30 days)	Pays \$750 per day (Maximum of 30 days)	Pays \$1,000 per day (Maximum of 30 days)
<b>ICU Confinement<sup>1</sup></b> Pays in lieu of the Hospital Confinement Benefit.	Pays \$1,000 per day (Maximum of 30 days)	Pays \$1,500 per day (Maximum of 30 days)	Pays \$2,000 per day (Maximum of 30 days)
<b>Accident Medical<sup>2</sup></b> (\$100 deductible per occurrence)	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence
<b>Doctor's Office Visit<sup>1</sup></b> Benefits paid if a covered person visits a doctor's office for medically necessary treatment, care or advice of an injury or sickness covered under the policy.	Pays \$50 per day (3 days)	Pays \$60 per day (4 days)	Pays \$70 per day (5 days)
<b>Outpatient X-Ray &amp; Lab<sup>1</sup></b> Benefits paid for outpatient laboratory tests and x-rays if a covered person is not confined in a hospital and the tests or x-rays are ordered by a doctor and performed by an appropriately licensed technician.	Pays \$50 per day (2 days)	Pays \$60 per day (3 days)	Pays \$70 per day (4 days)
<b>Advanced Studies<sup>1</sup></b> Limited to, CT scan, PET scan, MRI.	N/A	Pays \$500 per day (1 day)	Pays \$1,000 per day (1 day)
<b>Emergency Room<sup>1</sup></b> Benefits paid for emergency room visits for a medical emergency for a sickness.	Pays \$100 per day (1 day)	Pays \$150 per day (1 day)	Pays \$200 per day (1 day)
<b>In-Patient/Out-Patient Surgery Benefits<sup>1</sup></b> Benefit paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness.	In-Patient Pays \$500 Out-Patient Pays \$250 (1 IP or 1 OP surgery)	In-Patient Pays \$750 Out-Patient Pays \$375 (1 IP or 1 OP surgery)	In-Patient Pays \$1,000 Out-Patient Pays \$500 (1 IP or 1 OP surgery)
<b>In-Patient/Out-Patient Anesthesia Benefits<sup>1</sup></b> Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	In-Patient Pays \$125.00 Out-Patient Pays \$62.50	In-Patient Pays \$187.50 Out-Patient Pays \$93.75	In-Patient Pays \$250.00 Out-Patient Pays \$125.00
<b>Maternity<sup>1</sup></b> Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient X-ray & Lab, Surgery or Hospital Confinement for pregnancy-related expenses.	Included	Included	Included
<b>Substance Abuse Confinement<sup>1</sup></b> Benefits paid for confinement in a rehab facility for substance abuse.	Pays \$150 per day (Maximum of 30 days)	Pays \$225 per day (Maximum of 30 days)	Pays \$300 per day (Maximum of 30 days)
<b>Mental Illness Disorder Confinement<sup>1</sup></b> Benefits paid for confinement in a rehab facility for mental or nervous disorders.	Pays \$150 per day (Maximum of 30 days)	Pays \$225 per day (Maximum of 30 days)	Pays \$300 per day (Maximum of 30 days)
<b>Skilled Nursing Facility Confinement<sup>1</sup></b> Benefits paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Pays \$150 per day (Maximum of 30 days)	Pays \$225 per day (Maximum of 30 days)	Pays \$300 per day (Maximum of 30 days)

*All of the above benefits are per covered person per Benefit Year.  
 "Benefit Year" means the 12 consecutive months beginning on the group's effective date of coverage.  
 See Important Notices Page*



## Benefit Description

### Accidental Death & Dismemberment <sup>2</sup>

	Value	Select	Premier
Member	\$15,000	\$15,000	\$15,000
Spouse	\$7,500	\$7,500	\$7,500
Child(ren)	\$3,000	\$3,000	\$3,000

### Critical Illness <sup>3</sup>

	Value	Select	Premier
Member	\$2,500	\$5,000	\$10,000
Spouse	\$2,500	\$5,000	\$10,000
Child(ren)	\$250	\$500	\$1,000

### Pharmaceutical Benefits <sup>4</sup> Copay Rx Plan(s)

	Copay Rx Plan 1	Copay Rx Plan 1	Copay Rx Plan 2

**Copay Rx Plan 1** - Tier 1 (Most Generics): \$10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): \$50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Members pay 100% of the cost after pharmacy discounts. Monthly Maximum of \$250 Employee / \$500 Family. No Deductible. Restricted Formulary.

**Copay Rx Plan 2** - Tier 1 (Most Generics): \$10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): \$50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Members pay 100% of the cost after pharmacy discounts. Monthly Maximum of \$250 Employee / \$500 Family. No Deductible.

### PHCS PPO Limited Benefit Network

All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.

### Healthiest You (Unlimited Call at no cost to member)

All plan designs provide covered individuals with 24/7 access to U.S. licensed physicians that can provide general advice and recommendations, diagnostic medical consultations, and write non-controlled prescriptions when appropriate. Healthiest You also provides members with access to an online wellness platform to help improve the member's overall health.

For More Information Call  
**(888) 376-9811**

Monday-Friday, 11:00 am - 7:00pm EST

Prices Start at \$40.10 per week!

*See Important Notices Page*



Preventive Services are covered at 100% through participating providers. The following is a brief description of the preventive benefits available to members and it is subject to change under the Affordable Care Act. To learn more visit [www.healthcare.gov](http://www.healthcare.gov).

- Routine physical exam
- Well women exam (annual)
- Annual mammogram
- Annual pap smear and other routine lab
- Breast thermography
- Bone density test
- Well baby / well child care exam
- Routine immunizations
- Flu and pneumonia vaccines
- Routine lab, x-rays, diagnostic testing and other medical screenings including:
  - ✓ Blood pressure
  - ✓ Diabetes
  - ✓ Cholesterol tests
  - Many cancer screenings including:
    - ✓ Cervical cancer
    - ✓ Breast cancer
    - ✓ Colorectal cancer
- Contraception (FDA):
  - ✓ Approved contraceptive methods
  - ✓ Sterilization procedures
  - ✓ Patient education and counseling(Covered contraceptives do not include abortifacient drugs)
- Counseling on topics such as:
  - ✓ Obesity & eating healthy
  - ✓ Treating Depression
  - ✓ Alcohol & drug abuse
  - ✓ Smoking cessation
  - ✓ Domestic & interpersonal violence
  - ✓ Sexually transmitted diseases

## IMPORTANT DETAILS

**Network providers:** Health plans are required to provide these preventive services only through an in-network provider.

**Office visit fees:** Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

**Coverage:** Coverage is provided for preventive services only. Once a diagnosis has been made, the services are not covered under the MEC.

**Talk to your health care provider:** To know which covered preventive services are right for you — based on your age, gender, and health status — ask your health care provider.

For information on preventive practices, check out [healthcare.gov](http://healthcare.gov).

**Questions:** If you have questions regarding your coverage, please call Customer Service at (877) 685-2432.



## Customer Service & Claims

For customer service and claims contact Century Healthcare's Customer Service Department at (877) 685-2432 from Monday through Friday; 7:00 AM – 7:00 PM CST



To locate a participating provider or facility call (888) 371-7427 or visit [www.multiplan.com/chc](http://www.multiplan.com/chc)



For HealthiestYou services call (866) 703-1259 or visit [member.healthiestyou.com](http://member.healthiestyou.com)

## Client Web Portal

To review and print important information about your benefit plans, temporary ID cards, and claim forms, please visit [www.centuryhealthcare.com](http://www.centuryhealthcare.com)  
Username: CHC5317 Password: iha



## IHA Client Web Portal

To review all the benefits made available to you through the IHA visit [www.ihahealth.com](http://www.ihahealth.com)



To contact the pharmacy help desk call (800) 454-9399 or visit [www.century.data-rx.com](http://www.century.data-rx.com)

*Please note that you must file a separate claim in order to obtain Accident Medical, AD&D, and Critical Illness benefits. To access the claim forms visit the Client Web Portal, the IHA web portal, or request one by calling Century Healthcare's Customer Service Department.*



This document is a program highlight and it is not intended to be a complete or legal description of the program of benefits. The complete information will be in the group policy provided to IHA and the certificates of insurance that will be made available to all participating members for the various programs selected.

1. The Limited Fixed Indemnity Insurance Plan is underwritten by Companion Life Insurance Company (A+ A.M Best rating).
2. Fairmont Specialty, a division of Crum & Forster Insurance Company, is the carrier for the Accident Medical and AD&D benefits.
3. The Critical Illness Insurance Plan is underwritten by Catlin.
4. The Prescription Drug Insurance Plan is underwritten by Companion Life Insurance Company.

Premium rates for the insurance plan may be changed upon written notice 31 days in advance and may be subject to an initial rate guarantee period selected by the employer when applying for coverage.

### Important Details for MEC coverage:

- **Network providers:** Health plans are required to provide these preventive services only through an in-network provider.
- **Office Visit Fees:** Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit or if your doctor bills you for the preventive services separately from the office visit.
- **Coverage:** Coverage is provided for preventive services only. Once a diagnosis has been made, the services are not covered under the MEC. For more information regarding preventive services visit [www.healthcare.gov](http://www.healthcare.gov).
- **MEC Plan for Massachusetts Residents:** This health plan does not meet the Minimum Creditable Coverage standards and therefore does not satisfy the Individual Mandate.

This program is not comprehensive major medical insurance; however, it is a cost-effective plan of limited medical benefits that provides an alternative to the high cost of healthcare.

### Termination of Policy:

After the first anniversary date of the Policy, the Company may terminate any or all of the insurance benefits under the Policy, as of any premium due date, by giving written notice to the Policyholder at least 60 days prior to the termination date.

### Eligibility:

These benefits are available to all members in an eligible class designated by the group and who are actively at work. Members may enroll their spouse and children under 26 years of age.



The Limited Fixed Indemnity Insurance Plan underwritten by Companion Life Insurance Company will not pay benefits for any loss or injury that is caused by, or results from:

1. Suicide or any attempt thereat, while sane or insane (In Missouri, the reference to insanity does not apply and suicide is no defense to payment under this Policy where the Covered Person is a Missouri citizen unless the Company can show that the Covered Person intended suicide when he or she applied for coverage, regardless of any language to the contrary in the Policy.)
2. any intentionally self-inflicted injury or sickness;
3. rest care or rehabilitative care and treatment unless a separate Benefit Rider is purchased;
4. cosmetic surgery or care or treatment solely for cosmetic purposes, or complications there from. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
5. immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals unless a separate Benefit Rider is purchased;
6. routine newborn care, including routine nursery charges;
7. voluntary abortion, except with respect to the Insured or covered Dependent spouse:
  - A. where such person's life would be endangered if the fetus were carried to term; or
  - B. where medical complications have arisen from an abortion;
8. pregnancy of a Dependent child, unless required by law;
9. the treatment of:
  - A. mental illness unless a separate Benefit Rider is purchased;
  - B. functional or organic nervous disorder, regardless of cause unless a separate Benefit Rider is purchased;
  - C. alcohol abuse unless a separate Benefit Rider is purchased;
  - D. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed, for more than 10 days in any Calendar Year, with respect to payment of the Daily In-Hospital Indemnity Benefit unless a separate Benefit Rider is purchased;
10. Participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
11. committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
12. air travel, except:
  - A. as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
  - B. as a passenger for transportation only and not as a pilot or crew member;
13. any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the accident took place);
14. sex changes;
15. experimental treatments or surgery;
16. the reversal of tubal ligation and vasectomies;
17. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;
18. treatment of exogenous obesity or weight control;
19. an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period the Covered Person is not covered;
20. accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;
21. air ambulance;
22. ground ambulance unless a separate Benefit Rider is purchased;
23. loss incurred, care or treatment received, or hospital confinement occurring outside of the United States or its possessions except in the event of a Medical Emergency.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Companion Life Insurance Company from providing insurance, including, but not limited to, the payment of claim

