

# WELLMEC™ PLUS

| Plan Information                     | In Network Coverage                                      | Out of Network Coverage |
|--------------------------------------|--|-------------------------|
| Deductible                           | \$6,600.00   | None                    |
| Family Deductible                    | \$13,200.00  | None                    |
| Maximum Out of Pocket Benefit        | \$6,600.00   | None                    |
| Family Maximum Out of Pocket Benefit | \$13,200.00  | None                    |
| Annual Limit of Benefit              | None   | None                    |
| Lifetime Limit on Benefit            | None   | None                    |
| Employer/Plan Sponsor                | First Care of New York, Inc.                             |                         |
| Employer ID Number                   | 201405-ER  |                         |
| Plan Year Start Date                 | January 1, 2015  |                         |
| Main Contact                         | Boon Administrative Services, Inc.                       |                         |
| Phone                                | 800-368-2666   |                         |
| Mailing Address                      | 6300 Bridge Point Parkway, Suite 500<br>Austin, TX 78730 |                         |
| Pre-Existing Condition Limitation    | None   |                         |

Dependent Coverage  
 Dependent Children (natural child, step-child, legally adopted child) are eligible through the end of the month in which the Dependent reaches age 26. No Spousal coverage is offered.

|  |                                    |
|--|------------------------------------|
| Network PPO                                      | MagnaCare Network®                 |
| Grandfathered Status                             | No                                 |
| Subrogation Services Performed By                | Boon Administrative Services, Inc. |
| Services for Appeals and Grievances Performed By | Boon Administrative Services, Inc. |

## Covered Benefits and Plan Coinsurance Assistance

The following benefits are all covered by this Health Plan. The Coinsurance Assistance provides the level of payment the plan will contribute for visits prior to the deductible being met when benefits are accessed in and out of network. Any benefit not provided in this list is not covered by this Health Plan.

| Hospital Services  |    |      |
|--|----|------|
| Inpatient  | 0% | None |
| Outpatient   | 0% | None |
| Covered Benefits and Plan Coinsurance Assistance (continued) |    |      |
| Accompaniment of Minor while Inpatient                       | 0% | None |
| Non-Emergency use of Emergency Room                          | 0% | None |
| Emergency Room   | 0% | None |

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| Plan Information  | In Network Coverage | Out of Network Coverage |
|---|---------------------|-------------------------|
| Urgent Care   | 0%                  | None                    |
| <b>Physician Services</b>                                   |                     |                         |
| Primary Care Office Visit                                   | 0%                  | None                    |
| Specialist Office Visit                                     | 0%                  | None                    |
| <b>Mental Health Services</b>                               |                     |                         |
| Mental Health Inpatient Services                            | 0%                  | None                    |
| Mental Health Outpatient Services                           | 0%                  | None                    |
| <b>Alcohol/Drug Abuse Services</b>                          |                     |                         |
| Substance Abuse Inpatient Services                          | 0%                  | None                    |
| Substance Abuse Outpatient Services                         | 0%                  | None                    |
| <b>Other Medical Benefits</b>                               |                     |                         |
| Skilled Nursing Facility                                    | 0%                  | None                    |
| Home Health Care  | 0%                  | None                    |
| Hospice Care Facility, Inpatient                            | 0%                  | None                    |
| Hospice Care Facility, Outpatient                           | 0%                  | None                    |
| Spinal Disorder Treatment                                   | 0%                  | None                    |
| Short Term Rehabilitation                                   | 0%                  | None                    |
| Diagnostic Outpatient X-ray                                 | 0%                  | None                    |
| Diagnostic Outpatient Lab                                   | 0%                  | None                    |
| Bariatric Surgery   | 0%                  | None                    |
| Maternity   | 0%                  | None                    |
| Treatment for Congenital Defects and Pre-mature born babies | 0%                  | None                    |
| Chemo Therapy   | 0%                  | None                    |
| <b>Wellness Benefits</b>                                    |                     |                         |
| Preventive and Wellness Benefits                            | 100%                | None                    |
| Contraceptive Devices and Oral Contraceptives               | 100%                | None                    |
| Annual Gynecological Exam                                   | 100%                | None                    |
| Mammograms  | 100%                | None                    |
| Pap Smear   | 100%                | None                    |
| <b>Pharmaceutical Benefits</b>                              |                     |                         |
| Generic Drugs   | 0%                  | None                    |
| Brand Name Drugs  | 0%                  | None                    |

## Preventive and Wellness Benefit Details

The following benefits are all covered as Preventive and Wellness Benefits by this Health Plan. Each Preventive and Wellness benefit has certain interval limitations and requirements for accessing the benefit, which are provided below.

| Benefit   | Interval Limit Per Year | Requirements  |
|---|-------------------------|---|
| Abdominal aortic aneurysm screening: men            | 1                       | Aged 65-75, previous smoker   |
| Alcohol misuse screening and counseling             | 1                       | Adults 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse  |
| Anemia screening: pregnant women                    | 1                       | Asymptomatic pregnant women   |
| Aspirin to prevent cardiovascular disease: men      | As prescribed           | Aged 45-79, when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage  |
| Aspirin to prevent cardiovascular disease: women    | As prescribed           | Aged 55-79, when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage  |
| Bacteriuria screening: pregnant women               | 1                       | Pregnant women at 12-16 weeks' gestation or at the first prenatal visit, if later   |
| Blood pressure screening in adults                  | 1                       | Adults aged 18 or older   |
| BRCA risk assessment and genetic counseling/testing | 1                       | Women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes ( <i>BRCA1</i> or <i>BRCA2</i> ). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. |
| Breast cancer preventive medications                | 1                       | Tamoxifen for women at high risk for breast cancer and at low risk for adverse medication effects   |
| Breast cancer screening                             | 1 time every 2 years    | Women aged 40 or older  |
| Breastfeeding counseling                            | 2                       | To parent(s) of the child once during pregnancy and once post partum.   |
| Cervical cancer screening: Type A                   | 1 time every 3 years    | Women aged 21-65 with cytology (Pap smear)  |
| Cervical cancer screening: Type B                   | 1 time every 5 years    | Women aged 30-65 who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing   |
| Chlamydial infection screening: nonpregnant women   | 1                       | Nonpregnant women aged 24 or younger and older nonpregnant women who are at increased risk  |
| Chlamydial infection screening: pregnant women      | 1                       | Pregnant women aged 24 or younger and older pregnant women who are at increased risk  |

| Preventive and Wellness Benefit Details (continued)            |                         |   |
|--|-------------------------|---|
| Benefit  | Interval Limit Per Year | Requirements  |
| Contraception, subject to pending regulations                  | As prescribed           | FDA approved methods, sterilization procedures, not including abortifacient drugs   |
| Cholesterol abnormalities screening: men 35 and older          | 1                       |   |
| Cholesterol abnormalities screening: men younger than 35       | 1                       | Aged 20-35 if at increased risk for coronary heart disease  |
| Cholesterol abnormalities screening: women 45 and older        | 1                       | Increased risk for coronary heart disease   |
| Cholesterol abnormalities screening: women younger than 45     | 1                       | Aged 20-45 if at increased risk for coronary heart disease  |
| Colorectal cancer screening                                    | 1 time every 5 years    | Aged 50-75  |
| Dental caries prevention: infants and children up to 5 years   | 1                       | Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians may prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. |
| Depression screening: adolescents                              | 1                       | Aged 12-18  |
| Depression screening: adults                                   | 1                       | Aged 18 or older  |
| Diabetes screening   | 1                       | Asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg   |
| Falls prevention in older adults: exercise or physical therapy | 1                       | Community-dwelling adults aged 65 years or older who are at increased risk for falls  |
| Falls prevention in older adults: vitamin D                    | As prescribed           | Community-dwelling adults aged 65 years or older who are at increased risk for falls  |
| Folic acid supplementation                                     | As purchased            | Women planning or capable of pregnancy  |
| Gestational diabetes mellitus screening                        | 1                       | Asymptomatic pregnant women after 24 weeks of gestation   |
| Gonorrhea prophylactic medication: newborns                    | 1                       | Newborns  |
| Gonorrhea screening: women                                     | 1                       | Sexually active women at increased risk   |
| Healthy diet counseling  | 1                       | Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease   |
| Hearing loss screening: newborns                               | 1                       |   |
| Hemoglobinopathies screening: newborns                         | 1                       |   |

| Preventive and Wellness Benefit Details (continued)                           |                         |   |
|---|-------------------------|---|
| Benefit   | Interval Limit Per Year | Requirements  |
| Hepatitis B screening: nonpregnant adolescents and adults                     | 1                       | Persons at high risk for infection  |
| Hepatitis B screening: pregnant women   | 1                       |   |
| Hepatitis B infection screening: adults                                       | 1                       | Persons at high risk for infection or persons born between 1945 and 1965  |
| HIV screening: adolescents and adults   | 1                       | Adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened  |
| HIV screening: pregnant women   | 1                       | All pregnant women, including those who present in labor who are untested and whose HIV status is unknown   |
| Hypothyroidism screening: newborns  | 1                       |   |
| Intimate partner violence screening and Counseling: women of childbearing age | 1                       | Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse   |
| Iron supplementation in children  | As prescribed           | Aged 6-12 months who are at increased risk for iron deficiency anemia   |
| Lung cancer screening   | 1                       | Screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. |
| Obesity screening and counseling: adults                                      | 1                       | Offer or refer patients with a body mass index of 30 kg/m <sup>2</sup> or higher to intensive, multicomponent behavioral interventions  |
| Obesity screening and counseling: children                                    | 1                       | Aged 6-18   |
| Osteoporosis screening: women   | 1                       | Women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors  |
| Phenylketonuria screening: newborns   | 1                       |   |
| Rh incompatibility screening: first pregnancy visit                           | 1                       | Pregnant women  |

### Preventive and Wellness Benefit Details (continued)

| Benefit  | Interval Limit Per Year | Requirements   |
|--|-------------------------|--|
| Rh incompatibility screening: 24–28 weeks' gestation         | 1                       | Pregnant women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative                                |
| Sexually transmitted infections counseling                   | 1                       | Sexually active adolescents and for adults at increased risk for STIs  |
| Skin cancer behavioral counseling                            | 1                       | Aged 10-24 who have fair skin  |
| Tobacco use counseling and interventions: nonpregnant adults | 2                       | Adults who use tobacco   |
| Tobacco use counseling: pregnant women                       | 2                       | Pregnant women who smoke   |
| Tobacco use interventions: children and adolescents          | 2                       | Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents |
| Syphilis screening: nonpregnant persons                      | 1                       | Persons at increased risk for syphilis infection   |
| Syphilis screening: pregnant women                           | 1                       |  |
| Visual acuity screening in children                          | 1 time every 2 years    | Aged 3-5   |
| Well-woman visits  | 1                       | Women only   |
| <b>Immunization Coverage</b>                                 |                         |  |
| HepB-1   | 1                       | Newborn  |
| HepB-2   | 1                       | Aged 4 weeks – 2 months  |
| HepB-3   | 1                       | Aged 24 weeks – 18 months  |
| DTaP-1   | 1                       | Aged 6 weeks – 2 months  |
| DTaP-2   | 1                       | Aged 10 weeks – 4 months   |
| DTaP-3   | 1                       | Aged 14 weeks – 6 months   |
| DTap-4   | 1                       | Aged 12-18 months  |
| DTaP-5   | 1                       | Aged 4-6   |
| Hib-1  | 1                       | Aged 6 weeks – 2 months  |

| Preventive and Wellness Benefit Details (continued) |                         |   |
|---|-------------------------|---|
| Benefit   | Interval Limit Per Year | Requirements                                |
| Hib-2   | 1                       | Aged 10 weeks – 4 months                    |
| Hib-3   | 1                       | Aged 14 weeks – 6 months                    |
| Hib-4   | 1                       | Aged 12-15 months                           |
| IPV-1   | 1                       | Aged 6 weeks – 2 months                     |
| IPV-2   | 1                       | Aged 10 weeks – 4 months                    |
| IPV-3   | 1                       | Aged 14 weeks – 18 months                   |
| IPV-4   | 1                       | Aged 4-6                                    |
| PCV-1   | 1                       | Aged 6 weeks – 2 months                     |
| PCV-2   | 1                       | Aged 10 weeks – 4 months                    |
| PCV-3   | 1                       | Aged 14 weeks – 6 months                    |
| PCV-4   | 1                       | Aged 12-15 months                           |
| MMR-1   | 1                       | Aged 12-15 months                           |
| MMR-2   | 1                       | Aged 13 months – 6                          |
| Vericella-1   | 1                       | Aged 12-15 months                           |
| Vericella-2   | 1                       | Aged 15 months – 6                          |
| HepA-1  | 1                       | Aged 12-23 months                           |
| HepA-2  | 1                       | Aged 18 months or older                     |
| Influenza, inactivated                              | 1                       | Aged 6 months or older                      |
| LAIV (intranasal)                                   | 1                       | Aged 2-49                                   |
| MCV4-1  | 1                       | Aged 2-12                                   |
| MCV4-2  | 1                       | Aged 11 years, 8 weeks – 16                 |
| MPSV4-1   | 1                       | Aged 2 or older                             |
| MPSV4-2   | 1                       | Aged 7 or older                             |
| Td  | 1                       | Aged 7-12                                   |
| Tdap  | 1                       | Aged 7 or older                             |
| PPSV-1  | 1                       | Aged 2 or older                             |
| PPSV-2  | 1                       | Aged 7 or older                             |
| HPV-1   | 1                       | Aged 9-12                                   |
| HPV-2   | 1                       | Aged 9 years, 4 weeks – 12 years, 2 months  |
| HPV-3   | 1                       | Aged 9 years, 24 weeks – 12 years, 6 months |
| Rotavirus-1   | 1                       | Aged 6 weeks – 2 months                     |
| Rotavirus-2   | 1                       | Aged 10 weeks – 4 months                    |
| Rotavirus-3   | 1                       | Aged 14 weeks – 6 months                    |
| Herpes Zoster                                       | 1                       | Aged 60 years or older                      |



The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
  - a. Sports,
  - b. Camp,
  - c. Employment,
  - d. Travel,
  - e. Insurance,
  - f. Marriage,
  - g. Legal proceedings.
2. Routine foot care for treatment of the following:
  - a. Flat feet,
  - b. Corns,
  - c. Bunions,
  - d. Calluses,
  - e. Toenails,
  - f. Fallen arches,
  - g. Weak feet, or
  - h. Chronic foot strain.
3. Rehabilitative therapies.
4. Dental procedures.
5. Any other medical service, treatment, or procedure not covered under this Plan.
6. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Appendix A or otherwise explicitly provided in this Summary Plan Description, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.