750 Medical Center Court, Suite 2
Chula Vista, CA 91911

Combined Evidence of Coverage & Disclosure Form

For Small Group Plans

P5 Platinum HMO Plan, P10 Platinum HMO Plan, Platinum 90 HMO 0/20 INF Plan, and Gold 80 HMO 250/35 INF Plan

Effective 01/01/2026

This Health Plan may be limited in benefits, rights and remedies under U.S. Federal and State Law.

Este Plan de Salud puede tener limitaciones en sus beneficios, derechos y resoluciones bajo las leyes federales estatales de Los Estados Unidos.

www.mediexcel.com

Combined Evidence of Coverage and Disclosure Form (EOC)

PLEASE READ THE FOLLOWING IMPORTANT NOTICES ABOUT THIS HEALTH PLAN

This EOC constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.

Notice About This Group Health Plan: MediExcel Health Plan makes this health plan available to Employees through a contract with the Employer. The Group Subscriber Agreement (Contract) includes the terms in this EOC, as well as other terms. A copy of the Contract is available upon request. A Summary of Benefits and Coverage is provided with and is incorporated as part of the EOC. The Summary of Benefits and Coverage sets forth the members' share-of-cost for Covered Services under the benefit Plan.

Please read this EOC carefully and completely to understand which services are Covered Services, and the limitations and exclusions that apply to the Plan. Pay particular attention to those sections of the EOC that apply to any special health care needs.

MediExcel Health Plan provides a matrix summarizing key elements of this Plan at the time of enrollment. This matrix allows individuals to compare the health plans available to them. The EOC is available for review prior to enrollment in the Plan.

For questions about this Plan, please contact Member Service at (619) 365-4346, or at (664) 633-8555 if dialing from México.

Notice About Plan Benefits: No member has the right to receive benefits for services or supplies furnished following termination of coverage, except as specifically provided under the Extension of Benefits provision, and when applicable, the Continuation of Group Coverage provision in this EOC.

Benefits are available only for services and supplies furnished during the term, this health plan is in effect and while the individual claiming benefits is actually covered by the Group Contract.

Benefits may be modified during the term as specifically provided under the terms of this EOC, the Group Contract, or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or the elimination of benefits) apply for services or supplies furnished on or after the effective date of modification.

Notice About Reproductive Health Services: Some hospitals and other providers do not provide one or more of the following services that may be covered under your Plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call

your prospective doctor, clinic, or the health plan through the Member Services team at (619) 365-4346, or at (664) 633-8555 if dialing from México to ensure that you can obtain the health care services that you need.

Notice About Contracted Providers: MediExcel Health Plan contracts with hospitals and physicians to provide services to members for specified rates. This contractual arrangement may include incentives to manage all services provided to members in an appropriate manner consistent with the contract. To learn more about this payment system, contact Member Services.

Notice of Automatic Sharing of Information Upon End of Coverage: California Law requires MediExcel Health Plan to notify you every year that we will provide your information, including full name, address, telephone number, and email address to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow MediExcel Health Plan to share your information with Covered California, you may opt out of this information sharing. If you do not want us to share your information with Covered California, contact us at (619) 365-4346, or at (664) 633-8555 if dialing from México. You may also contact us by email at memberservices@mediexcel.com, or by mail at MediExcel Health Plan 750 Medical Center Court, Suite 2, Chula Vista, CA 91911 to opt out of this information sharing.

Notice About Medical Necessity: Benefits are only available for services and supplies that are Medically Necessary. MediExcel Health Plan reserves the right to review all claims to determine if a service or supply is Medically Necessary. A Physician or other Health Care Provider's decision to prescribe, order, recommend, or approve a service or supply does not, in itself, make it Medically Necessary.

Notice About Confidentiality of Personal and Health Information: MediExcel Health Plan protects the privacy of individually-identifiable personal information, including protected health information. Individually-identifiable personal information includes health, financial, and/or demographic information, such as name, address, and Social Security number. MediExcel Health Plan will not disclose this information without authorization, except as permitted or required by law.

A STATEMENT DESCRIBING MEDIEXCEL HEALTH PLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Notice About Communicating Confidential Medical Information: MediExcel Health Plan protects the confidentiality of your medical information. This means you, as the "Protected Member," can direct the communications regarding the receipt of your medical and sensitive health care services information.

This protection of confidentiality includes: (1) not having to obtain the primary member's authorization to receive health care services as permitted by law or to submit a claim for health

care services; (2) communicating directly with a "Protected Member;" (3) permitting and accommodating requests from members for confidential communication in the form and format requested; and, (4) not disclosing medical information provided to a "Protected Member" to the primary member or any members other than the member receiving care, unless there is an express authorization of disclosure from the "Protected Member."

The protection for communicating confidentially applies to all adult members for all health care services as well as those members who have the legal right to consent to care regarding sensitive health care services. Sensitive health care services include sexual and reproductive health care, HIV testing, mental health, sexual assault counseling and care, and treatment for alcohol and drug use.

Please note the laws regarding the age of consent for medical care differ between the State of Baja California, Mexico, and the State of California, United States. Current laws in Mexico require parental (or legal guardian) consent for minors under 18 for all medical treatment, including for sensitive health care services. The age of consent for sensitive health care services in California may be under 18. Please further note that even though MediExcel Health Plan can establish confidential communications with a member under 18, this does not liberate MediExcel Health Plan providers in Mexico from the legal requirement to obtain parental/legal guardian consent for all medical treatment in Mexico.

To establish confidential communications with MediExcel Health Plan, the member should contact Member Services at (619) 365-4346, or at (664) 633-8555 if dialing from México, by email at memberservices@mediexcel.com, or by mail at MediExcel Health Plan 750 Medical Center Court, Suite 2, Chula Vista, CA 91911 and request confidential communications. Within 7 calendar days of receipt of an electronic or telephonic request, or within 14 calendar days of receipt by first-class mail, MediExcel Health Plan shall acknowledge receipt of confidential communications requests and advise the member of the status of implementation of the requests. Similarly, "Protected Members" can end their confidential communications by notifying the Member Services team.

Upon granting of request, MediExcel Health Plan shall direct all communications regarding a Protected Member's receipt of medical information and sensitive services directly to the Protected Member receiving care. If the Protected Member has designated an alternative mailing address, email address, or telephone number, MediExcel Health Plan shall make all communications related to the Protected Member's receipt of medical information and sensitive services to the alternative mailing address, email address, or telephone number designated. If the Protected Member has not designated an alternative mailing address, email address, or telephone number, MediExcel Health Plan will make all communications related to the Protected Member's receipt of medical information and sensitive services in the name of the Protected Member at the address or telephone number on file.

MediExcel Health Plan shall not disclose medical information and sensitive health care services provided to a Protected Member to the primary member, or any plan members other than the Protected Member receiving care, absent an express written authorization of the Protected Member receiving care. MediExcel Health Plan shall permit and accommodate requests for confidential communication in the form and format requested by the member, if it is readily producible in the requested form and format, or at alternative locations. The confidential communication request

shall be valid until the Protected Member submits a revocation of the request or a new confidential communication request is submitted.

Notice of Going Green - Paperless Initiatives and Member Communications:
MediExcel Health Plan has incorporated workflow processes and digital forms to improve efficiency, reduce paper and postal expenses by using electronic distribution (Email) and pdf files of documents. The member is assumed to consent to these paperless workflow processes and formats. The member can opt out of one or more of these processes and digital forms by notifying Member Services.

MediExcel Health Plan has established a Patient Portal for secure electronic communications between the member and MediExcel Health Plan. An electronic file of the member's benefit plans, EOC, SBC, IRS 1095B Tax Form and all applicable health plan notices shall be placed in the Patient Portal for easy retrieval by the member. To register, please go to the following link: https://saludexcel.com/mediexcel/signup/, contact Member Services at (619) 365-4346, at (664) 633-8555 if dialing from México, or by email at memberservices@mediexcel.com for assistance.

Notice of Yearly Deductible and Out-of-Pocket Accrual Balances: MediExcel Health Plan will be notifying you of your balance for your yearly deductible (if applicable) and out-of-pocket maximum levels for every month in which benefits were used. You can also request your most recent yearly deductible (if applicable) and out-of-pocket maximum levels by contacting Member Services at (619) 365-4346, at (664) 633-8555 if dialing from México, or by email at memberservices@mediexcel.com. For those members who register for the Patient Portal, this information will be provided electronically. If you choose to receive your information electronically but later prefer to receive it in paper form by mail, simply contact Member Services.

Notice of the Benefits of a Behavioral Health and Wellness Screening: California Law requires MediExcel Health Plan to notify you every year about the benefits of behavioral health and wellness screening for children and adolescents 8 to 18 years of age. These behavioral health and wellness screenings are preventive care and have no associated copay when obtained from network providers. These behavioral health and wellness screenings have shown to provide benefits for both depression and anxiety.

TABLE OF CONTENTS

HOW TO USE MEDIEXCEL HEALTH PLAN

Welcome to MediExcel Health Plan! This booklet is your **Evidence of Coverage**. It explains what MediExcel Health Plan covers and does not cover. Please read this booklet carefully, including the sections that apply to your special health care needs. Also, read your **Summary of Benefits and Coverage** on page A-1, which lists copays and other fees.

MediExcel Health Plan is an HMO Plan. *Group Health Insurance* is insurance that you get through a group, such as an employer. MediExcel is special as you receive your health care in México, except for emergency and urgent care which are covered worldwide. Even if you have belonged to a health plan before, take some time to learn about MediExcel Health Plan. This chapter tells you about:

- How to contact MediExcel Health Plan
- Your MediExcel I.D. card
- The MediExcel Health Plan service area
- The MediExcel Health Plan network
- Your primary care doctor and medical group
- Language and communication assistance
- How to get health care when you need it
- Referrals and pre-approval (prior authorization)
- Emergency and urgent care
- Care when you are way from home
- Costs
- If you have a problem

How to Contact MediExcel Health Plan

Our Member Services Department is here to help you on a 24/7 basis. Our staff is bilingual (English and Spanish) and have translators available for any other language. Call us if:

- You have a question or a problem.
- You need a new primary care doctor.
- You need to obtain or replace your Member ID Card.
- You are billed the wrong copay amount by the provider.

MediExcel Health Plan Member Services

- **Telephone:** (619) 365-4346, or (664) 633-8555 if dialing from México. For the hearing impaired, call MediExcel Health Plan's TTY toll-free number at (800) 735-2929.

  Monday – Friday 8:00 am -8:00 pm, Saturday 8:00 am -5:00 pm PST
- **Email:** memberservices@mediexcel.com
- **Mail:** MediExcel Health Plan
  750 Medical Center Court, Suite 2
  Chula Vista, CA 91911

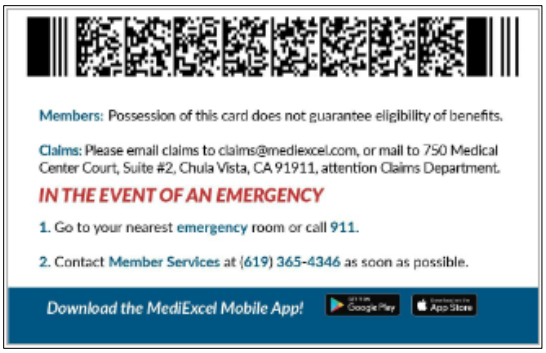
- **In Person:** MediExcel Health Plan Administrative Office
  750 Medical Center Court, Suite 2 Chula Vista, CA 91911
  Monday – Friday 8:00 am -5:00 pm PST

- **Online:** www.mediexcel.com

Your MediExcel Health Plan Membership ID Card

Your MediExcel temporary ID will arrive inside your new member packet. During your first visit to our facilities in Mexico, each enrolled member can get a permanent ID. You may also visit our Member Enrollment Center in Chula Vista. Show your ID Card whenever you get health care.

Front Side



Reverse Side

The MediExcel Health Plan Service Area and General Qualifications

MediExcel Health Plan has a service area. This is the area in which MediExcel Health Plan provides health care coverage which consists of the border cities of Tijuana, Tecate and Mexicali, in Baja California, Mexico. You (the employee) must be a Mexican National and work in the Counties of San Diego or Imperial to become a member of MediExcel Health Plan. You must receive all health care services within the MediExcel Health Plan service area unless you need emergency or urgent care. **If you reside in the U.S. and you and your enrolling dependents do not have the proper documentation to cross into Mexico and return to the U.S., you cannot enroll in MediExcel Health Plan**. If you no longer work in San Diego or Imperial County, you must tell MediExcel Health Plan. Your dependents, regardless of their nationality, may also enroll in MediExcel Health Plan *(see page EOC-56)*. If your dependents do not reside with you, they must reside within the MediExcel Health Plan service area in order to be eligible to enroll.

Mexican Health Care Standards

Legal requirements for and generally accepted practice standards of medical care in Mexico are different than those of California or elsewhere in the United States. Therefore, the care to be received through providers in Mexico for MediExcel Health Plan will be care that is consistent with generally accepted medical standards of Mexico, not of California. MediExcel Health Plan contracts only with providers who meet all applicable laws, licensing requirements, and professional standards of Mexico and who provide their services in accordance with the generally accepted standards of the organized medical community relating to professional and hospital services in Mexico. Any member who is not completely comfortable with the standards of care for the practice of medicine in Mexico should not enroll in the MediExcel Health Plan.

The MediExcel Health Plan Network

Our network is all the doctors, hospitals, labs, and other providers that MediExcel Health Plan has contracts with.

- You must get your health care from your primary care doctor and other providers who are within the network. Our *Provider Directory* is available on our website at www.mediexcel.com. If you require a printed copy, call Member Services at (619) 365-4346, or (664) 633-8555 if dialing from México.
- If you go to a provider outside the network, you will have to pay all the cost, unless you received pre-approval from MediExcel Health Plan, *or* you had an emergency *or* you needed urgent care while away from home.
- In some case, if you are new to MediExcel Health Plan or your provider's contract is discontinued, you can continue to see your current doctor or other health care provider. This is called *continuity of care* (see page EOC-20).

Your Primary Care Doctor and Medical Group *(see page EOC-18)*

When you join MediExcel Health Plan, you need to choose a primary care doctor (also called a primary care physician, or PCP). This doctor provides your basic care and coordinates the care you need from other providers.

Your primary care doctor and most of the specialists you see are usually within the same medical group. A *medical group* is a group of doctors and other providers who have a business together.

Language and Communication Assistance *(see page EOC-17)*

It is important that you communicate with MediExcel Health Plan and with your healthcare providers. All MediExcel Health Plan Member Services Representatives are fluent in Spanish and English. If Spanish is not your first language, MediExcel Health Plan provides interpretation services and translation of certain written materials at no cost to the member.

- To ask for language services call Member Services at (619) 365-4346, or at (664) 633-8555 if dialing from México.
- If you have a preferred language to communicate in, other than Spanish or English, MediExcel Health Plan will arrange for interpreter services during your telephone call or visit to MediExcel Health Plan. Call (619) 365-4346, or (664) 633-8555 if dialing from México for assistance.
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling the Deaf and Disabled Telecommunications Program at 711, which can facilitate communications with MediExcel Health Plan. *See page EOC-89*.

How to Get Health Care When You Need It

Please contact your primary care doctor first for all your care unless it is an emergency. In an emergency, seek care at the nearest hospital.

- You usually need a referral and pre-approval to get care from a provider other than your primary care doctor. See the next section.
- The care must be medically necessary for your health. Your doctor and MediExcel Health Plan follow guidelines and policies to decide if the care is medically necessary. If you

disagree with MediExcel Health Plan about whether a service you want is medically necessary, you can request an Independent Medical Review. *See page EOC-68*.

- The care must be a service that MediExcel Health Plan covers. (Covered services are also called B*enefits*.) To see what services MediExcel Health Plan covers, see the section on "Your Benefits" on *page EOC-23*.

Referrals and Pre-approvals *(see page EOC-19)*

You need a referral from your primary care doctor and pre-approval from MediExcel Health Plan for most services. A pre-approval is also called *prior authorization.*

- Make sure your doctor gives you a referral and gets pre-approval if it is required.
- If you do not have a referral and pre-approval when it is required, you will have to pay all the cost of the service.

You usually need a referral and pre-approval to:

- See a specialist.
- Get most tests, treatments, and procedures.
- Go to the hospital unless it is an emergency.
- Get a second opinion about a diagnosis or treatment.
- See a doctor who is not in the MediExcel Health Plan network.

You do **NOT** need a referral and pre-approval to:

- See your primary care doctor.
- Go to any hospital in the event of an emergency.
- See an OB-GYN within the MediExcel Health Plan network.
- Get urgent care.
- Obtain sexual and reproductive health care services.

Emergency Care *(see page EOC-25)*

Emergency care is covered anywhere in the world.

- It is an emergency if you reasonably believe that not getting immediate care could be dangerous to your life or to a part of your body.
- Emergency services and care means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.
- Emergency services and care also means an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition, within the capability of the facility.
- If you have an emergency, call 9-1-1 in the United States or in Mexico, or go to the nearest hospital regardless of whether the emergency care facility is in Mexico or in the United States.

- If you can, go to a hospital within the MediExcel Health Plan network. If you are admitted to a hospital that is not within the network, you must let MediExcel Health Plan know within 48 hours, or as soon as you can. You may be transferred to a hospital within the MediExcel Health Plan network if it is safe to do so. If it is safe to do so, MediExcel Health Plan shall coordinate the transfer and transportation to a network hospital.
- Call Member Services at (619) 365-4346. If you are outside of the U.S., collect calls are accepted.
- If you go to a hospital emergency room that is not within the MediExcel Health Plan network for emergency care services, once your condition is considered stabilized by the attending doctor, MediExcel Health Plan must authorize any follow-on post-stabilization treatment or the transfer to another non-MediExcel Health Plan Provider.
- Go to your primary care doctor for follow-up care after you leave the hospital. Do not go back to the emergency room for follow-up care. You can schedule the follow-up visit with MediExcel 24/7. Call Member Services at (619) 365-4346, or (664) 633-8555 if dialing from México. You can also schedule a follow-up visit with your primary care doctor.

Urgent Care *(see page EOC-26)*

Urgent care is care that you need soon to prevent a serious health problem. Urgent care is covered anywhere in the world.

- For Urgent Care needs while you are in the Plan Service Area, go to a Plan Hospital. All Plan Hospitals operate a 24-hour urgent care center for MediExcel Plan Members.
- For Urgent Care needs in San Diego and Imperial Counties, your Provider Directory includes a listing of urgent care facilities. These urgent care facilities require higher copays and may have limitations in services and hours of operation. Additionally, you can go to any urgent care provider, even if it is not listed within the Provider Directory. You do not need to obtain pre-approval or prior authorization from MediExcel Health Plan to go to an urgent care provider.
- If you have an urgent care matter and want to speak with a MediExcel Health Plan Doctor over the telephone or through a video communication, call Member Services at (619) 365-4346 or at (664) 633-8555 if dialing from México. You will talk with an urgent care representative who will coordinate your telephone call or your video communication with an Urgent Care doctor. There is no copay for this service.

Care When You Are Away from Home *(see page EOC-27)*

- Only emergency and urgent care are covered.
- If you are admitted into a hospital because of an emergency, you must inform MediExcel Health Plan within 48 hours, or as soon as possible.
- If special circumstances arise, call Member Services at (619) 365-4346, or at (664) 633-8555 if dialing from México.

Costs *(see the "Summary of Benefits and Coverage" on page* A-1 *and "What You Pay" on page EOC-11)*

- The **premium** is what you and/or your employer pays each month to MediExcel Health Plan to keep coverage.
- **Copay (copayment)** is the amount that you must pay each time you see a doctor or get other Covered Services.
- **Coinsurance** is the percentage of a health plan's cost that you must pay each time you see a doctor or get other Covered Services.
- If the Plan has a yearly **deductible**, the yearly deductible is the amount you pay directly to providers for Certain Services, before MediExcel Health Plan starts to pay. Please note that for some services the yearly deductible is waived, for other services the yearly deductible applies.
- The yearly **out-of-pocket** maximum is the most money you have to pay for your health care with MediExcel Health Plan in a yearly period, which coincides with the employer group contract period.
- After you pay your copay and/or coinsurance and you have met your yearly deductible (if applicable), MediExcel Health Plan pays the rest of the cost of the service, as long as the service you get is a covered Benefit.

If You Have a Problem with MediExcel Health Plan *(see page EOC-67)*

- If you have a problem with MediExcel Health Plan, you can file a complaint (also called an *appeal* or a *grievance*) with MediExcel Health Plan.
- If you disagree with MediExcel Health Plan's decision about your complaint, you can get help from the State of California Department of Managed Health Care HMO Help Center. The HMO Help Center can help you apply for an Independent Medical Review (IMR) or file a complaint. IMR is a review of your case by doctors who are not part of your health plan.

WHAT YOU PAY

This chapter tells you about your costs in MediExcel Health Plan. The costs you pay may include:

- Premiums
- Copays (copayments)
- Coinsurance
- Yearly deductible (if your Plan has a deductible)
- Yearly out-of-pocket maximum

This chapter also tells you what you need to do if:

- You have to pay for care at the time you get it.
- You have more than one health plan (Coordination of Benefits).

Premiums

A *premium* is the amount that MediExcel Health Plan charges each month for health care. Usually, your employer pays part of the premium, and you pay the rest.

- The amount you pay is usually taken out of your paycheck each month. If you have questions about your premium, ask your employer, or call Member Services at (619) 365-4346, or at (664) 633-8555 if dialing from México.
- If the premium changes, MediExcel Health Plan will let your employer know in writing at least 30 days before the change. Usually, the premium changes only when your employer renews its contract with MediExcel Health Plan.

Copays (Copayments)

Copay is the amount that you pay each time you see a doctor within the MediExcel Health Plan network or get services. You have to pay a copay for most health care services you get.

- You must pay the copay when you get the service.
- Different types of services may have different copay amounts. For example, doctor visits, urgent care visits, prescription drugs, and hospital stays have different copays.
- The copay amounts are listed in the "Summary of Benefits and Coverage" on page A-1.
- In cases where the copay amount is less than the allowed amount (the maximum amount on which the payment is based for the covered health care services), you only pay the lesser of the two amounts.
    - For example, if your prescription drug copay is $10 and the plan pharmacy sells the prescription drug you need for $8, you only pay the $8 and not the $10 co-pay.

Coinsurance

Coinsurance is the percent of the cost of a service that you must pay when you get that service.

- Different types of services may have different coinsurance rates. For example, emergency room visits, durable medical equipment, and diabetes care services have different

coinsurance rates.

- Coinsurance rates are listed in the "**Summary of Benefits and Coverage**" on page A-1.

Yearly Deductible

If your Plan has a deductible, a deductible is a specified amount that you have to pay each yearly period to providers before MediExcel Health Plan starts to pay policy benefits. For example, if your deductible is $250, you must pay all the cost of some Covered Services you get until you have paid $250. Once you have reached your yearly deductible, you only pay a copay or coinsurance for Covered Services rendered and MediExcel Health Plan pays the rest of the covered costs.

- There is also a family yearly deductible. If you are part of a family, and you reach your individual yearly deductible before your family reaches its yearly deductible, then you pay a copay or coinsurance, and MediExcel Health Plan pays the rest of the cost for Covered Cervices that apply to the deductible.
- However, other family members must continue to pay until they reach their individual yearly deductible, or the family yearly deductible is met.
- For example, suppose that your individual yearly deductible is $250, and your family yearly deductible is $500. Once you have paid your individual yearly deductible, you will only have to pay your copay or coinsurance for Covered Services rendered and MediExcel Health Plan pays the rest. Your family must continue to pay their individual yearly deductibles until the family yearly deductible is met. When the family yearly deductible is met, you and your family will only have to pay your copay or coinsurance for Covered Services rendered and MediExcel Health Plan pays the rest.
- The yearly deductible period starts when the employer group contract period starts and will continue for a 12-month period.
- After the 12-month period, the yearly deductible starts over again.
- MediExcel Health Plan will provide you with an updated status on your individual and family (if applicable) deductible accrual levels for every month in which benefits were used.
- You can also request your most up-to-date accrual balance toward your annual deductible and/or out-of-pocket maximum from MediExcel Health Plan by simply contacting MediExcel Health Plan at (619) 365-4346, at (664) 633-8555 if dialing from México, or by email at memberservices@mediexcel.com.
- Be sure to keep your receipts or cancelled checks when you pay copays or coinsurance that apply to your yearly deductible.
- MediExcel Health Plan will notify your medical group provider when you have met your deductible.

Benefit Services in which there is No Yearly Deductible:

MediExcel Health Plan covers preventive services and other health benefit services whether or not you have met your yearly deductible. Under Federal and State law, the following services are included as a no-cost share to the member as long as you receive them through the MediExcel Health Plan Provider Network. (This list is not all inclusive—see the "Summary of Benefits and

Coverage" for more details).

- Preventive checkups for adults and children
- OB-GYN/family planning checkups for women
- Maternity/prenatal care
- Well-baby checkups for children under 2 years of age
- Vision and hearing exams for children under 17 years of age
- Immunizations for children
- STD (sexually transmitted diseases/venereal diseases) testing
- Certain preventive lab work
- Health education for diabetes

Benefit Services in Which the Deductible is Waived Include, but is Not Limited to:

- Physician office visits
- Diagnostic Tests (x-ray, blood work)
- Tier I and Tier II prescription drugs

For more information on whether the deductible applies or is waived, see the "**Summary of Benefits and Coverage**."

Yearly Out-of-Pocket Maximum

The yearly out-of-pocket maximum is the total you have to pay each yearly period for all your health care services. The start of the yearly period is when the Employer Group Contract begins and will continue for 12 months until the Employer Group Contract is renewed or terminated. As an example, an Employer Group Contract that is effective on June 1st will have a yearly period from June 1st through May 31st of the following year. Each family member has a yearly out-of-pocket maximum.

There is also a family out-of-pocket-maximum for the same yearly period:

- If you are part of a family, and you reach your individual maximum before your family reaches its maximum, you do not have to pay any more copays or coinsurance that year.
- However, other family members must continue to pay until they reach their individual maximum, or the family maximum is met.
- For example, suppose that your individual maximum is $3,200, and your family maximum is $6,400. Once you have paid $3,200 you will not have to pay anything more for Covered Services that apply to the out-of-pocket maximum for the year. However, your family must continue to pay for their health care until their individual, or the family out-of-pocket maximum is met. When the family out-of-pocket maximum is met, you and your family will not have to pay anything more for Covered Services that apply to the out-of-pocket maximum for the year.

MediExcel Health Plan will provide you with an updated status on your individual and family (if applicable) yearly out of pocket maximum levels for every month in which benefits were used.

Such updates will continue until you reach your out-of-pocket maximum/and or deductible limits. You also have the right to opt-out of mail notices and instead elect to receive your accrual update electronically by email by also contacting MediExcel Health Plan. You can also request your most up-to-date accrual balance toward your yearly out-of-pocket maximum from MediExcel Health Plan by simply calling (619) 365-4346, (664) 633-8555 if dialing from México, or by email at memberservices@mediexcel.com.

You should keep a record of all the copay and coinsurance amounts you and your family members make, along with the receipts or cancelled checks. Call Member Services at (619) 365-4346, at (664) 633-8555 if dialing from México, and ask for a form for you to keep track of your copays and coinsurance amounts. When you reach your out-of-pocket maximum, call MediExcel Health Plan at (619) 365-4346, or at (664) 633-8555 if dialing from México, and you will be told where to mail the form and copies of your receipts or cancelled checks. MediExcel Health Plan will inform your medical group that you do not need to make any more copays and coinsurance payments for the rest of the yearly period.

Costs that count toward the yearly out-of-pocket maximum:

- All your copays and coinsurance including copays and coinsurance for pediatric dental services, count toward your yearly out-of-pocket maximum.
- The allowed amounts that you paid for benefits, even if they were less than the applicable copay amounts, also count toward your yearly out-of-pocket maximum.
- Your yearly deductible is counted toward your yearly out-of-pocket maximum.

No restrictions on lifetime and annual limits on dollar value of covered benefits:

- There are no restrictions on either the lifetime limits or annual limits on the dollar value of any covered benefits for a member, whether provided in network or out of network.

Financial Responsibility for Payment of Emergency Care Services:

- You are not financially responsible for the payment of emergency care services, in any amount that MediExcel Health Plan is obligated to pay, beyond your copays and coinsurance as provided in your Summary of Benefits and Coverage.
- If you receive a bill for an emergency care service, please contact the provider to ensure that your medical insurance information is updated. If you need assistance, please contact Member Services for assistance, (619) 365-4346, or (664) 633-8555 if dialing from México.
- If the provider is billing you for services that MediExcel Health Plan already paid for, contact Member Services for assistance at (619) 365-4346, or (664) 633-8555 if dialing from México.
- Be advised that providers cannot balance bill you for emergency care services for more than your cost-sharing expenses for in-network services as specified in your **Summary of Benefits and Coverage**.

If You Have to Pay for Care at the Time, You Receive It (Reimbursement Provisions)

There may be times when you have to pay for your care at the time you receive it. For example, if you get emergency or urgent care from a provider who is not within the MediExcel Health Plan network, you may have to pay for the service at the time you get care.

Ask the provider to bill MediExcel Health Plan directly. If that is not possible, you will have to pay and then ask MediExcel Health Plan to reimburse you (pay you back). MediExcel Health Plan will reimburse you as long as the care you get is a covered service and you can present substantiating documentation.

How to get reimbursed:

You must ask MediExcel Health Plan to reimburse you.

- We must receive your request no later than 180 days after you get the services unless you show that you could not reasonably file your request within this time period.
- Only covered benefit services will be considered for reimbursement.
- You must include a copy of the bill, a receipt for your payment, and supporting documentation such as medical records that annotates the medical services rendered.
- If your reimbursement request is for services rendered in Mexico, please include a copy of the "factura" and ensure that the "factura" is made out in the name of "Medi-Excel, SA de CV with RFC# "MED091108FY4" and the official address, "Avenida Paseo de Los Héroes 2507, Zona Río Tijuana, Baja California 22320".
- Under Mexican law, all businesses, including health care providers, are required to provide the client a "factura" for all financial transactions. If you are uncertain or have any questions while you are with the Mexican provider, please call Member Services at (664) 633-8555 and we can help you explain it to the provider.
- Send your reimbursement request to:
  MediExcel Health Plan
  750 Medical Center Court, Suite 2
- You may also email your request to: claims@mediexcel.com
- You still have to pay your yearly deductible, if applicable, before MediExcel Health Plan starts to pay.
- You still have to pay the normal copay or coinsurance for the care you received.
- Reimbursement for approved charges will be mailed within 30 business days of receipt of complete documentation.

If You Have More Than One Health Plan (Coordination of Benefits)

Some people have more than one health plan or health insurance policy. If you do, MediExcel Health Plan must coordinate your benefits with your other plan. Contact MediExcel Health Plan and your other plan before you receive services to inform each plan of the other.

- You must inform your doctors and other health care providers about any other health Plan you or members of your family have.
- The total amount paid by all the plans together will never be more than the total cost of the services.
- You still need to follow each plan's policies for using network providers and getting referrals and pre-approvals.

SEEING A DOCTOR AND OTHER PROVIDERS

MediExcel Health Plan has a network that includes many doctors and other health care providers. Your primary care doctor coordinates most of your care. Your primary care doctor will refer you to specialists and other providers. This chapter tells you about:

- Your choice of doctors and providers.
- Language and communication assistance.
- Choosing a primary care doctor.
- Referrals and pre-approval (prior authorization).
- Getting a second opinion.
- Keeping a doctor, hospital, or other provider, you go to now (continuity of care).

Your Choice of Doctors and Providers – *Your MediExcel Health Plan Provider Directory*

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

The *MediExcel Health Plan Provider Directory* lists all the doctors and other providers within the MediExcel Health Plan network. It also lists hospitals, clinics, facilities, and pharmacies within the network.

- You must get all of your care from the providers within the MediExcel Health Plan network, unless you get emergency or urgent care, or MediExcel Health Plan pre-approves a visit to a provider that is not within our network.
- The on-line *MediExcel Health Plan Provider Directory* (**www.mediexcel.com**) is updated on a daily basis or whenever there are any provider changes.
- MediExcel Health Plan makes sure that there are always enough providers within the network, so you can get the care you need.
- To get the latest *Provider Directory*, visit our website at www.mediexcel.com, click on the *Member* tab and scroll to *Find a Doctor*, or call Member Services at (619) 365-4346, or (664) 633-8555 if dialing from Mexico.

Language and Communication Assistance

Communicating with MediExcel Health Plan and with your providers is important. All MediExcel Health Plan Member Services Representatives are fluent in Spanish and English. If Spanish is not your first language, MediExcel Health Plan provides interpretation services and translation of certain written materials at no cost to the member.

- To ask for language services, call (619) 365-4346, or at (664) 633-8555 if dialing from México.
- If you have a preferred language to communicate in, other than Spanish or English, MediExcel Health Plan will arrange for interpreter services during your telephone call or visit to MediExcel Health Plan. Call (619) 365-4346, or at (664) 633-8555 if dialing from México for assistance.

- MediExcel Health Plan provides aids and services at no cost to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (including large print, audio, accessible electronic formats, and other formats).
- If you are deaf, hard of hearing or have a speech impairment, you may also receive language assistance services by calling the Deaf and Disabled Telecommunications Program at 711 which can facilitate communications with MediExcel Health Plan. *See page EOC-89*.

Choosing a Primary Care Doctor

Your primary care doctor provides your basic care and coordinates the care you need from other providers. When you first join MediExcel Health Plan, you may choose a primary care doctor (also called a primary care physician, or PCP). This doctor provides your basic care and coordinates the care you need from other providers.

- When you need to see a specialist, or get tests, your primary care doctor gives you a referral.
- When you need care, call your primary care doctor first—unless it is an emergency.
- Most doctors belong to medical groups. If your primary care doctor cannot see you, someone else in your doctor's medical group will see you.
- Each family member may have a primary care doctor. Each family member can choose a different doctor.
- If you do not choose a primary care doctor, MediExcel Health Plan will choose one for you. You can change your primary care doctor at any time and for any reason.
- The on-line *Provider Directory* (**www.mediexcel.com**) has an updated listing of all MediExcel Health Plan providers.

Your primary care doctor can be:

- A **general practitioner doctor** (for adults and children of all ages).
- A **family practice doctor** (for adults and children of all ages).
- A **pediatrician** (for children up to age 18).
- An **OB-GYN** (for women), only if the doctor can perform the full scope of primary care services and agrees to serve as a PCP in the MediExcel Health Plan network.

Tips: Selecting a primary care doctor:

- Look for a primary care doctor you feel comfortable with and can talk to about all your health concerns. Think of your doctor as your partner in your health care.
- Look for a doctor who is easy to get to from your home or office.
- Ask friends for the names of primary care doctors they like.

How to change your primary care doctor:

To change your doctor, call Member Services at (619) 365-4346, or at (664) 633-8555 if dialing from México.

- Give the doctor's name and say why you want to change doctors.
- Say which doctor you want. Or ask Member Services to choose a new doctor for you.
- You can start seeing your new doctor immediately.

Referrals and Pre-approvals (Prior Authorization)

- To see a specialist or another provider, you usually need a referral from your primary care doctor and pre-approval from MediExcel Health Plan.
- If you do not get the required referral and pre-approval and you get the service or treatment from a specialist or another provider, you will have to pay all the cost.

The pre-approval process:

Your primary care doctor usually asks MediExcel Health Plan for pre-approval. The care you want must be a covered benefit, and it must be medically necessary for your health. MediExcel Health Plan uses medical guidelines and policies to decide whether to approve or deny a referral.

- It can take up to 5 business days to get pre-approval, depending on your medical condition and the treatment you need.
- If your health problem is urgent, MediExcel Health Plan may take up to (72 hours) to decide, depending on your medical condition and the treatment you need.
- MediExcel Health Plan will tell your provider what we decide within 24 hours after making a decision.
- MediExcel Health Plan will send you and your provider a letter within 2 business days after MediExcel Health Plan has decided whether to approve or deny your request.
- Sometimes more information or other tests may be needed before MediExcel Health Plan can make a decision. MediExcel Health Plan will tell your provider as soon as we know that more information or tests are needed. We will tell your provider no later than 5 business days after we receive the request for pre-approval (or within 72 hours if your health problem is urgent).

Your primary care doctor makes a referral:

- Your doctor may give you a written referral or may send the referral directly to the other provider. Your doctor will give you the name and phone number of the specialist or other provider you will see.
- To make the appointment, call (619) 365-4346, or at (664) 633-8555 if dialing from México.

You do NOT need a referral, nor pre-approval to:

- See your primary care doctor.
- See an OB-GYN within the MediExcel Health Plan network for preventive health care services. This includes maternity/prenatal care as well as cancer screening tests such as pap tests and mammograms.
- Get an eye exam once a year from a provider within the MediExcel Health Plan network.

- Get emergency or urgent care services. See "Emergency Care" on *page EOC-25* and "Urgent Care" on *page EOC-26*.
- Get dental preventive care every six months for an oral exam (dental check-up), teeth cleaning (CDT Code 1120) and fluoride treatment (CDT Code 1206/1208).
- Obtain sexual and reproductive health care services.

Standing referrals:

A *standing referral* is a referral that allows you to see a specialist or go to a specialty care center without getting a new referral from your primary care doctor each time. It may be for a certain period of time and a specific number of visits.

- You may need a standing referral if you have a disabling condition or a serious condition that is getting worse or threatens your life, such as a heart condition or AIDS.
- Before MediExcel Health Plan will pre-approve a standing referral, your primary care doctor, the specialist, and MediExcel Health Plan must agree that you need it.
- If you have AIDS, you can get a standing referral to a doctor who specializes in AIDS.

Getting a Second Opinion

You may ask for a second opinion from another doctor about a condition that your doctor diagnoses or about a treatment that your doctor recommends. Below are some reasons you may want to ask for a second opinion:

- You have questions about a surgery or treatment your doctor recommends.
- You have questions about a diagnosis for a serious chronic medical condition.
- There is disagreement regarding your diagnosis or test results.
- Your health is not improving with your current treatment plan.
- Your doctor is unable to diagnose your problem.

How to request a second opinion:

You must request pre-approval from MediExcel Health Plan to get a second opinion.

- You can ask for a second opinion from another primary care doctor in your doctor's medical group or from any specialist in the MediExcel Health Plan network.
- The section called "The pre-approval process" on *page EOC-19* explains how to request pre-approval.

Keeping a Doctor, Hospital, or Other Provider, You Go to Now (Continuity of Care)

You may have to find a new provider when you join MediExcel Health Plan if the provider you have now is not in the network. Or, you may have to find a new provider if you are already a member of MediExcel Health Plan and your provider's contract with MediExcel Health Plan ends.

In some cases, you may be able to keep going to the same provider to complete a treatment plan or to have treatment that was already scheduled.

- This is called *Continuity of Care.*
- You can keep your provider **only** if you have certain health problems or conditions and meet other requirements.
- To keep a provider, you must call MediExcel Health Plan at (619) 365-4346, or at (664) 633-8555 if dialing from México, to ask for Continuity of Care. Your provider must agree to keep you as a patient. The provider must also agree to MediExcel Health Plan's usual terms and conditions for contracting providers. Providers that have been terminated for fraud and/or certain quality issues may not provide continuity of care.
- For more information about whether you may request Continuity of Care, or to obtain a copy of the MediExcel Health Plan Continuity of Care policy, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.
- If you are new to MediExcel Health Plan, you may not be eligible for Continuity of Care with your provider if:
    - You were offered a health plan (such as a PPO) where you can see out-of-network providers but chose MediExcel Health Plan, or
    - You had the option to continue with your previous health plan or provider, and you voluntarily chose to change to MediExcel Health Plan.
- The following chart explains when you may be able to keep a provider.

Keeping Your Doctor, Hospital, or Other Provider	
Type of problem or condition	**How long you may be able to stay with the provider, starting from the date that:** • You join MediExcel Health Plan *or* • MediExcel Health Plan ends its contract with the provider
Acute Condition (such as pneumonia)	As long as the condition lasts
Serious Chronic Condition (such as severe diabetes or heart disease)	Until you complete a course of treatment, or for up to 12 months
Pregnancy	During pregnancy and immediately after delivery (postpartum period)
Maternal Mental Health	As long as the condition lasts
Terminal Illness	As long as the person lives
Care of a child under 3 years	For up to 12 months
Surgery or another procedure (such as colonoscopy) that is already scheduled	180 days

Notice of the Availability of Interpreter Services: All MediExcel Health Plan Member Services Representatives and Telephone Triage/Screening Services Representatives are fluent in Spanish and English. If you have a preferred language to communicate in, other than Spanish or English,

MediExcel Health Plan will arrange for interpreter services during your telephone call to MediExcel Health Plan or your provider. Please call (619) 365-4346, or (664) 633-8555 if dialing from México.

Timely Access to Care

MediExcel Health Plan commits to provide you your covered health care services in a timely manner appropriate for the nature of your condition consistent with good professional practice. We will ensure that all processes necessary to provide your covered health care services are completed in a timely manner appropriate for your medical condition. When it is necessary for a provider to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for your health care needs.

For covered urgent and emergency care benefit services rendered in the U.S., there is no requirement to obtain pre-approvals or prior-authorizations by MediExcel Health Plan. Through its contracted urgent care health care providers, MediExcel Health Plan commits to offer members appointments that meet the following time frame standard.

Service Categories	Standard
• Urgent care appointments in the U.S.	Same day

Telemedicine Services

Telemedicine, also known as telehealth or virtual care, means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. As technology improves and becomes more available, MediExcel Health Plan's telemedicine program helps increase your access and availability to medical consultations. MediExcel Health Plan reimburses its providers on the same basis and to the same extent it reimburses for the same service through in-person health care delivery. Telemedicine cost-sharing for members will not exceed cost sharing for the equivalent in-person service.

YOUR BENEFITS

This section tells you about the health care benefits, also called services, that MediExcel Health Plan covers, as well as what you will need to do before you get care.

- **For most services, you must get a referral from your doctor. For many services, you also need pre-approval from MediExcel Health Plan.**
- **Make sure that your doctor gives you a referral and receives pre-approval from MediExcel Health Plan for services that require them.** If you do **NOT** have the required referral and pre-approval, you will have to pay all the cost of the doctor's visit, test, or treatment.

Benefits discussed in this chapter:

1. Preventive care
2. Emergency care
3. Urgent care
4. Ambulance service (emergency medical transportation)
5. Specialist care
6. Hospital care
7. Surgery
    - Outpatient and inpatient surgery
    - Transplant surgery
    - Reconstructive surgery
    - Breast surgery and breast reconstruction
8. Blood transfusions and blood products
9. Maternity care
10. Family planning
11. Mental health care
12. Home health care
13. Skilled nursing facility services
14. Hospice care
15. Lab tests, diagnostic tests, X-rays, and cancer screenings
16. Chemotherapy and radiation
17. Prescription drugs
18. Rehabilitative and habilitative (speech, physical, and occupational) therapy
19. Cardiac and pulmonary therapy
20. Medical supplies, equipment, and DME
    - Diabetes supplies
    - Asthma supplies for children
    - Other medical supplies
    - Orthotics
    - Ostomy and urological
    - Prostheses
    - Durable medical equipment
21. Clinical trials for cancer or other life-threatening condition
22. Experimental and investigational treatments
23. Genetic testing
24. Alcohol and drug abuse treatment
25. Allergy treatment
26. Dental anesthesia
27. Dialysis
28. Hearing tests
29. PKU formula and food products
30. TMJ care
31. Vision tests
32. Weight loss
33. Pediatric Dental
34. Pediatric Vision
35. Outpatient Care

1. Preventive Care

MediExcel Health Plan covers periodic checkups and care to prevent problems.

- You do not need a referral from your doctor or pre-approval from MediExcel Health Plan for most of these services.
- You can make an appointment for these services any time you think you need care.

MediExcel Health Plan covers these services without cost sharing to members:

- Preventive office visits to your primary care doctor or other designated providers.
- Preventive checkups and periodic screenings.
- Well-baby visits for children up to age 2. These are regular visits to check your baby's health and development.
- Well-woman visits. These are visits to an OB-GYN for pap tests, HPV (human papillomavirus) tests, mammograms, and other approved tests. Pap and HPV tests are tests for cervical cancer.
- Maternity/prenatal care (see "Maternity Care" on *page EOC-31* for more information).
- Immunizations for children.
- Vision and hearing exams.
- Dental preventive services consisting of an oral exam (checkup), cleaning, fluoride treatment, and oral hygiene instruction (preventive dental services not provided for adults 19 and older on the PM Platinum HMO Plan and the GM Gold HMO Plan.)
- MediExcel Health Plan health education classes.
- Wellness program, which includes nutrition, exercise and stress-relief instruction and counseling.
- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention with respect to the individual involved.
- With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.
- Behavioral health and wellness screenings. Please note there are substantial health benefits that behavioral health and wellness screenings can provide for both depression and anxiety particularly for children and adolescents 8 to 18 years of age.
- With respect to women, such additional preventive care and screenings not already described above as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration for purposes of this paragraph.
- HIV Preexposure Prophylaxis (PrEP) drugs for members determined to be at high risk of contracting AIDS/HIV.

- Exams required for attending primary and secondary education schools.
- Emergency room medical care and follow-up health care treatment for a member who is treated following a rape or sexual assault for 9 months after initiation of treatment.

MediExcel Health Plan does not cover these services:

- Exams that you need only to get work, play a sport, prenuptial tests or get a license or professional certification.
- Services that are ordered for you by a court unless they are medically necessary and covered by MediExcel Health Plan.

2. Emergency Care

Emergency care is care that you need right away.

- MediExcel Health Plan covers emergency care anywhere in the world.
- It is an emergency if you reasonably believe that not getting immediate care could be dangerous to your life or a part of your body.
- Emergencies may include a serious injury, severe pain, a sudden serious illness, active labor, or emergency psychiatric conditions.

What to do in an emergency:

- In an emergency, call 9-1-1 if in the United States or in Mexico, or go to the nearest Emergency Room.
- If the Emergency occurs in Mexico, go to the nearest Emergency Room in Mexico. If the Emergency occurs in the United States, go to the nearest Emergency Room in the United States.
- If you can, go to the Emergency Room at a hospital that is in the MediExcel Health Plan network.
- If you cannot get to a hospital within the MediExcel Health Plan network, go to the nearest Emergency Room.
- If you are admitted to a non-network hospital, notify MediExcel Health Plan within 48 hours, or as soon as possible.
- Always show your MediExcel Health Plan membership card when you get emergency care.

If you go to a hospital that is not within the MediExcel Health Plan network:

- Emergency care is covered at any hospital, no matter where you are.
- Once your condition is considered stabilized by the attending emergency care doctor, MediExcel Health Plan must authorize any follow-on treatment or transfer to a non-MediExcel Health Plan provider.
- If you are admitted to the hospital from the Emergency Room and the hospital is not within the MediExcel Health Plan network, we may move you to a hospital in our network as soon as you can safely be moved.
- It is your right not to be transferred to a MediExcel Health Plan Network provider once you become stabilized, however you will be financially responsible for all health care services

provided after the point of stabilization if you remain at the hospital that is not within the MediExcel Health Plan network.

What you pay for emergency care:

- If you go to the Emergency Room, you will have a copay or coinsurance payment and if applicable, a deductible. See the "**Summary of Benefits and Coverage**" on page A-1.
- If you are admitted to the hospital from the Emergency Room, you will pay a copay or coinsurance amount for the combined Emergency Room and Hospital stay. You may also pay a deductible, if applicable. See the "**Summary of Benefits and Coverage**" on page A-1 for your applicable share of cost.
- If MediExcel Health Plan decides that in your specific case that you should have reasonably known that an emergency medical condition did not exist, you will have to pay all the cost. If you disagree with MediExcel Health Plan, you can file an appeal. See "If You Have a Problem with MediExcel Health Plan" on *page EOC-67*.

How to get follow-up care after an emergency:

- Call your primary care doctor for follow-up care. If you need to see a specialist for follow-up care, your primary care doctor will give you a referral.
- **Do not** go back to the Emergency Room for non-emergency follow-up care. If you get non-emergency follow-up care from the Emergency Room, you will have to pay all the cost of the follow-up care.
- **Do not** get follow-up care from a doctor who is not within the MediExcel Health Plan network unless you have pre-approval from MediExcel Health Plan. If you do not have the required pre-approval from MediExcel Health Plan, you will have to pay all the cost of the follow-up care.

3. Urgent care

Urgent care is care that you need soon to prevent a serious health problem.

- MediExcel Health Plan covers urgent care anywhere you are in the world.
- This includes maternity services necessary to prevent harm of the health of the enrolled mother or her baby, based on her belief that she has a pregnancy-related condition for which treatment cannot be delayed until she returns to the plan service area.
- Also included as urgent care is medically necessary treatment of a mental health or substance use disorder, including but not limited to, behavioral health crisis services, provided to a Member by a 988 center, mobile crisis team, or other provider of behavioral health crisis services regardless of whether the service is provided by an in-network or out-of-network provider.

How to get ancillary services (lab, X-rays, prescription drugs) related to an out of area urgent care service in the US:

- The urgent care provider may recommend lab exams and/or x-rays to help diagnosis your urgent care health issue. Unless the urgent care provider can provide lab and/or x-ray processing on the premises for ready results during the urgent care visit, you should obtain

these lab exams and/or x-rays from the MediExcel Provider Network. Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México. MediExcel Health Plan will arrange for same day lab exams and/or x-rays.

- The urgent care provider may prescribe medication(s) for you to take as soon as possible. If you cannot make it to a MediExcel Provider Network to pick up your prescription drugs, you may obtain them from a local pharmacy near the urgent care provider. You may need to pay for these prescription drugs and request a reimbursement (*see page EOC-15*.)
- You still have to pay the applicable copay or coinsurance for the ancillary services and prescription medication(s) you received.

How to get urgent care within the MediExcel Health Plan service area:

- If you cannot reach your primary care doctor, go to a Plan Hospital. All Plan Hospitals operate a 24-hour urgent care center for MediExcel Plan Members.
- For Urgent Care needs in San Diego and Imperial Counties, your Provider Directory includes a listing of urgent care facilities. These urgent care facilities require higher copays and may have limitations in services and hours of operation. Additionally, you can go to any urgent care provider, even if it is not listed within the Provider Directory. You do not need to obtain pre-approval or prior authorization from MediExcel Health Plan to go to an urgent care provider.
- If you have an urgent care matter and want to speak with a doctor over the telephone or through a video communication, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México. MediExcel Health Plan will arrange your telephone call or your video communication with an urgent care doctor. There is no copay for this service.

How to get urgent care outside the MediExcel Health Plan service area:

- You can go to any non-Plan provider for your urgent care services.
- Always show your MediExcel Health Plan membership card when you get urgent care.
- The doctor or urgent care provider may bill MediExcel Health Plan for the cost. Or they may ask you to pay the bill. If you pay the bill, you must ask MediExcel Health Plan to reimburse you. You will have to pay the applicable copay for urgent care. See "If You Have to Pay for Care at the Time, You Get It" on *page EOC-15*.
- You should **NOT** go to an urgent care provider for preventive or routine services, unless pre-approved by MediExcel Health Plan.
- If MediExcel Health Plan decides that you reasonably did not need urgent care, you will have to pay all the cost of the rendered health care services.
- If you disagree with MediExcel Health Plan, you can file an appeal. See "If You Have a Problem with MediExcel Health Plan" on *page EOC-67*.
- If you have an urgent care matter and want to speak with a doctor over the telephone or through a video communication, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México. MediExcel Health Plan will arrange your telephone call or your video communication with an urgent care doctor. There is no copayment for this service.

How to get follow-up care after urgent care:

- Call your primary care doctor for follow-up care. If you need to see a specialist for follow-up care, your primary care doctor will give you a referral.
- **Do not** get follow-up care from a doctor who is not in the MediExcel Health Plan network unless you have pre-approval from MediExcel Health Plan. If you do not have the required pre-approval from MediExcel Health Plan, you will have to pay all the cost of the rendered health care services.

4. Air and Ground Ambulance Service (Emergency Medical Transport)

MediExcel Health Plan pays for air and ground ambulance services in emergency situations:

- When you call 9-1-1 in the United States or in Mexico because you reasonably believe that you are having an emergency and need ambulance transportation.
- Please note that the member's share of cost (copay or coinsurance) for accessing these services from an out-of-network provider cannot be more than from an in-network provider.

MediExcel Health Plan pays for ambulance services in **nonemergency** situations as follows:

- When a doctor within the MediExcel Health Plan network says you need an ambulance or psychiatric transport services, and MediExcel Health Plan pre-approves it.
- When the use of other means of transportation would endanger the member's health.
- These services must be covered only when the vehicle transports the member to or from Covered Services.

5. Specialist Care

A *specialist* is a doctor or other health care provider who has extra training in one or more areas of medicine. For example, a dermatologist is a specialist who treats skin conditions, and a cardiologist is a specialist who treats heart conditions.

MediExcel Health Plan covers care from specialists:

- You must need care that your primary care doctor is not qualified to give you, and
- You usually need a referral from your primary care doctor.
- If you have an ongoing condition, such as a heart problem or AIDS, you may be able to get a standing referral. *See page EOC-20.*

6. Hospital Care

MediExcel Health Plan covers care in the hospital. This is called *inpatient care* if it includes an overnight stay.

- You must get pre-approval from MediExcel Health Plan for all hospital care unless you are admitted to the hospital directly from the Emergency Room.
- You must use a hospital within the MediExcel Health Plan network unless you have an emergency or your doctor gets pre-approval from MediExcel Health Plan for you to go to another hospital.

- If you are admitted to a non-network hospital due to an emergency, any medical services rendered after patient stabilization will need pre-approval from MediExcel Health Plan. If you do not receive pre-approval from MediExcel Health Plan you will be responsible for all post-stabilization care costs.

Your hospital copay and deductible, if applicable, covers these services received in the hospital:

- The services of doctors, including surgeons, specialists, and anesthesiologists
- Nursing care
- Treatment while you are in the hospital
- Prescription drugs, blood transfusions, and medical supplies
- Lab tests, x-rays, and diagnostic tests
- Therapy, including radiation, cardiac, pulmonary, speech, occupational, and physical therapy
- Private room in Mexico
- To find out what your hospital copay is, see the "Summary of Benefits and Coverage" on page A-1.

MediExcel Health Plan does **NOT** cover:

- Upgrade incidentals that are not medically necessary such as pay per view movies and private rooms in the US.

TIPS: Before You Go to the Hospital

- Make sure the hospital is in the network.
- Make sure you have pre-approval from MediExcel Health Plan.
- Ask MediExcel Health Plan what your copay will be.
- Ask your doctor who will oversee your care while you are in the hospital.
- If you are having surgery, you will usually meet with the surgeon before the surgery.
- Ask what to expect during and after your surgery or treatment.
- Ask if a family member can accompany you overnight in the hospital.
- Ask how long you will be in the hospital.
- Ask if you will need any special care when you go home from the hospital.
- Ask to meet with the discharge planner. This person can help you arrange for care you may need after your hospital stay.
- Fill out an Advance Health Care Directive. This form tells MediExcel Health Plan, your doctor, and your family and friends the kind of care you want if you are not able to speak for yourself.

7. Surgery

MediExcel Health Plan covers both outpatient surgery and inpatient surgery.

- **Outpatient surgery** is surgery that is done in a doctor's office, an outpatient surgery center, or a hospital. You do not stay overnight in a hospital.
- **Inpatient surgery** is surgery that is done at a hospital where you stay overnight. The cost of the surgery, anesthesia, operating room, and recovery room are usually included in the hospital copayment. See the "Summary of Benefits and Coverage" on page A-1.
- You need pre-approval from MediExcel Health Plan before you have outpatient or inpatient surgery (except in the case of an emergency).

Transplant surgery:

MediExcel Health Plan covers transplants of organs, tissue, and body parts.

- The transplant must be done at a center that is approved by MediExcel Health Plan.
- MediExcel Health Plan covers your medical and surgical costs when you are the person receiving the transplant (the recipient) as long as clinical criteria is met.
- MediExcel Health Plan covers the medical and surgical costs of the person who is giving the organ, tissue, or body part (the donor), if the donor is a member of MediExcel Health Plan or if the donor's costs are not covered by a health plan. Organ donation-related services for actual or potential donors are also covered.
- MediExcel Health Plan shall not deny coverage for solid organ or other tissue transplantation services based upon a member's HIV status.

Organ donation services:

- Services must be directly related to a covered transplant for the member, which shall include services for harvesting the organ, tissue, or bone marrow and for treatment of complications, pursuant to the following guidelines:
- Services are directly related to a covered transplant service for a member or are required for evaluating potential donors, harvesting the organ, bone marrow, or stem cells, or treating complications resulting from the evaluation or donation, but not including blood transfusions or blood products.
- Donor must receive covered services no later than 90 days following the harvest or evaluation service.
- Donor must receive written authorization for evaluation and harvesting services.
- For services to treat complications, the donor either receives non-emergency services after written authorization, or receives emergency services the Plan would have covered if the member had received them; and
- In the event the member's Plan membership terminates after the donation or harvest, but before the expiration of the 90-day time limit for services to treat complications, the Plan shall continue to pay for medically necessary services for the donor for 90 days following the harvest or evaluation service, and
- Donor services received inside the United States are covered but must be prior authorized by MediExcel Health Plan.

MediExcel Health Plan does NOT cover:

- Treatment of donor complications related to a stem cell registry donation.
- HLA blood screening for stem cell donations, for anyone other than the member's siblings, parents, or children.
- Services related to post-harvest monitoring for the sole purpose of research or data collection; or
- Services to treat complications caused by the donor failing to come to a scheduled appointment or leaving a hospital before being discharged by the treating physician.

Reconstructive surgery:

MediExcel Health Plan covers surgery to correct or repair a body part or body function that has been damaged or caused by injury, trauma, tumor, birth defect, developmental abnormalities, infection, or disease.

- The purpose of the surgery must be to improve function (the way a part of the body works) or to create as normal an appearance as possible.
- MediExcel Health Plan does **NOT** cover surgery to improve an already normal appearance (cosmetic surgery).

Breast surgery (mastectomy and lymph node dissection) and breast reconstruction:

MediExcel Health Plan covers surgery to remove cancer from a breast. This includes:

- Surgery to remove one or more lymph nodes (lymph node dissection).
- Surgery to remove a breast or breasts (mastectomy) when the cancer has spread.
- Therapy to treat complications from a mastectomy or lymph node dissection.

After a mastectomy, MediExcel Health Plan covers surgery to:

- Insert a breast implant.
- Reconstruct a nipple.
- Reconstruct a healthy breast to give a more normal appearance.

8. Blood Transfusions and Blood Products

MediExcel Health Plan covers blood transfusions and blood products that you need:

- During surgery, or
- To treat a medical condition.

9. Maternity Care/Prenatal

Maternity care is care during pregnancy and during and right after delivery.

MediExcel Health Plan covers these services during pregnancy:

- Prenatal visits with an OB-GYN or nurse practitioner. Ask for a schedule of visits and tests.
- Blood tests for low iron, diabetes, and other problems in the mother.

- Prenatal testing for genetic disorders if the fetus is at risk.
- Participation in the Expanded Alpha Feto Protein (AFP) program.
- Breastfeeding support, supplies and counseling during pregnancy or after birth (postpartum period) and costs for renting breastfeeding equipment.
- Provision of medically necessary pasteurized donor human milk obtained from a tissue bank or authorized hospital.

MediExcel Health Plan covers these hospital and follow-up care services:

- Nursing and doctor care in the delivery room, including doula services.
- Hospital care for you and your newborn
    - Up to 2 days (48 hours) in the hospital if you have a vaginal delivery and up to 4 days (96 hours) if you have a cesarean section (C-section).
    - You cannot be sent home earlier unless both you and your doctor agree.
    - If your doctor says you need a longer stay, your doctor must get pre-approval from MediExcel Health Plan.
- Delivery at any hospital Emergency Room. Go to the hospital your doctor uses if you can. Otherwise, go to the nearest Emergency Room.
- Follow-up care after delivery:
    - You will be offered a follow-up visit with your doctor within 48 hours after you leave the hospital.
    - If you go home early, you and your doctor will decide if the visit will be at home or in a doctor's office.

MediExcel Health Plan does NOT cover:

- Delivery at home (home birth),
- Genetic testing for disorders when there is no medical reason to test,
- Testing to determine the father of a baby (paternity testing),
- Although maternity and prenatal care is a covered benefit for pregnant dependent children, there is no such coverage for the newborn child of dependent children after the labor and delivery event.

10. Family Planning

Family planning is care to help you prevent pregnancy or become pregnant, MediExcel Health Plan covers these family planning services:

- Examinations, patient education, and counseling on contraception
- Voluntary sterilization procedures (tubal ligation and vasectomy)
- Prescription contraceptives, including birth control pills and emergency contraception
- Intrauterine devices (IUDs)
- Infertility services limited to Fertility Preservation for Iatrogenic Infertility:
    - Fertility Preservation for Iatrogenic Infertility benefits are available for fertility

preservation for medical reasons that cause infertility such as chemotherapy, radiation treatment, and oophorectomy due to cancer. Services include the following procedures:

- Collection of sperm.
- Cryo-preservation of sperm.
- Ovarian stimulation and retrieval of eggs. Oocyte cryo-preservation.
- Ovarian tissue cryo-preservation.
- In vitro fertilization (fertilization of egg) and embryo cryo-preservation.

  - Benefits for medications related to the treatment of fertility preservation are provided as described under your Outpatient Prescription Drug Rider or under Pharmaceutical Products in this section.
  - Benefits are not available for future implantation.

- Follow-up services related to the drugs, devices, products, and procedures covered by the Plan, including, but not limited to, management of side effects, counseling for continued adherence, and device insertion and removal.
- All FDA-approved contraceptive drugs, devices, and other products for women, including all FDA-approved contraceptive drugs, devices, and products available over the counter, as prescribed by the member's provider.
- A 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

MediExcel Health Plan does NOT cover:

- In-vitro fertilization or any tests that are specifically for in-vitro fertilization.

For help finding family planning services:

- Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.
- Please note: some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor or MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México, to ensure that you can obtain the health care services that you need.

11. Mental Health Care

MediExcel Health Plan covers evaluation, testing, and treatment for mental health and substance use disorders that are identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (s*ee page EOC-81 in Definitions*.) The Plan also covers any condition identified as a "mental disorder" in the DSM V.

- You must have a referral from your doctor to get care unless it is an emergency.
- Unless specifically noted in the below listing, pre-approval from MediExcel Health Plan is

not required.

- Costs and coverage for services for these conditions are the same as the costs and coverage for services for other medical conditions. MediExcel Health Plan covers:
    - Outpatient care
    - Inpatient care, (pre-authorization is required, unless it is an emergency) including psychiatric observation for an acute psychiatric crisis, psychiatric hospitalization, and crisis residential program
    - Partial hospital services
    - Prescription drugs
    - Individual and group mental health evaluation and treatment
    - Psychological testing when necessary to evaluate a mental disorder
    - Outpatient services for the purpose of monitoring drug therapy
    - Maternal mental health
    - Medically necessary treatment of a mental health or substance use disorder, including but not limited to, behavioral health crisis services, provided to a member by a 988 center, mobile crisis team, or other provider of behavioral health crisis services (including, but not limited to a noncontracting community paramedicine program, triage to alternate destination program, or mobile integrated health program) regardless of whether the service is provided by an in-network or out-of-network provider. Please note that the copay for accessing these services from an out-of-network provider cannot be more than from an in-network provider. If you are charged more from the out-of-network provider, please call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México for a reimbursement. See *page EOC-15*.

The Plan also covers the Community Assistance, Recovery, and Empowerment (CARE) Act services that are provided on an urgent care and/or emergency care basis in a voluntary CARE agreement or a court-ordered CARE plan for behavioral health care services provided by county behavioral health agencies to adult members who are experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Such CARE Act services shall have no cost sharing to the member.

MediExcel Health Plan does NOT cover:

- Testing or treatment for personal growth unless it is a medically necessary benefit service for the treatment of severe mental illness and serious emotional disturbances of a child.
- Marriage counseling, unless it is a medically necessary benefit service for the treatment of severe mental illness and serious emotional disturbances of a child.

For help finding Mental Health/Substance Use Disorder services:

- Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.
- You will be directed to first see a primary care doctor who will provide a referral for the mental health/substance use disorder services you may need.

- Your primary care doctor will also help with the pre-approval process if the specific service requires prior authorization from MediExcel Health Plan.

12. Home Health Care

Home health care is care you receive in your home for a medical condition. MediExcel Health Plan covers home health care services when:

- You cannot leave home to get care, and
- MediExcel Health Plan determines that your home is the best place for you to get care.
- You must have a referral from your doctor and pre-approval from MediExcel Health Plan.

MediExcel Health Plan covers visits by a nurse, licensed vocational nurse, or home health aide under the supervision of a nurse. These visits may include:

- Physical, occupational, or speech therapy
- Management of intravenous medications and nutrition

MediExcel Health Plan does **NOT** cover:

- Home health care in the United States.
- If you are living in the U.S. and require home health care, MediExcel Health Plan will provide this coverage in Mexico if you arrange for a place in Mexico to receive such meals, childcare, housekeeping services, and services and supplies for your personal comfort, except for hospice services below.

13. Skilled Nursing Facility Services

In Mexico, *skilled nursing facility* (SNF) services are rendered at the Plan inpatient hospitals by registered nurses who help provide 24-hour care. A licensed physician supervises each patient's care. Please note there are not any special license categories for skilled nursing facilities in Mexico.

MediExcel Health Plan covers skilled nursing facility services in its Plan Hospitals:

- You must have a referral from your doctor and pre-approval from MediExcel Health Plan.
- For up to 100 days per benefit period (including any days covered under the prior member contract issued by the Plan to the member or member's group) of skilled inpatient services in a skilled nursing facility. The skilled inpatient services must be customarily provided by a skilled nursing facility, and above the level of custodial or intermediate care.
- A benefit period begins on the date the member is admitted to a hospital or skilled nursing facility at a skilled level of care. A benefit period ends on the date the member has not been an inpatient in a hospital or skilled nursing facility, receiving a skilled level of care, for 60 consecutive days. A new benefit period can begin only after any existing benefit period ends. A prior three-day stay in an acute care hospital is not required to commence a benefit period.
- The following services are covered as part of the skilled nursing services:
    - Physician and nursing services.
    - Room and board.

- Drugs prescribed by a physician as part of the plan of care in the plan skilled nursing facility in accord with the plan's drug formulary guidelines if they are administered in the skilled nursing facility by medical personnel.
- Durable medical equipment in accordance with the plan's durable medical equipment formulary if skilled nursing facilities ordinarily furnish the equipment.
- Imaging and laboratory services that skilled nursing facilities ordinarily provide.
- Medical social services.
- Blood, blood products, and their administration.
- Medical supplies.
- Behavioral health treatment for pervasive developmental disorder or autism; and
- Respiratory therapy.

14. Hospice Care

Hospice care is care to keep you comfortable in the last weeks and months of your life. Although hospice care services are not formally recognized in Mexico as a specialized service, MediExcel Health Plan will provide hospice care to the maximum extent possible.

MediExcel Health Plan covers hospice care:

- You must have an illness that you will not recover from, and your doctor thinks you have less than one year to live.
- You must sign a statement that says you want hospice care. You can change (revoke) the statement and return to regular care at any time.
- Your doctor must set up a plan for your care and oversee your care.
- You must have pre-approval from MediExcel Health Plan.

MediExcel Health Plan covers these hospice services:

- Care by a team of health care professionals that includes your doctor, a surgeon, a registered nurse, and a social worker. They work as a team with the patient, the family, and, if desired, a spiritual caregiver.
- A plan of treatment and care.
- Medications to control pain and symptoms.
- Skilled nursing services.
- Visits by a home health aide to provide personal care as part of your treatment plan.
- Homemaker services to help keep your environment safe and healthy.
- Services of a volunteer under the direction of a hospice staff member.
- Physical, occupational, respiratory, and speech therapy.
- Medical social services and counseling services from a social worker.
- Counseling on death and grief for you and your family.
- Inpatient care for a short time to control pain or other symptoms.

- Respite care for the main caregiver. This is short-term inpatient care for the patient for no more than 5 days at a time.

15. Lab Tests, Diagnostic Tests, X-rays, and Cancer Screenings

Your doctor must order all tests and x-rays.

- You may need pre-approval from MediExcel Health Plan. Ask your doctor if you need pre-approval.
- You do not need pre-approval for cancer screening tests ordered by your OB/GYN or via preventive checkups.

MediExcel Health Plan covers these tests and screenings when your doctor orders them:

- Lab tests, including testing for STDs (sexually transmitted diseases) and HIV/AIDS
- Pregnancy tests
- X-rays
- Cancer screenings, including, but not limited to mammograms and other breast cancer screenings, pap tests, HPV screening, rectal exams, prostate cancer, tests for blood in the feces, flexible sigmoidoscopy, and colonoscopy
- Other tests that have been approved by the FDA (Food and Drug Administration) to diagnose a problem, including:
    - Tests to diagnose and manage osteoporosis (weak bones), including bone mass measurement and other approved tests
    - EKGs (electrocardiograms) and other tests to detect heart problems
    - MRI, CAT, and PET scans

MediExcel Health Plan will cover and not impose any cost-sharing for any items or services that are integral to the provision of an item or service that is set forth in Section 1367.002(a)(1)-(4).

MediExcel Health Plan covers the cost of COVID-19 testing and immunizations as well as therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for a disease that the California Governor has declared a public health emergency.

- During the period from declaration of emergency through period 6 months after the federal public health emergency expires:
    - Coverage is provided regardless of whether the services are provided by an in-network or out-of-network provider.
    - Cost sharing (copayments, coinsurance, deductibles) by members will be waived.
    - There are no prior authorization or any other utilization management requirements.

- During the period 6 months after the federal public health emergency expires:
    - Coverage is provided for the services which are provided **only** by an in-network provider.
    - Cost sharing (copayments, coinsurance, deductibles) by members will be waived when provided by an in-network provider.
    - There are no prior authorization or any other utilization management requirements.

MediExcel Health Plan does **NOT** cover these tests and screenings:

- Lab tests, x-rays, or screenings that you need only to get work, get married or to get a license or professional certification, or play a sport
- Tests or screenings that are experimental or investigational. However, see Experimental and Investigative Treatments on *page EOC-45* for more information.

16. Chemotherapy and Radiation

Chemotherapy and *radiation* are treatments for cancer and certain other diseases. MediExcel Health Plan covers chemotherapy and radiation based on your medical need.

17. Prescription Drugs

You must have a prescription from your doctor. MediExcel Health Plan uses a Formulary, which is also known as a Prescription Drug List. The Formulary is a list of drugs covered by MediExcel Health Plan used to treat common diseases or health problems. The vast majority of drugs do not require pre-approval from MediExcel Health Plan. The prescription drug coverage includes:

- Drugs that are medically necessary for your health
- Syringes and needles you need to administer/take the drugs
- Drugs that are approved by the FDA and available in Mexico, including an AIDS vaccine, once available.
- However, just because a drug is approved for use in Mexico does not mean it will be prescribed for you. It must be medically necessary for your health.
- Generic and brand drugs, but they may have different copays, see the "Summary of Benefits and Coverage" on page A-1.
- Drugs that have previously been prescribed by a participating physician for your medical condition and the prescribing provider continues to prescribe the drug for your medical condition,
- Off label drug use as long as it is medically necessary for a covered benefit.

Please note that drugs in Tier 4 of the Formulary will require pre-approval if they are prescribed by your doctor. Non-Formulary drugs in Tier 3 as well as those not listed on the Formulary can be prescribed by your doctors and will not require pre-approval.

Additionally, please note that when crossing the border from Mexico to the United States, U.S. Customs requires the member to make a declaration of the issued prescription medications for personal use. MediExcel provides a facilitation letter that is printed on the back of the prescription to help the member with this declaration when crossing the border. U.S. Customs regulations allow for the crossing of medications for personal use in quantities not to exceed 30 days of treatment.

MediExcel Health Plan Formulary:

- The Formulary is updated often and may change. You can view the latest Formulary at **www.mediexcel.com** by going to *Member > Formulary* or call us (619) 365-4346, (664) 633-8555 if dialing from Mexico.

- The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and new information about existing drugs and chooses drugs based on:
    - Safety.
    - Effectiveness.
    - Side effects; and
    - Value (If two drugs are equally effective, the less costly drug will be preferred)

How much will I pay for my prescription drugs?

- To see how much you will pay for a drug, check the Drug Tier column on the MediExcel Health Plan Formulary.

- The copayment or coinsurance for each Tier is defined in your Summary of Benefits and Coverage on Page A-1. A description for each Tier is shown in the following Table.

Prescription Drugs Formulary Tier Table

Tier	Description
1	Includes most generic drugs and some low-cost preferred brand name drugs when listed in the Formulary
2	Includes non-preferred generic drugs and preferred brand name drugs, insulin and diabetic supplies when listed in the Formulary.
3	Includes non-preferred brand name drugs, brand name drugs with generic equivalent (when medically necessary), drugs listed as Tier 3 drugs in the Formulary or drugs not listed in the Formulary.
4	Includes drugs that the Food and Drug Administration of the United States Department of Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the Member to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars ($600) net of rebates for a one-month supply.
P	Includes preventive benefit drugs covered at no cost to members under the Affordable Care Act.

- In the event you elect to have a partial fill for oral, solid dosage forms of prescription drugs, MediExcel shall prorate your cost sharing for the partial fill.

How can I get an exception to the rules for drug coverage?

- Your doctor can prescribe you a drug even if it is not on the Formulary drug list without any pre-approval.

- To request an exception, your doctor can either call us at (664) 633-8555 or send a prior authorization form along with a written statement supporting the request. We will notify you of our coverage decision within 2 business days or 72 hours of receiving the request, whichever is shorter. If you urgently need a specialty drug, we will conduct an expedited review and notify you of the coverage determination within 24 hours of receiving the

request.

- If we approve an exception request, it will be for the duration of the prescription, including refills. If a drug you are taking is removed from the Drug List, we will continue to cover the drug as long as it is appropriately prescribed and is safe and effective for treating your medical condition.

MediExcel Health Plan Network Pharmacies:

- You can go to any pharmacy that is within the MediExcel Health Plan network. You can order up to a 30-day supply of the drug as prescribed. You pay a copay. Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México, or go online at **www.mediexcel.com** to see which pharmacies are in the network.

- Please note that MediExcel Health Plan has no contracted pharmacies in the U.S. Coverage for prescription drugs in the U.S. is limited to urgent care. If a member has a medically necessary need for prescription drug(s) in the U.S. that is related to an urgent care visit, the member will pay out-of-pocket for the entire cost of prescription drug(s) and then apply for a reimbursement from MediExcel Health Plan. See *page EOC-15*. The member will generally pay less out-of-pocket for a Tier 1 prescription drug than for a Tier 2 prescription drug.

MediExcel Health Plan does NOT cover these drugs:

- Drugs that do not have the label "Physician Indications," this regulatory requirement by the Mexican Ministry of Health is used by physicians for purposes of proper administrating and dosages.
- Drugs that you can generally buy without a prescription (over-the-counter drugs) unless they relate to a stop-smoking program or FDA-approved contraceptive drugs and devices that may be available over-the-counter but that are prescribed.
- Drugs that you need only to shorten a common cold.
- Replacement of drugs that are lost or stolen.
- Drugs prescribed for cosmetic use only.
- Drugs prescribed only to treat hair loss, sexual dysfunction, or athletic performance.
- Drugs prescribed to treat mental performance, unless you have been diagnosed with a mental illness or a condition that affects your memory, such as Alzheimer's disease.
- Drugs prescribed only for weight loss except if medically necessary due to morbid obesity while enrolled in a weight loss program covered by MediExcel Health Plan.

18. Rehabilitative and Habilitative (Speech, Physical, and Occupational) Health Care Services and Devices (Therapy)

- *Rehabilitative* therapy is therapy to help make a part of your body work as normally as possible.
- *Habilitative therapy services means health care services and devices that help a person* keep, learn, or improve skills and functioning for daily living. Examples include therapy

for a child who is not walking or talking at the expected age.

- Habilitative services are offered at the same levels as rehabilitative benefits.
- MediExcel Health Plan covers medically necessary physical, occupational, and speech therapy including for conditions related to pervasive development disorder or autism. For example, if you cannot speak because of a stroke, MediExcel Health Plan covers speech therapy to help you learn to speak again.
- There are no limits on the number of rehabilitative or habilitative therapy services.
- Massage therapy, aquatic therapy and other water therapy is covered if it is part of a physical therapy treatment plan.
- You must have a referral from your doctor and pre-approval from MediExcel Health Plan.

MediExcel Health Plan does **NOT** cover the below therapies, unless it is a medically necessary benefit for the treatment of mental health disorder:

- Sex therapy.
- Dance therapy.
- Sleep therapy.
- Activities that are solely recreational, social or for general fitness, such as gyms and dancing classes, are not covered.

19. Cardiac and Pulmonary Therapy

Cardiac therapy is therapy to help make your heart work better, and pulmonary therapy is therapy to help make your lungs work better.

MediExcel Health Plan covers cardiac and pulmonary therapy:

- You must need cardiac or pulmonary therapy because of a disease or medical condition.
- You must have a referral from your doctor and pre-approval from MediExcel Health Plan.

20. Medical Supplies, Equipment, and DME (Durable Medical Equipment)

Diabetic supplies, equipment, and services:

MediExcel Health Plan covers these supplies, equipment, and services when needed to control and treat diabetes:

- Medications such as insulin and glucagon
- Test strips and blood glucose monitors, including special monitors for people who have vision problems.
- Lancets and lancet puncture devices
- Insulin pumps
- Pen delivery systems for taking insulin.
- Insulin syringes
- Ketone strips for testing urine
- Visual aids, except eyeglasses, to help people with vision problems take the proper dose of insulin.

- Footwear (orthotics) to prevent or treat foot problems related to diabetes.
- MediExcel Health Plan also covers training and education to correctly use diabetes supplies and equipment.
- For more information, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

Asthma supplies and equipment for children:

MediExcel Health Plan covers the following asthma supplies and equipment for children:

- Nebulizers, including face masks and tubing
- Inhaler spacers
- Peak flow meters
- Training and education to learn how to use these supplies and equipment

MediExcel Health Plan does NOT cover:

- Supplies and equipment that you can buy without a prescription, except diabetic supplies and pediatric asthma supplies.

Orthotics:

Orthotics are devices that are custom-made for the individual to support or assist movement of the spine or limbs.

- MediExcel Health Plan will cover the original and replacement of orthotics if it is medically necessary and intended for repeated use.
- Coverage includes fitting and adjustment of these devices, their repair or replacement (unless due to loss or misuse), and services to determine whether you need a prosthetic or orthotic device.
- You must have an order from your doctor and pre-approval from MediExcel Health Plan.
- MediExcel Health Plan will cover foot orthotics for diabetes.
- MediExcel Health Plan covers orthotics when they are medically necessary because of an accident, a defective body part, disfigurement, or a developmental disability.
- MediExcel Health Plan covers special footwear (orthotics and/or prothesis) for those suffering from foot disfigurement.
- For more information, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

MediExcel Health Plan does NOT cover:

- The cost to replace orthotics that you damage or lose.
- Routine foot care, such as treatment for corns and calluses.

Prostheses:

A Prosthesis is an artificial body part, such as an artificial leg or hand that helps you look or

function as normally as possible.

- MediExcel Health Plan will cover the original and replacement of prosthesis, if medically necessary.
- Compression burn garments, lymphedema wraps, and garments are also covered.
- You must have an order from your doctor and pre-approval from MediExcel Health Plan.
- MediExcel Health Plan covers an artificial breast or breast reconstruction after a mastectomy and up to three brassieres required to hold a breast prosthesis every 12 months.
- MediExcel Health Plan will also cover prostheses to replace all or part of an external facial body part that has been removed or impaired as a result of disease, injury, or congenital defect.
- Also covered are Enteral and Parenteral Nutrition: enteral formula and additives, adult and pediatric, including for inherited diseases of metabolism; enteral feeding supply kits; enteral nutrition infusion pump; enteral tubing; gastrostomy/jejunostomy tube and tubing adaptor; nasogastric tubing; parenteral nutrition infusion pump; parenteral nutrition solutions; stomach tube; and supplies for self-administered injections.
- MediExcel Health Plan covers an artificial voice box to restore speaking after a Laryngectomy (surgery to your voice box).
- For more information, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

Ostomy and Urological Supplies:

- If medically necessary, MediExcel Health Plan will cover:
    - Ostomy supplies: adhesives; adhesive remover; ostomy belt; hernia belts; catheter; skin wash/cleaner; bedside drainage bag and bottle; urinary leg bags; gauze pads; irrigation faceplate; irrigation sleeve; irrigation bag; irrigation cone/catheter; lubricant; urinary connectors; gas filters; ostomy deodorants; drain tube attachment devices; gloves; stoma caps; colostomy plug; ostomy inserts; urinary and ostomy pouches; barriers; pouch closures; ostomy rings; ostomy face plates; skin barrier; skin sealant; and waterproof and non-waterproof tape.
    - Urological supplies: adhesive catheter skin attachment; catheter insertion trays with and without catheter and bag; male and female external collecting devices; male external catheter with integral collection chamber; irrigation tubing sets; indwelling catheters; foley catheters; intermittent catheters; cleaners; skin sealants; bedside and leg drainage bags; bedside bag drainage bottle; catheter leg straps; irrigation tray; irrigation syringe; lubricating gel; sterile individual packets; tubing and connectors; catheter clamp or plug; penile clamp; urethral clamp or compression device; waterproof and non-waterproof tape; and catheter anchoring device.
    - Incontinence supplies for hospice patients: disposable incontinence under pads; adult incontinence garments.
- You must have an order from your doctor and pre-approval from MediExcel Health Plan.
- For more information, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

MediExcel Health Plan does NOT cover:

- Comfort, convenience or luxury equipment or features.

DME (durable medical equipment):

Durable medical equipment is medical equipment that is not disposable. MediExcel Health Plan will cover:

- Durable medical equipment for use in the member's home (or another location used as the member's home).
- Durable medical equipment for home use is an item that is intended for repeated use, primarily and customarily used to serve a medical purpose, generally not useful to a person who is not ill or injured, and appropriate for use in the home.
- Coverage includes repair or replacement of covered equipment except in the case of damage or loss. The member may be required to return the equipment to the Plan or pay the fair market price of the equipment or any unused supplies when they are no longer medically necessary.
- It includes equipment such as crutches, hospital beds, standard wheelchairs, oxygen equipment, standard curved handle or quad cane and replacement supplies, standard curved handle or quad cane and replacement supplies, standard or forearm crutches and replacement supplies, dry pressure pad for a mattress, IV pole, enteral pump and supplies, bone stimulator, cervical traction (over door), and phototherapy blankets for treatment of jaundice in newborns.

MediExcel Health Plan covers DME that is medically necessary.

- You must have an order from your doctor and pre-approval from MediExcel Health Plan.
- MediExcel Health Plan will decide whether to buy or rent the equipment for you.
- MediExcel Health Plan will decide whether to replace or repair equipment that wears out.
- MediExcel Health Plan does not pay to replace durable medical equipment that you damage or lose.
- For more information about what equipment and supplies are covered, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

MediExcel Health Plan does NOT cover:

- Equipment that you can buy without a prescription, except diabetic and pediatric asthma equipment.
- Nonmedical items, such as generators or accessories to make home dialysis equipment portable for travel

21. Clinical Trials for Cancer or Other Life-Threatening Conditions

Clinical trials are studies of new drugs or other treatments for cancer or other life-threatening conditions.

- MediExcel Health Plan covers routine patient care costs for clinical trials for cancer or other life-threatening conditions.
- This includes coverage for routine patient care costs for patients diagnosed with cancer "or other life-threatening diseases or conditions" who are accepted into phase I, II, III, or IV

clinical trials when recommended by the member's treating physician as medically necessary and authorized by MediExcel Health Plan.

- You pay your usual copays unless the sponsor of the Clinical Trial specifies there is no cost to the participants. See the "**Summary of Benefits and Coverage**" on pages A-1.

To take part in a clinical trial:

- You must be diagnosed with cancer or another life-threatening condition.
- Your doctor must say that taking part in the trial could help you, or you may present MediExcel Health Plan with the medical and scientific information to demonstrate the value of the clinical trial for your health.
- You must have pre-approval from MediExcel Health Plan.

MediExcel Health Plan does NOT cover:

- Services that are not health care services, such as travel or housing costs.
- Services that are only for the purpose of collecting information for research and are not needed for your health care. For example, the trial may require extra tests; if the tests are not needed for your health care, MediExcel Health Plan will not cover their cost.
- Services that are normally provided for free by the sponsor of a clinical trial.

22. Experimental and Investigational Treatments

An *experimental* or *investigational* treatment is a treatment that is not currently accepted as standard health care practice.

- **In general**, MediExcel Health Plan does not cover experimental or investigational treatments. If you request a treatment and MediExcel Health Plan decides that the treatment is experimental or investigational, we will send you a prior authorization decision letter within 72 hours of receipt of all needed information in an urgent case or within 5 days of receipt of all needed information in a non-urgent case.
- **However**, you may have the right to an Independent Medical Review (IMR) of MediExcel Health Plan's denial. If the review is decided in your favor, MediExcel Health Plan must cover the treatment.
    - The treatment you request must be for a life-threatening or seriously debilitating condition.
    - You do not have to file a complaint with MediExcel Health Plan before you apply for an IMR.
    - The California Department of Managed Health Care (DMHC) oversees the IMR.
    - For non-urgent requests, the IMR can take 30 days from the time DMHC receives your application and supporting documentation.
    - If your need for the treatment is urgent, ask the DMHC for an expedited review, which can take up to 7 days.

To apply for an Independent Medical Review (IMR) for Experimental and Investigational Treatments, contact the DMHC's Health Plan Help Center:

- Call**: 1-888-466-2219**
- Staff is available 24-hours-a-day, 7 days a week, and can help you in many languages.
- There is no charge to call.
- Go to: www.dmhc.ca.gov. The website has Independent Medical Review and complaint forms and instructions.

23. Genetic Testing

MediExcel Health Plan covers these services:

- Prenatal testing for genetic disorders when the fetus is at high risk.
- Procedures for the prenatal diagnosis of fetal genetic disorders including tests for specific genetic disorders for which genetic counseling is available.
- Other genetic testing when it is medically necessary.

MediExcel Health Plan does NOT cover genetic testing when:

- There is no family history of a genetic defect or problem.
- There is no medical indication of a genetic problem.
- There is no medical reason for genetic testing.

24. Alcohol and Drug Abuse Treatment

Alcohol and drug abuse services include detox treatment and programs to help a person stop using alcohol, tobacco, or drugs.

MediExcel Health Plan covers:

Chemical dependency services, which shall be in compliance with applicable parity requirements set forth in the Mental Health Parity and Addiction Equity Act of 2008 ("MHPAEA"), as follows:

- Inpatient detoxification - Hospitalization for medical management of withdrawal symptoms, including room and board, physician services, drugs, dependency recovery services, education, and counseling.
- Outpatient evaluation and treatment for chemical dependency:
  - Day-treatment programs.
  - Intensive outpatient programs.
  - Individual and group chemical dependency counseling; and
  - Medical treatment for withdrawal symptoms.
- Transitional residential recovery services - Chemical dependency treatment in a nonmedical transitional residential recovery setting. This setting provides counseling and support services in a structured environment.
- Detox care to treat acute drug or alcohol poisoning.
- Limited care to help you stop using drugs or alcohol.

- Medical management of withdrawal symptoms.
- Smoking cessation services.
- You must have pre-approval from MediExcel Health Plan.

MediExcel Health Plan does NOT cover:

- Services in a specialized facility for alcoholism, drug abuse, or drug addiction are not required to be covered except as otherwise specified above.

25. Allergy Treatment

- MediExcel Health Plan covers allergy tests and treatments from your primary care doctor or a specialist.
- You may pay one copay for the doctor's visit and another copay for the injection(s).

26. Dental Anesthesia

MediExcel Health Plan covers anesthesia for dental care **only** if:

- You have a disability or condition that requires that a dental procedure be done in a hospital or outpatient surgery center, or
- You are developmentally disabled, or
- You are in poor health and have a medical need for general anesthesia, or
- You are under 7 years old.
- You must get pre-approval from MediExcel Health Plan.

27. Dialysis

Dialysis is treatment to help the kidneys work.

MediExcel Health Plan covers dialysis when:

- Your kidneys stop working (acute renal failure), or
- You have end-stage renal disease.
- Your coverage also includes equipment and medical supplies required for home hemodialysis and home peritoneal dialysis.

MediExcel Health Plan does NOT cover:

- Comfort, convenience, or luxury equipment, supplies and features
- Nonmedical items, such as generators or accessories to make home dialysis equipment portable for travel

28. Hearing Tests

MediExcel Health Plan covers annual hearing exams for all members. You do not need a referral or pre- approval, but you must see a provider in the MediExcel Health Plan network.

MediExcel Health Plan does NOT cover:

- Hearing aids
- Batteries for hearing aids

29. PKU Formula and PKU Food Products

Infants born with PKU (phenylketonuria) require treatment with special formula and food products.

MediExcel Health Plan covers formula and food products for people with PKU when:

- The cost is more than the cost of a normal diet.
- You have a prescription from your doctor and pre-approval from MediExcel Health Plan.
- For more information, call MediExcel Health Plan at (619) 365-4346, or at (664) 633-8555 if dialing from Mexico.

30. TMJ Care

TMJ (Temporomandibular joint) disorder is a condition that causes pain in your jaw joint and in the muscles that control jaw movement in which the jaw is in the wrong position or the bones in the upper or lower jaw have not developed correctly.

MediExcel Health Plan covers surgery to treat TMJ Disorders when pre-approved by the Plan.

MediExcel Health Plan does NOT cover any of the following, even if they are related to TMJ Disorders (except as provided for in pediatric dental care benefits):

- Routine dental care, such as fillings, inlays, and crowns
- Specialized dental care, such as root canal or bridge work
- Dentures

31. Vision Tests

MediExcel Health Plan covers:

- Eye exams once a year. A referral or pre-approval is not necessary, but you must see a provider within the MediExcel Health Plan network.
- Surgery to treat medical conditions in the eye, such as cataracts.
- Intraocular lenses after cataract surgery.
- Contact lenses, as provided in pediatric vision care benefits or for the treatment of aniridia (missing iris) or aphakia, (absence of the crystalline lens of the eye) as follows:

- Aniridia: Up to two medically necessary contact lenses per eye (including fitting and dispensing) in any 12-month period, whether provided by the plan during the current or a previous 12-month contract period.
- Aphakia: Up to six medically necessary aphakic contact lenses per eye (including fitting and dispensing) per calendar year for Members, whether provided by the plan under the current or a previous contract in the same calendar year, when no intraocular lens has been implanted.

MediExcel Health Plan does not cover:

- Eyeglasses (except as provided for in pediatric vision care benefits).
- Contact lenses, except as provided in pediatric vision care benefits or for the treatment of aniridia (missing iris) or aphakia, (absence of the crystalline lens of the eye)
- Surgery to allow you to see without glasses (Lasik surgery).
- Replacement or repair of lost or broken lenses or frames.

32. Weight Loss

MediExcel Health Plan covers weight loss (bariatric) surgery if MediExcel Health Plan determines that you are morbidly obese and you are enrolled in a nutrition program covered by MediExcel Health Plan.

33. Pediatric Vision Care

MediExcel Health Plan covers pediatric vision care for all members until the end of the month in which tan Member turns 19 years of age. You do not need a referral or pre-approval, but you must see a provider in the MediExcel Health Plan network.

MediExcel Health Plan covers these pediatric vision care benefits:

With respect to pediatric vision care, the same health benefits for pediatric vision care coverage as the 2014 FEP BlueVision High Option Plan (including but not limited to low vision benefits) offered by the Blue Cross Blue Shield Association to the Federal Employees, which include, but are not limited to, the following:

- Eye examinations (including services for the detection of asymptomatic diseases and dilation when professionally indicated), once every 12 months at no cost to the Member.
- Prescription eye glasses, one set of frames and lenses every 12 months from the MediExcel Health Plan Pediatric Collection of Frames at no cost to the Member:
  - Includes single vision, bifocal, trifocal, and lenticular.
  - Member has a choice of glass, plastic, or polycarbonate lenses.
  - Scratch resistance and UV coating is also covered.
- Contact lenses can be provided in lieu of eye glasses at no cost to the Member, one set every 12 months with the following limitations:
  - Standard (one pair annually) = 1 contact lens per eye (2 total lenses)
  - Monthly (six-month supply) = 6 lenses per eye (12 total lenses)
  - Bi-weekly (3-month supply) = 6 lenses per eye (12 total lenses)

    - Dailies (one-month supply) = 30 lenses per eye (total 60 lenses)
- Medically necessary contact lenses are provided once every 12 months at no cost to the member.
- Contact lenses may be medically necessary when the use of contact lenses, in lieu of eyeglasses, will provide better visual correction, including avoidance of diplopia or suppression.
- Contact lenses may be determined to be medically necessary in the treatment of the following conditions: Keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders, and irregular astigmatism.
- Low vision is a significant loss of vision but not total blindness. Low vision exams and low vision aids are covered at no cost to the member once every 12 months with preauthorization.

MediExcel Health Plan does NOT cover:

- Laser correction surgery
- Non-prescription (plano) eyewear
- Lenses or frames which are lost, stolen, or broken will not be replaced, except when benefits are otherwise available.

34. Pediatric Dental Care

MediExcel Health Plan covers pediatric dental care for all members until the end of the month in which the member turns 19 years of age. You do not need a referral or pre-approval to see a general dentistry provider within the MediExcel Health Plan network. The general dentistry provider will arrange any needed dental care with a dental professional specialist. MediExcel Health Plan lists all the specific services and the associated costs in an attachment titled **"Pediatric Dental Benefits Schedule of Copayments."**

MediExcel Health Plan covers these pediatric dental care benefits:

With respect to pediatric oral care, the same health benefits for pediatric oral care covered under the dental benefit received by children under the Denti-Cal program as of 2014. The pediatric oral care benefits covered pursuant to this paragraph shall include, but are not limited to, the following:

- Preventive care, such as check-ups, exams, and cleanings
- Filings
- Sealants
- Diagnostic services such as consultations and x-rays (bitewing, full-mouth, panoramic)
- Major Services such as root canals, oral surgery, and crowns
- Orthodontia when condition meets criteria (see below section)

Pediatric Dental Benefits are Limited as Follows:

Diagnostic/Preventive Care Services

- Bitewing x-rays in conjunction with periodic examinations are limited to one series of four films in any 6-consecutive month period. Isolated bitewing or periapical films are allowed

on an emergency or episodic basis.
- Full mouth x-rays in conjunction with periodic examinations are limited to once every 24 consecutive months.
- Panoramic film x-rays are limited to once every 24 consecutive months.
- Dental cleanings (Prophylaxis services) are not to exceed two in a twelve-month period.
- Dental sealant treatments are only for permanent first and second molars.

Restorations Services
- Amalgam, composite resin, acrylic, synthetic or plastic restorations for treatment of cavities. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional.
- Composite resin or acrylic restorations in posterior teeth are optional.
- Micro filled resin restorations, which are non-cosmetic.
- Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is medically necessary.

Endodontics Services
- Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present or the patient is experiencing symptoms. Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit.

Crowns
- Replacement of each crown unit is limited to once every 36 consecutive months, except when the crown is no longer functional as determined by the dental provider.
- Only acrylic crowns and stainless-steel crowns are for children under 12 years of age. If other types of crowns are chosen as an optional benefit for children under 12 years of age, the covered dental benefit level will be that of an acrylic crown.
- Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling.
- Veneers posterior to the second bicuspid are considered optional.

Periodontics Services
- Periodontal scaling and root planning, and subgingival curettage are limited to five quadrant treatments in any 12 consecutive months.

Prosthodontics Services
- Fixed bridges will be used only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
- A fixed bridge is covered only when it is necessary to replace a missing permanent anterior tooth in a person 16 years of age or older and the patient's oral health and general dental condition permits. Under the age of 16, it is considered optional dental treatment. If performed on a member under the age of 16, the member must pay the difference in cost between the fixed bridge and a space maintainer.
- Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting

a pontic.
- Fixed bridges are optional when provided in connection with a partial denture on the same arch.
- Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair.
- Up to five units of crown or bridgework per arch are allowed. Upon the sixth unit, the treatment is considered full mouth reconstruction which is optional treatment.
- Partial dentures are not to be replaced within 36 consecutive months, unless it is necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible, or the denture is unsatisfactory and cannot be made satisfactory.
- The covered dental benefit for partial dentures will be limited to the charges for a cast chrome or acrylic denture if this would satisfactorily restore an arch. If a more elaborate or precision appliance is chosen by the patient and the dentist, and is not necessary to restore an arch, the patient will be responsible for all additional charges.
- A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. Other treatments of such cases are considered optional.
- Full upper and/or lower dentures are not to be replaced within 36 consecutive months unless the existing denture is unsatisfactory and cannot be made satisfactory by reline or repair.
- The covered dental benefit for complete dentures will be limited to the benefit level for a standard procedure. If a more personalized or specialized treatment is chosen by the patient and the dentist, the applicant will be responsible for all additional charges.
- Office or laboratory relines or rebases are limited to one per arch in any 12 consecutive months.
- Tissue conditioning is limited to two per denture.
- Implants are considered an optional benefit.
- Stay plates are a benefit only when used as anterior space maintainers for children.

Oral Surgery Services
- Surgical removal of impacted teeth is only when evidence of pathology exists.

Orthodontic Services
- Orthodontic Treatment is only for medically necessary orthodontia services.

Other/Miscellaneous
- Oral sedatives only when dispensed in a dental office by a practitioner acting within the scope of their licensure.

Criteria for Pediatric Dental Orthodontic Benefits - Medically Necessary:
- Orthodontic procedures are covered when Member has a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index or one of the automatic qualifying conditions listed below.
- Automatic conditions are:
    - Cleft palate deformity.
    - A deep impinging overbite in which the lower front teeth are destroying the soft tissue of the palate.

- A crossbite of individual front teeth cause destruction of soft tissue.
- An overjet greater than 9 mm or reverse overjet greater than 3.5 mm; and
- Severe traumatic deviation.

- General dentist referrals for initial consultation must include a completed HLD score sheet documenting the qualifying score and/or conditions.
- The contracted orthodontist must provide the request for prior authorization to MediExcel Health Plan with the following:
  - HLD score sheet, completed and signed by the Orthodontist.
  - Cephalometric or panoramic x-ray.
  - Trimmed diagnostic study models with bite registration; or an OrthoCad equivalent; and
  - Treatment plan.

Broken Appointments:

- Broken appointments are those scheduled appointments in which a member fails to show and does not telephonically notify the provider to cancel at least two hours prior to the scheduled appointment time in order to avoid the copayment. The copayment will not be charged if the member is unable to provide advance notice due to an emergency or circumstances beyond the member's control.

MediExcel Health Plan does NOT cover:

- Services performed by a non-contracted dental provider (except in cases of emergency and urgent care).
- Services solely for cosmetic purposes.
- Consultations for non-covered benefits.
- Precious metal for removable appliances.
- Lost, stolen or broken orthodontic appliances.
- Composite or ceramic brackets.
- Other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

Optional Pediatric Dental Benefit Services:

- The covered dental benefit is limited to the benefit level for the least costly dentally appropriate alternative.
- If a more costly, optional alternative is chosen by the member, the member will be responsible for all charges in excess of the covered dental benefit, plus the applicable copayment for the covered dental benefit.

35. Outpatient Care (Ambulatory Care)

MediExcel Health Plan covers outpatient care including:

- Primary and specialty care consultations, exams, treatments and second opinions.
- Preventive Care Services (as indicated in Section 1 of *page EOC-24*).
- Allergy consultations, testing and injections (including allergy serum).
- Minor surgical procedures performed in the office.

- Anesthesia and pain management services.
- Respiratory therapy.
- Chemotherapy.
- Radiation therapy.
- The administration of blood and blood products.
- Medical social services.
- Outpatient surgery.
- Conditions attributable to diethylstilbestrol or exposure to diethylstilbestrol.
- Obstetrical prenatal and postnatal visits.
- Drugs that require administration or observation by medical personnel.
- Pediatric asthma services.
- Acupuncture services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain).

GENERAL EXCLUSIONS AND LIMITATIONS

Exclusions and limitations are services and expenses that MediExcel Health Plan does NOT cover. The exclusions and limitations for each kind of benefit are also listed under the benefit in the chapter "Your Benefits" on *page EOC-23*.

See *page EOC-39* for exclusions and limitations regarding Prescription Drugs. This chapter tells you about:

- General exclusions and limitations
- Experimental and investigational treatments

General Exclusions and Limitations

MediExcel Health Plan will NOT cover:

- Care you get from a doctor who is not within the MediExcel Health Plan network, unless you have pre-approval from MediExcel Health Plan, or you need emergency care services or urgent care services and are outside the MediExcel Health Plan service area.
- Care you get in a hospital that is not in the MediExcel Health Plan network, unless it is an emergency, or you have pre-approval from MediExcel Health Plan.
- Care that is not medically necessary or not medically necessary treatment of a mental health or substance use disorder.
- Exams that you need only to get work, play a sport, get married, or get a license or professional certification.
- Services that are ordered for you by a court unless they are medically necessary and covered by MediExcel Health Plan.
- The cost of copying your medical records (this cost is usually free or a small fee per page charged by your health care provider).
- Expenses for travel, such as taxis and bus fare, to see a doctor or get health care, except in the case of medically necessary emergency transportation provided by an ambulance.
- Meals, childcare, housekeeping services, and services and supplies for your or your companion's personal comfort.

Experimental and Investigational Treatments

An *experimental* or *investigational* treatment is a treatment that is not currently accepted as standard health care practice.

- **In general**, MediExcel Health Plan does not cover experimental or investigational treatments.
- **However**, you may have the right to an Independent Medical Review (IMR) of MediExcel Health Plan's denial. If the IMR is decided in your favor, MediExcel Health Plan must cover the treatment you request.
- For more information, see *page EOC-45*.

ENROLLING IN MEDIEXCEL HEALTH PLAN AND ADDING DEPENDENTS

Your MediExcel Health Plan coverage is a group health plan you get through your employer. This chapter tells you about:

- When you can join MediExcel Health Plan
- Who can be on your health plan (who can be your dependent)
- Adding new dependents
- Additional times you and your dependents can join MediExcel Health Plan
- Pre-existing conditions
- Renewal of coverage

When You Can Join MediExcel Health Plan

As an employee, you can enroll yourself and your dependents:

- At the end of any waiting period your employer requires.
- Once each year during the Open Enrollment period.
- Other special enrollment periods during the year. See "Special Times You and Your Dependents Can Join MediExcel Health Plan" on *page EOC-58*.
- If you do not enroll yourself and your dependents when you first qualify for health benefits, you may have to wait until the next Open Enrollment period to join.

Who Can Be on Your Health Plan (Who Can Be Your Dependent)

You can enroll the following family members on your health plan. They are called your *dependents.* Talk to your employer to find out how much it costs to add dependents to your health plan.

- **Your spouse**
- **Your domestic partner.** You must file a Declaration of Domestic Partnership with the Secretary of State.
- **Your children:** your own or those of your spouse or domestic partner
    - The children must be under the age of 26 who are not otherwise eligible for coverage on their own under an employer program. They may be your natural children, legally adopted children, or stepchildren.
    - A disabled child can be covered past the age of 26 if the child is unable to work because of a physically or mentally disabling injury, illness, or condition. You must be the main source of support and maintenance of the child.
        - At least 90 days before coverage will end for a disabled child, MediExcel Health Plan will send you a written notice. You must show proof of disability and support within 60 days after you receive this notice. MediExcel Health Plan will tell you if the child can continue to be covered. You may be asked to show proof again once a year, starting two years after the child reaches 26.

- MediExcel Health Plan may also request proof if you are enrolling a disabled child for new coverage. You must provide the requested information within 60 days of the request. The child must have been covered as a dependent of you or your spouse under a previous health plan at the time the child reached age 25. You may be asked to show proof again no more than once a year.

- **Service Area Eligibility.** If your dependents do not reside with you, your dependents must reside or work in the MediExcel Health Plan service area in order to be qualified to enroll.

Adding New Dependents

You can add the following new dependents any time during the year:

- **A spouse**. If you marry, you can put your spouse on your health plan.
  - MediExcel Health Plan must receive a completed enrollment form within 30 days of the date of your marriage.
  - Ask your employer when benefits for your spouse will begin. It will be either on the date of your marriage or the first day of the month following the date MediExcel Health Plan receives the completed enrollment form.

- **A domestic partner**. If you enter into a domestic partnership, you can enroll your domestic partner on your health plan.
  - MediExcel Health Plan must receive a completed enrollment form within 30 days of the date you file a Declaration of Domestic Partnership with the Secretary of State, or within 30 days after you form the partnership according to your employer's rules.
  - Ask your employer when benefits for your domestic partner will begin. It will be either on the date your Declaration of Domestic Partnership is filed or the first day of the month following the date MediExcel Health Plan receives the completed enrollment form.

- **A newborn child**. Your newborn child is covered on your health plan for the first 30 days after birth.
  - To keep your newborn on your health plan, MediExcel Health Plan must receive a completed enrollment form within 60 days after the birth.
  - If you miss this deadline, your newborn will not have health benefits after the first 30 days.

- **An adopted child.** A child that you and your spouse or domestic partner adopt or is placed for adoption is covered on your health plan for the first 30 days after the adoption is complete or the child is placed for adoption with you.
  - To keep your adopted child on your health plan, MediExcel Health Plan must receive a completed enrollment form within 60 days after the adoption or after the child is placed for adoption with you.

- If you miss this deadline, your adopted child or the child placed for adoption with you will not have health benefits after the first 30 days.

- **A stepchild**. You may put a child of your spouse or domestic partner on your health plan.
  - You must complete an enrollment form and send it to MediExcel Health Plan within 30 days after the date of your marriage or your Declaration of Domestic Partnership with your stepchild's parent.
  - Ask your employer when benefits for your stepchild will begin. It is either on the date of your marriage or Declaration of Domestic Partnership or the first day of the month that follows.

Please note: Even if you are serving as a legal guardian for others, such as a parent, sibling, relative or another child(ren), these individuals are not eligible for coverage.

Special Times You and Your Dependents Can Join MediExcel Health Plan.

If you experience a Triggering Event, you may qualify for a Special Enrollment Period, during which you can enroll in MediExcel Health Plan or change coverage for you and your eligible Dependent(s), instead of waiting for the next Annual Open Enrollment Period.

Triggering Events for a Special Enrollment Period can be categorized into the following groups:

- Loss of qualifying health coverage.
- Change in household size.
- Change in primary place of living.
- Enrollment or plan error.
- Other qualifying changes.

"Loss of qualifying health coverage" includes:

- You or your dependent have lost minimum essential coverage during the coverage year.
- You had Cal-COBRA or COBRA coverage, and now that coverage has ended.
- You are no longer eligible to be covered as a dependent due to reaching the limiting age.
- You or your dependent were covered by another group health plan and now that coverage has ended.
- You or your dependents had Healthy Families or Medi-Cal with no share-of-cost, and now no longer qualify for it.
- You, your spouse, or child loses coverage under another group health plan due to the employee's becoming entitled to Medicare, divorce or legal separation of the covered employee, or death of the covered employee.

"Change in household size" includes:

- You gain a dependent or become a dependent through marriage, through birth, adoption, placement for adoption, placement in foster care, or through a child support order or other court order.
- You lose a dependent due to divorce, legal separation, or death.

"Change in primary place of living" includes:

- You or your dependent gain access to new plans as a result of a permanent move.

"Enrollment or plan error" includes:

- You or your dependent's enrollment or non-enrollment in a Plan or inaccurate eligibility determination is a result of a technical error; and
- You or your dependent applied for coverage through the Covered California Exchange either during the annual open enrollment period or due to a qualifying event and are determined ineligible either after Open Enrollment has ended or more than 60 days after the qualifying event.

"Other qualifying changes" includes:

- You or your dependent are survivors of domestic abuse or spousal abandonment; been released from incarceration; have a loss of minimum essential coverage.
- You or your dependent is a member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service.

You can also enroll in MediExcel Health Plan when MediExcel Health Plan cannot produce, a form showing that you said you did not want to enroll because you had other health care coverage.

Triggering Events do not include loss of coverage due to failure to make premium payments on a timely basis.

Special Enrollment Periods begin on the date the Triggering Event occurs, and end on the 61st day afterwards. Note that for "Loss of qualifying health coverage" and "Change in primary place of living" categories of Triggering Event, you may also submit an application in the 60 days leading up to the event. Persons who enroll during a Special Enrollment Period will have their coverage Effective Dates determined as follows:

- In the case of birth, adoption, placement for adoption, placement in foster care, or a child support order or other court order, your coverage is effective on the date of the event.
- In the case of marriage, or in the case where you lose minimum essential coverage, coverage is effective on the first day of the following month.

In the case where the application is submitted before the event, coverage is effective the first day of the month following the event.

How to apply at these additional times:

- MediExcel Health Plan must receive a completed enrollment form from you within 30 days of that date on which you no longer have coverage.
- Your coverage will be in effect the first day of the month following receipt of the completed enrollment application.

Renewal provisions

- Your MediExcel Health Plan coverage is subject to all the terms agreed to between MediExcel Health Plan and your employer.
- This agreement is renewed annually.
- MediExcel Health Plan may change your health plan benefits or premium at the time your employer renews its contract with MediExcel Health Plan, as allowed by law. If this happens, you will receive notice through your employer at least 30 days before the change takes effect.

WHEN YOUR MEDIEXCEL HEALTH PLAN HEALTH COVERAGE ENDS (TERMINATION OF BENEFITS)

Your health coverage with MediExcel Health Plan can end for several reasons. If this happens, you may be able to continue your health coverage. See "Continuation Health Coverage" on *page EOC-63*. This chapter tells you about:

- Why your MediExcel Health Plan health coverage can end
- When a dependent no longer qualifies as a dependent
- If you are totally disabled when your health coverage ends

Why Your MediExcel Health Plan Health Coverage Can End

MediExcel Health Plan cannot end your health benefits because of your health needs or medical condition. But MediExcel Health Plan can end (terminate) your health coverage for one of the reasons below.

If your employer no longer offers MediExcel Health Plan, or stops offering any health plan:

- Your health benefits with MediExcel Health Plan can end 30 days after your employer provides you written notice that coverage will be discontinued.
- Coverage for your dependents also ends.

If you or your employer does not pay the premium:

- MediExcel Health Plan will send a notice to your employer stating that the premium is overdue.
- Members will have a 30-day grace period starting on the day the Notice of Start of Grace Period is dated.
- If the premium is not paid by the end of the grace period, your health benefits cease at the end of the grace period – the contract holder has until the end of the grace period to pay the premium amounts due.
- If you do not pay the premiums and are disenrolled, you and your dependents may apply for re-enrollment during your employer's next open enrollment period, provided you still satisfy the employer and MediExcel Health Plan eligibility requirements.

If you commit fraud:

- This means that you intentionally deceive MediExcel Health Plan, or you misrepresent yourself or allow someone else to do so in order to get health care services, such as fraudulently receiving medical care or filling a prescription. If this happens, your coverage can be rescinded or cancelled by MediExcel Health Plan. Rescinded (rescission) means that the coverage can be voided retroactively where MediExcel Health Plan will return your premium and you will be financially responsible for your incurred health care services. In either case, MediExcel Health Plan will send you a notice of the rescission or cancellation of your health benefits along with an explanation of the effective date and your right to appeal.

If you lose your MediExcel Health Plan eligibility:

- This means that you no longer meet the eligibility requirements described under "The MediExcel Health Plan Service Area and General Qualifications" on *page EOC-6*.
- You lose your eligibility if you:
    - No longer work in San Diego or Imperial County.
    - No longer reside in the service area.
    - If residing in the U.S., you no longer have valid documentation to cross the border into Mexico and return to the U.S.
- Upon loss of eligibility for the above conditions, MediExcel Health Plan shall send you a Notice of Termination due to Loss of Eligibility at least 30 days before the prospective termination date.
- The Notice of Termination due to Loss of Eligibility will contain important information including, but not limited to, the specific eligibility requirement, grievance rights, effective date of termination, and other health coverage options.

If you think MediExcel Health Plan should NOT have ended (terminated) your benefits:

- MediExcel Health Plan cannot end your health benefits because of your health needs or medical condition.
- If you think that MediExcel Health Plan wrongly ended your benefits, you can file a complaint with the Department of Managed Health Care at 1-888-466-2219.

When a Dependent No Longer Qualifies As a Dependent

You must tell MediExcel Health Plan and your employer as soon as a family member no longer qualifies as a dependent on your health plan. Family members may no longer qualify as dependents in the following situations:

- **You** and your spouse get a divorce or a legal separation.
- **You** legally end your domestic partnership.
- **Your children** stop qualifying as your dependents.
    - When they turn 26 years of age.
    - When they are covered on their own employer sponsored health plan.
    - When they are 26 or older and no longer have a physical or mental handicap that prevents them from working, or you are no longer supporting them.

If You Are Totally Disabled When Your Health Coverage Ends

If you are getting care for a medical condition that makes you totally disabled, MediExcel Health Plan will cover care for that condition for a limited time. MediExcel Health Plan will not cover care for any other illness or medical condition.

You can continue to get care for this medical condition until:

- You are no longer totally disabled, or
- You enroll in a new health plan that will cover your disability, or
- 12 months after your MediExcel Health Plan coverage ends, whichever happens first.

INDIVIDUAL CONTINUATION OF HEALTH COVERAGE (COBRA and CAL-COBRA)

U.S. and California laws protect your right and your dependents' right to continue your health coverage under certain circumstances or qualifying events. This is called *continuation health coverage* or *continuation of benefits*.

This chapter tells you about:

- Understanding your choices
- Your Certificate of Creditable Coverage
- The two kinds of continuation health coverage:
    - COBRA
    - Cal-COBRA

Understanding Your Choices

Look at all of your choices carefully before you decide what to do.

- You may be able to buy continuation coverage with MediExcel Health Plan. You cannot be denied continuation coverage because of your medical history.

Or

- You can buy an individual health insurance on your own. If you do this, the insurance company may review your medical history. You may be charged a higher premium.

Or

- You can decide not to buy any health coverage. In this case, you will have to pay all the cost of any health care you need. This can be thousands of dollars.

If you choose continuation of health coverage:

- You have to pay all the premiums on time and in compliance with any applicable grace periods.
- You cannot be refused coverage because of your medical history.
- There are deadlines and other requirements that you have to meet to buy each kind of continuation coverage. Call MediExcel Health Plan Toll Free at (619) 365-4346, or at (664) 633-8555 if dialing from México, for more information.

Certificate of Creditable Coverage

When you leave MediExcel Health Plan, we will send you a letter that says how long you were enrolled in the MediExcel Health Plan.

- This is called a Certificate of Creditable Coverage.
- Be sure to keep this letter. You may need it if you get health benefits through another employer.

COBRA

For more information on COBRA, call the Federal Employee Benefits Security Administration (EBSA), toll-free, at 1-866-444-3272.

- COBRA is a U.S. law that applies to employers who have 20 or more employees in their group health plan.
- COBRA may allow you and your dependents to keep MediExcel Health Plan coverage for up to 18 or 36 months, depending on the qualifying event and other circumstances. If you are no longer eligible for COBRA after 18 months, you may be able to keep your benefits through Cal- COBRA. See below for more information.
- Each qualified person may independently elect/enroll in COBRA coverage. A parent or legal guardian may elect COBRA for a minor child.
- With COBRA, you have the same benefits as current employees in MediExcel Health Plan.
- You have to pay all the monthly premium.

Important deadlines for electing/enrolling in COBRA with MediExcel Health Plan:

It is important to meet the following deadlines. If you do not, you lose your right to COBRA coverage.

1. **Notification of qualifying event**:
   - Employers must notify MediExcel Health Plan within 30 days after the following qualifying events:
     - The employee's job ends
     - The employee's hours of employment are reduced
     - The employee becomes eligible to receive Medicare benefits
     - The employee dies
   - You or your dependent must notify MediExcel Health Plan in writing within 60 days after any of the following qualifying events:
     - The employee divorces or legally separates
     - A child or other dependent no longer qualifies as a dependent under Plan rules

2. **Election notice:** Generally, you must be sent an election notice not later than 14 days after MediExcel Health Plan receives notice that a qualifying event has occurred.

3. **Election period:** You have 60 days to notify MediExcel Health Plan in writing that you want to elect/enroll in COBRA coverage. The 60 days starts on the later of the following two dates:
   - The date you receive the election notice.
   - The date your coverage ended.

4. **Premium payment:** You must pay the premiums for your COBRA coverage. MediExcel Health Plan must receive your first premium within 45 days after you enroll in COBRA. This first premium covers the time from the date your coverage ended because of the qualifying event up to

the day you signed up for COBRA. You must then pay a monthly premium as long as you stay on COBRA.

If your COBRA is ending, you may be able to elect/enroll in Cal-COBRA:

When your 18 months of COBRA ends, you may be able to keep MediExcel Health Plan coverage for up to 18 more months under Cal-COBRA. If you were on COBRA for 36 months, you cannot get Cal-COBRA for any additional period of time.

- Your employer should send you an enrollment form. Or you can call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México, and ask for more information.
- You must fill out the enrollment form, send it to MediExcel Health Plan, and pay your premium no more than 30 days after you receive the enrollment form.

You will lose COBRA if:

- You do not pay your premiums on time.
- You move outside the MediExcel Health Plan service area.
- Your former employer no longer offers any health plan.
- You become eligible for Medicare.
- You sign up for another health plan. (However, if your new plan has a waiting period for pre-existing conditions and you have not used up all your COBRA, you can keep COBRA until the waiting period is over.)
- You commit fraud, which means that you intentionally deceived MediExcel Health Plan or you misrepresent yourself or allow someone else to do so in order to get health care services.

Cal-COBRA

Cal-COBRA is a California law that applies to employers who have between 2 and 19 employees in their group health plan.

- Cal-COBRA may allow you, your dependents, and former dependents to keep MediExcel Health Plan coverage for up to 36 months.
- You have the same benefits as current employees in MediExcel Health Plan.
- You have to pay the entire monthly premium.

Important deadlines for electing/enrolling in Cal-COBRA with MediExcel Health Plan:

It is important to meet the following deadlines. If you do not, you lose your right to Cal-COBRA coverage.

1. **Notification of qualifying event**:
    - Employers must notify MediExcel Health Plan within 30 days after the following qualifying events:
        - The employee's job ends

- The employee's hours of employment are reduced

- You or your dependent must notify MediExcel Health Plan in writing within 60 days after any of the following qualifying events:
  - The employee dies
  - The employee divorces or legally separates
  - A child or other dependent no longer qualifies as a dependent under Plan rules
  - The employee becomes eligible to receive Medicare benefits

2. **Election notice:** Generally, you must be sent an election notice not later than 14 days after MediExcel Health Plan receives notice that a qualifying event has occurred.
3. **Election period:** You have 60 days to notify MediExcel Health Plan in writing that you want to elect/enroll in Cal-COBRA continuation of coverage. The 60 days starts on the later of the following two dates:
   - The date you receive the election notice.
   - The date your coverage ended.
4. **Premium payment:** You must pay the premiums for your Cal-COBRA coverage. MediExcel Health Plan must receive your first premium within 45 days after you enroll in Cal-COBRA. This first premium covers the time from the date your coverage ended because of the qualifying event up to the day you signed up for Cal-COBRA. You must then pay a monthly premium as long as you stay on Cal-COBRA.

If your former employer stops offering MediExcel Health Plan when you are on Cal-COBRA:

- You can elect/enroll in Cal-COBRA with the new health plan offered by your employer.
- You must enroll and pay your first premium with the new health plan no more than 30 days after you receive notice that MediExcel Health Plan is no longer being offered. If you do not meet this deadline, your Cal-COBRA benefits end.

You will lose Cal-COBRA if:

- You do not pay your premiums on time.
- You move outside the MediExcel Health Plan service area.
- Your former employer no longer offers any health plan.
- You sign up for or become eligible for Medicare.
- You sign up for another health plan. (However, if your new plan has a waiting period for pre-existing conditions and you have not used up all your Cal-COBRA, you can keep your Cal-COBRA until the waiting period is over.)
- You commit fraud, which means that you intentionally deceive MediExcel Health Plan, or you misrepresent yourself or allow someone else to do so in order to get health care services.

IF YOU HAVE A PROBLEM WITH MEDIEXCEL HEALTH PLAN

MediExcel Health Plan is committed to meeting the needs of our members. Our Member Services staff is available to answer questions and help you get the health care you need. If you have a problem with MediExcel Health Plan, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

This section tells you what you can do if you have a complaint with MediExcel Health Plan:

- File a complaint with MediExcel Health Plan
- If you still need help, contact the Department of Managed Health Care.
- Independent Medical Review (IMR)
- Binding arbitration

File a Complaint with MediExcel Health Plan

You have a right to file a complaint with MediExcel Health Plan if you have any problem related to care or service. A complaint is also called a grievance or an appeal.

Here are some examples of when you can file a complaint with MediExcel Health Plan:

- You have been denied a service, treatment, or medicine.
- You have been denied a referral.
- MediExcel Health Plan cancels your health benefits.
- MediExcel Health Plan does not reimburse you for a medically necessary Covered Service that you paid for and received.
- MediExcel Health Plan does not pay for emergency room care you needed.
- You cannot get an appointment as soon as you need it.
- You feel you received poor care or service.

If you have a problem with MediExcel Health Plan, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

First, file your complaint with MediExcel Health Plan Member Services

- If your problem is urgent MediExcel Health Plan must give you a decision within 3 days. An urgent problem is an immediate and serious threat to your health as well as grievances involving including cancellations, rescissions and nonrenewal of coverage.
- If your problem is not urgent, MediExcel Health Plan must give you a decision within 30 days.
- You must file your complaint within 6 months after the incident or action that is the cause of your problem with MediExcel Health Plan.

How to contact MediExcel Health Plan Member Services:

Telephone: (619) 365-4346, or (664) 633-8555 if dialing from México.

Website: www.mediexcel.com

If you still need help, contact the Department of Managed Health Care:

The Department of Managed Health Care (DMHC) is the California regulatory authority that protects the rights of HMO members.

- If you do not agree with MediExcel Health Plan's decision, or you do not receive the decision within the required time, you can take your problem to the DMHC. See the contact information below.
- The DMHC will look at your case and decide if you qualify for an Independent Medical Review (see "Independent Medical Review (IMR) below).
- If you do not qualify for an Independent Medical Review, the DMHC will review your case as a complaint against your health plan.
- If your problem is urgent, you can call the DMHC at any time.

How to contact the Department of Managed Health Care:

- Call: 1-888-466-2219 in the US.
- Website: www.dmhc.ca.gov. The website has Independent Medical Review and complaint forms and instructions.
- Staff are available 24-hours-a-day, 7 days a week, in many languages, to help you solve problems with your health plan. There is no charge to call.

Independent Medical Review (IMR)

IMR is a review of your case by one or more doctors who are not part of your health plan. You do not pay anything for an IMR. If the IMR is decided in your favor, MediExcel Health Plan must timely give you the service or treatment you requested.

You may qualify for an IMR if MediExcel Health Plan does one of the following:

- Delays, denies, or modifies a service or treatment because MediExcel Health Plan determines it is not medically necessary.
- Denies an experimental or investigational treatment for a serious condition.
- Will not pay for emergency or urgent care that you have already received.

More information about IMR:

- If MediExcel Health Plan denies a treatment because it is experimental or investigational, you can apply for an IMR right away. You do not have to file a complaint with MediExcel Health Plan first.
- Similarly, if MediExcel Health Plan denies a treatment and you believe your case is extraordinary and compelling as it involves an imminent threat to your health, you can apply for an IMR right away and request a waiver from the Health Plan Help Center to avoid filing a complaint with MediExcel Health Plan first.
- In all other cases, you have to file a complaint with MediExcel Health Plan first and wait for MediExcel Health Plan's decision.
- You must apply for an IMR within 6 months after MediExcel Health Plan sends you a decision about your complaint, unless you had a good reason for the delay.

- If you decide not to participate in the IMR process, you may be giving up your right, as stated in California law, to take other legal action against MediExcel Health Plan regarding the service or treatment you are requesting.

California law requires that we include the following notification:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan Toll Free at **(619) 365-4346**, or at **(664) 633-8555** if dialing from México, and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

Please note that grievances involving rescissions, cancellations and nonrenewal grievances are treated as expedited grievances and the Member does not need to submit a grievance first to the health plan. **If you believe your health coverage has been, or will be improperly cancelled, rescinded, or not renewed, you may also call the Department for assistance**.

This combined evidence of coverage and disclosure form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.

Employee Retirement Income Security Act (ERISA) Notification

If your employer's health plan is governed by the Employee Retirement Income Security Act ("ERISA"), you may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved.

You are entitled to, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.

Binding Arbitration

If you cannot solve your problem through the complaint processes listed above, you can ask for binding arbitration (see below). Binding arbitration is the final step you can take to resolve your complaint with MediExcel Health Plan.

When you became a member of MediExcel Health Plan, you agreed to submit all unresolved complaints to binding arbitration, including complaints about medical malpractice. This means that you have agreed to give up your right to a trial by jury and other legal proceedings.

- Arbitration is usually less expensive and takes less time than a lawsuit.
- Arbitration can be requested by either MediExcel Health Plan or the member.

Definition of binding arbitration:

Arbitration is a way to solve disputes, disagreements, or problems without filing a formal lawsuit.

- One or more people, called arbitrators, who are not connected with you or with MediExcel Health Plan, make the final decision on your case.
- Together, you and MediExcel Health Plan choose and approve the arbitrator(s).
- The arbitrator(s) review the case and then write a decision, called an *opinion*.
- Both you and MediExcel Health Plan must accept (be bound by) the decision of the arbitrators.

How to request arbitration:

Send a written request (also called a *demand*) for arbitration to:
MediExcel Health Plan
Attention: Arbitration Requests
750 Medical Center Court, Suite 2
Chula Vista, CA 91911

Location of Arbitration

- For matters of arbitration against MediExcel Health Plan, the location will be in San Diego County using California and U.S. Federal law.
- For matters of arbitration against a Mexican health care provider, the location will be in Baja California under the jurisdiction of Mexico.

Paying for arbitration:

Attorney(s) fees: You must pay your own attorney's fees if you choose to have an attorney. MediExcel Health Plan pays its attorney's fees.

Arbitrator(s) fees: You and MediExcel Health Plan share equally the fees and expenses of the arbitrator(s). If you cannot pay your part of the arbitrator's fees and expenses, you may ask MediExcel Health Plan to pay. Write to MediExcel Health Plan Member Services and ask for a hardship application. MediExcel Health Plan will send your application to an independent organization or person to decide if MediExcel Health Plan should pay for some or all your part of the arbitrator's fees and expenses.

YOUR RIGHTS AND RESPONSIBILITIES AS A MEMBER OF MEDIEXCEL HEALTH PLAN

As a member of MediExcel Health Plan you have rights and responsibilities. Each member has the same rights and responsibilities.

Your Rights

You have the right to be treated equally:

MediExcel Health Plan and our providers cannot discriminate against you based on your:

- Age, sex, race, skin color, religion, disability, national origin, gender identity, or sexual orientation.
- The country you or your ancestors came from.
- Marital status (married, divorced, single, or in a domestic partnership).
- Health care needs and how often you use services.
- History as a victim of domestic violence.

You have the right to informed consent:

Informed consent means that before you agree to a treatment or procedure, you understand:

- What the treatment or procedure is.
- The possible risks and benefits of the treatment or procedure.
- Other treatments or procedures that exist and what their risks and benefits are.
- What you can expect if you choose not to have the treatment or procedure.

You have the right to refuse or accept a treatment or procedure:

The only exception to this right is when it is an emergency and there is not time to get your informed consent without risking your health.

You have the right to have a copy of your medical records:

- You may be charged a nominal fee for copies of your medical records.
  To get a copy of your medical records, call your doctor's office or call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México, for assistance.
  MediExcel Health Plan does not maintain your medical records.

You have the right to keep your medical records private:

You can ask MediExcel Health Plan to send you a statement that describes our policies and procedures for keeping medical records private and confidential. Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

A STATEMENT DESCRIBING MEDIEXCEL HEALTH PLAN'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

You have the right to have an Advance Health Care Directive:

An Advance Health Care Directive is a form you fill out to tell MediExcel Health Plan, your doctor, family, and friends about the health care you want if you can no longer make decisions for yourself.

- It explains the types of treatment you want or do not want.
- It allows you to name a person to be your health care agent. This person can be a spouse, family member, friend, or other person you choose. This person can make decisions for you if you can no longer make them for yourself. Your rights as a member of MediExcel Health Plan apply to your health care agent.

To make an Advance Health Care Directive:

- Fill out an Advance Care Health Directive form. Take time to think about what kind of treatment you do or do not want.
    - Many organizations provide simple forms that you can use to make your Advance Health Care Directive.
    - To get a form, call MediExcel Health Plan at (619) 365-4346, (664) 633-8555 if dialing from México, or call Family Caregiver Alliance at (800) 445-8106.
    - You can hire a lawyer to make your directive, if you wish, but it is not required.
- Sign the form and have two other people sign it. Or take it to a Notary Public to witness your signature.
- Keep the original in a safe place. Give copies to your doctor and to your health care agent.
- Talk with your doctor and agent, as well as with family and close friends, to make sure they understand your wishes and will follow them.

You have the right to get information about how MediExcel Health Plan does business:

- MediExcel Health Plan may use bonuses and other financial incentives when paying our doctors and other providers. You have the right to request information about these practices. Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.
- You have the right to request a copy of the employer group contract between MediExcel Health Plan and your Employer. Call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.

Freedom from Discrimination:

- Federal and state law requires MediExcel Health Plan to not refuse enrollment for coverage for several protected categories.
- This includes a member's race, color, religion, national origin, ancestry, sex, marital status, gender, gender identity, sexual orientation, age, disability, or health status of any person

who can expect to benefit from this coverage.

- MediExcel will not discriminate against any member for filing a grievance.
- If you feel you have been discriminated against by MediExcel, call MediExcel Health Plan at (619) 365-4346, or (664) 633-8555 if dialing from México.
- You also have the right to file your discrimination complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal [**https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**] or by mail or phone at:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  1-800-368-1019, 800-537-7697 (TDD)

Your Responsibilities

It is your responsibility to:

- Choose a primary care physician.
- Get referrals and pre-approvals when they are required.
- Timely pay your premium, copays, coinsurance, and deductible, if applicable.
- Give your doctors and other providers all the information you can to help them plan your care.
- Keep your medical appointments; and if you need to cancel an appointment, let the office know ahead of time and schedule a new appointment.
- Show respect to your providers, to the MediExcel Health Plan staff, and to other members.
- Let MediExcel Health Plan know if your address or employment changes.
- Let MediExcel Health Plan know if there are any changes in the status of any of your dependents.

NOTICE OF PRIVACY PRACTICES ("NOTICE")
FOR THE USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION ("PHI")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Protecting Your Privacy

At MediExcel Health Plan, we understand the importance of keeping your health information confidential and we are committed to using your health information consistent with State and Federal law. MediExcel Health Plan protects your electronic, written, and oral health information throughout our organization.

Protected Health Information

For the purposes of this Notice, "health information" or "information" refers to PHI. PHI is defined as information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care, or payment for health care. The information we receive, use and share includes, but is not limited to:

- your name, address, and other demographic information
- personal information about your circumstances (example: medical information for purposes of diagnosis or treatment with or from physicians, nurses, and facilities)

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you, except psychotherapy notes and information to be used in a lawsuit or administrative proceedings. You can ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You can ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and will say "yes" if you tell us, you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically, by contacting MediExcel Health Plan Member Services. We will provide you with a paper copy promptly. You can also download a copy of this Notice.

Choose someone to act for you

- If you have given someone power of attorney or if someone is your legal guardian or personal representative, that person can exercise your rights and make choices about your health information.
- We will make sure the person has authority to act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice.
- You can also file a complaint with the federal government, by writing or calling or online, using the information at the end of this Notice.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to authorize us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In all situations other than those described in the next section, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization for:

- Marketing purposes
- Sale of your information

In the case of sensitive information, like HIV test results or psychotherapy notes, your written authorization will be secured.

Our Uses and Disclosures

We must disclose your PHI:

- To you or your personal representative; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

You have the right to authorize or deny the release of PHI for purposes beyond treatment, payment, and health care operations. We may use and disclose your health information without your authorization as permitted or required by Federal, State, or local law. In instances where your health information is not used for such purposes, we would secure your written authorization prior to sharing it.

How do we typically use or share your health information?

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
- We can send you communications regarding our fundraising activities. You have the right to choose not to receive such communications.

Example: We use health information about you to develop better services, including member satisfaction surveys, compliance and regulatory activities, and grievance and appeals activities.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with a hospital or other health care provider to coordinate payment for health services provided to you. We may also provide information to the Member of a family policy or another individual for the purpose of handling or understanding medical bills, managing claims, reconciling your deductibles or out of pocket maximum payments.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company/employer contracts with us to provide a health plan, and we provide your company/employer with certain information (excluding medical information) to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information, without your written authorization, in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Disaster relief

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if State or Federal (for both United States and Mexico) laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with Federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, funeral director, or forensic pathologist when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law such as licensing and quality of care
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information, please review your rights under HIPAA.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you authorize us in writing (or by telephone for requesting confidential communications for sensitive services). If you tell us we can, you may change your mind at any time. Let us know in writing (or by telephone for requesting confidential communication for sensitive services) if you change your mind.

As part of normal business, MediExcel Health Plan shares your information with contracted providers (e.g., medical groups, hospitals, social service providers, etc.) or business associates that

perform functions on our behalf or with whom we have organized health care arrangements. We may share your contact information (such as your phone number or email) with contracted providers or business associates for communications on your health, or health-related products or services provided by, or included in a plan of benefits of MediExcel Health Plan, its business associates, or its contracted providers. In all cases where your PHI is shared with providers, plan sponsors, and business associates, including those who may have databases stored or accessed outside of the United States, we have a written contract that contains language designed to protect the privacy of your health information.

All of these entities are required to keep your health information confidential and protect the privacy of your information in accordance with State and Federal laws.

For more information, please review this explanation of the Notice of Privacy Practices

---

*****IMPORTANT*****

MediExcel Health Plan does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or medical group.

This notice applies to members in all MediExcel Health Plan coverage plans.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available on our web site at www.mediexcel.com, or upon request, we will mail a copy to you.

This Notice is effective April 1, 2022, and remains in effect until changed.

If you want to file a Complaint

You can write to us at:

MediExcel Health Plan
Attention: Privacy Officer
750 Medical Center Ct, Suite 2
Chula Vista, CA 91911

You can also email or call us at:

memberservices@mediexcel.com
(619) 421-1659 TDD/TTY 711

For Complaints to the Federal Government

Go to the web address below or call or write to:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

877.696.6775

If you, or someone you're helping, have questions about MediExcel Health Plan, you have the right to get help and information in your language at no cost. To learn more, please view our Notice of Language Assistance in the Member Section of our website www.mediexcel.com.

MediExcel Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. To learn more, please view our Notice of Non-Discrimination in the Member Section of our website www.mediexcel.com.

DEFINITIONS

Acute Condition: a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.

Advance Health Care Directive: a legal document that tells your doctor, family, and friends about the health care you want if you can no longer make decisions for yourself. It explains the types of special treatment you want or do not want. For more information, contact MediExcel Health Plan or the California Attorney General's Office.

Appeal (an appeal is sometimes also called a complaint or a grievance)**:** a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by a member or the member's representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Appropriately Qualified Health Care Provider: a Health Care Provider who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease, condition, or conditions associated with the request for a second opinion.

Approved Clinical Trial: a phase I, phase II, phase III, or phase IV clinical trial conducted in relation to the prevention, detection, or treatment of cancer or another Life- Threatening disease or condition that meets at least one of the following:

- The study or investigation is approved or funded, which may include funding through in-kind donations, by one or more of the following:
    - o The National Institutes of Health.
    - o The federal Centers for Disease Control and Prevention.
    - o The Agency for Healthcare Research and Quality.
    - o The federal Centers for Medicare and Medicaid Services.
    - o A cooperative group or center of the National Institutes of Health, the federal Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, the federal Centers for Medicare and Medicaid Services, the Department of Defense, or the United States Department of Veterans Affairs.
    - o A qualified nongovernmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants.
    - o One of the following departments, if the study or investigation has been reviewed and approved through a system of peer review that the Secretary of the United States Department of Health and Human Services determines is comparable to the system of peer review used by the National Institutes of Health and ensures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review:
        - The United States Department of Veterans Affairs.
        - The United States Department of Defense.
        - The United States Department of Energy.

- The study or investigation is conducted under an investigational new drug application reviewed by the United States Food and Drug Administration.
- The study or investigation is a drug trial that is exempt from an investigational new drug application reviewed by the United States Food and Drug Administration.

Behavioral Health Treatment: professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.

Binding Arbitration: a way to solve disputes between health plans and members without filing a formal lawsuit and going to court (In arbitration, the health plan and the member select an independent person to settle the dispute, instead of a judge or jury).

Cal-COBRA: is a California Law that lets you keep your group health plan when your job ends, or your hours are cut. It may also be available to people who have exhausted their Federal COBRA.

Certificate of Creditable Coverage: a document that provides the amount of time you were covered by a previous health plan (you can reduce your new plan's pre-existing condition exclusion by one month for every month you had creditable coverage, as long as the gap in coverage between your previous plan and your new plan is 62 days or less.)

COBRA: a federal law that lets you keep your group health plan when your job ends, or your hours are cut.

Complaint: a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative.

Coinsurance: is the percentage of a health plan's cost that you must pay each time you see a doctor or get other Covered Services.

Copay (copayment): a fee you pay each time you see a doctor, get other Covered Services, or fill a prescription.

Covered Benefits: Medically Necessary services and supplies that you are entitled to receive under a group agreement and which are described in this Evidence of Coverage or under California health plan law.

Deductible: the amount you must pay for Covered Services each year before your health plan starts to pay. See the "**Summary of Benefits and Coverage**" on page A-1 if your MediExcel Health Plan has a deductible.

Department of Managed Health Care (DMHC): the DMHC oversees HMOs and some other health plans in California, including MediExcel Health Plan.

Dependent: A person who is covered by another person's health plan, such as a child or a spouse or domestic partner.

Diagnosis: Identifying the cause of a disease or injury through examining the patient.

DME (Durable Medical Equipment): medical equipment, like hospital beds and wheelchairs, which can be used over and over again.

Domestic Partner: a member's legal domestic partner.

Emergency Medical Condition: a medical condition, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Services and Care: (1) medical screening, examination, and evaluation by a physician and surgeon, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician and surgeon, to determine if an Emergency Medical Condition or active labor exists and, if it does, the care, treatment, and surgery, within the scope of that person's license, if necessary to relieve or eliminate the Emergency Medical Condition, within the capability of the facility; and/or (2) an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a Psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the Psychiatric Emergency Medical Condition within the capability of the facility.

Evidence of Coverage: any certificate, agreement, contract, brochure, or letter of entitlement issued to a Member setting forth the coverage to which the Member is entitled.

Experimental Services: drugs, equipment, procedures, or services that are in a testing phase undergoing laboratory and/or animal studies prior to testing in humans. Experimental Services are not undergoing a clinical investigation.

Food and Drug Administration (FDA): an agency of the US that regulates medical drugs.

Formulary: a list of Covered drugs, which include FDA-approved medications that require a prescription either by California or Federal law.

Generally Accepted Standards of Mental Health and Substance Use Disorder Care: standards of care and clinical practice that are generally recognized by health care providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment. Valid, evidence-based sources establishing generally accepted standards of mental health and substance use disorder care include peer-reviewed scientific studies and medical literature, clinical practice guidelines and recommendations of nonprofit health care provider professional associations, specialty societies and federal government agencies, and drug labeling approved by the FDA.

Generic Drug: a drug that is no longer owned and patented by one company (A generic drug has the same active ingredients as the brand name drug, but it costs less. For example, Valium is the brand name version and Diazepam is the generic version of the same tranquilizer.).

Grievance: a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative.

Group Contract: also known as Group Subscriber Agreement and Plan Contract, is the Agreement between MediExcel Health Plan and the Employer that allows employees to obtain group health plan coverage.

Group Health Plan: insurance that is provided by your employer such as your MediExcel Health Plan.

Health Care Provider: any professional person, medical group, independent practice association, organization, health care facility, or other person or institution licensed or authorized by the state to deliver or furnish health services.

HMO: Health Maintenance Organization.

Health Care Service Plan: an organization, such as MediExcel Health Plan, which is licensed by the California Department of Managed Health Care to provide health care coverage.

Health Plan Help Center: the Help Center is a part of the Department of Managed Health Care (DMHC). The Help Center can help you with grievances, appeals, and complaints you may have against your health plan.

Independent Medical Review (IMR): a review of your Plan's denial, modification, or delay of your request for health care services or treatment. The review is provided by the Department of Managed Health Care and conducted by independent medical experts. If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by your Plan related to medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. Your Plan must pay for the services if an IMR decides you need it.

Inpatient Care: care for people who are in a hospital or other health facility for at least 24 hours.

Investigational Services: those drugs, equipment, procedures, or services for which laboratory and/or animal studies have been completed and for which human studies are in progress but:

(1) Testing is not complete; and

(2) The efficacy and safety of such services in human subjects are not yet established; and

(3) The service is not widely used.

Life-Threatening: either or both of the following:

- Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted.
- Diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

Medical Group: a group of doctors who have a business together and contract with a health plan

to provide services to the plan's members.

Medically Necessary: a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of that illness, injury, condition, or its symptoms, in a manner that is all of the following:

- In accordance with the generally accepted standards of care, including generally accepted standards of Mental Health or Substance Use Disorder care.
- Clinically appropriate in terms of type, frequency, extent, site, and duration.
- Not primarily for the economic benefit of the health care service plan and Members or for the convenience of the patient, treating physician, or other Health Care Provider.

Member: a subscriber, enrollee, enrolled employee, or dependent of a subscriber or an enrolled employee, who has enrolled in the MediExcel Health Plan and for whom coverage is active or live.

Mental Health and Substance Use Disorders: a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

Network: all the doctors, labs, hospitals, and other providers that have contracts with MediExcel Health Plan to provide health care services to the Plan's members.

Open Enrollment: the time period when you must decide either to stay in your current health plan or to join another health plan that your employer offers. Many employers offer open enrollment for a month every year in the fall.

Outpatient: health care that does not require an overnight stay in a hospital.

Outpatient Prescription Drug: a self-administered drug that is approved by the federal Food and Drug Administration for sale to the public through a retail or mail order pharmacy, requires a prescription, and has not been provided for use on an inpatient basis.

Out-of-Network: health care providers, including doctors, labs, hospitals, and other providers that do not have contracts with MediExcel Health Plan to provide services to the Plan’s members. Out-of-network services are not covered unless they are emergency or urgent care services or if they are pre-approved by MediExcel Health Plan.

Pre-approval (also referred to as Prior Authorization): the process of getting approval from MediExcel Health Plan that is required before you get certain Covered Services. Services that require Pre-Approval that are received by a member without Pre-Approval are not Covered Services.

Premium: a monthly fee your health plan charges for your health plan coverage. You may pay part of the premium, and your employer or union may pay the rest.

Prescription Drug: or “drug’’ means a drug approved by the federal Food and Drug Administration (FDA) for sale to consumers that requires a prescription and is not provided for use

on an inpatient basis. The term "drug'' or "prescription drug'' includes: (A) disposable devices that are medically necessary for the administration of a covered prescription drug, such as spacers and inhalers for the administration of aerosol outpatient prescription drugs; (B) syringes for self-injectable prescription drugs that are not dispensed in pre-filled syringes; (C) drugs, devices, and FDA-approved products covered under the prescription drug benefit of the product pursuant to sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code, including any such over-the-counter drugs, devices, and FDA-approved products; and (D) at the option of the health plan, any vaccines or other health care benefits covered under the MediExcel Health Plan's prescription drug benefit.

Preventive Health Care Service: preventive health care services for early detection of disease, such as a mammogram.

Primary Care: general health care services, such as a check-up or treatment for a cold or ear infection. You usually get your primary care from a family practice doctor or an internal medicine doctor who is your primary care doctor. Children usually get their primary care from a pediatrician.

Primary Care Doctor (also called primary care physician): your main doctor, who provides or coordinates all your health care services and treatments and sends you to a specialist when you need one.

Pre-Existing Condition: a health condition for which you received medical advice, diagnosis, or care in a specific period before you joined a health plan.

Protected Member: an adult member or a member who has the right to consent to care who has requested and receives confidential communications with MediExcel Health Plan for sensitive health care services.

Provider: a professional person, medical group, clinic, lab, hospital, or other health facility licensed to provide health care services.

Psychiatric Emergency Medical Condition means a mental disorder that manifests itself by acute symptoms of sufficient severity that renders the patient as being either:

- an immediate danger to himself or herself or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.

Referral: when your doctor sends you to another health care provider or facility for more specialized care.

Reconstructive Surgery: "reconstructive surgery" means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) To improve function; or (B) To create a normal appearance, to the extent possible.

Second Opinion: advice you get from a second doctor after the first doctor has made a diagnosis or recommended a certain treatment and you want to make sure it is the right diagnosis or decision for you.

Serious Chronic Condition: a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.

Sensitive Health Care Services: services covered under the Confidential Medical Act for confidential communications between Protected Members and MediExcel Health Plan. Sensitive Health Care Services includes: (1) Mental health treatment or counseling services on an outpatient basis; (2) prevention or treatment of pregnancy; (3) treatment of an infectious, contagious, or communicable disease; (4) diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation adopted pursuant to law to be reported to the local health officer, or is a related sexually transmitted disease; (5) treatment of the condition, and the collection of medical evidence with regard to the alleged sexual assault; (6) medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem; (7) medical care related to the diagnosis or treatment of the injury and the collection of medical evidence with regard to the alleged intimate partner violence; (8) an HIV Test; and, (9) emergency room medical care and follow-up health care treatment for an insured who is treated following a rape or sexual assault.

Seriously Debilitating: diseases or conditions that cause major irreversible morbidity.

Serious Emotional Disturbances of a Child: a child who (1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms, and (2) who meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

Service Area: the geographic area designated by the plan within which a plan shall provide health care services.

Specialist: a doctor who has extra training in a certain medical field, such as an orthopedist (for bones) or a cardiologist (for your heart).

Standard Fertility Preservation Services: procedures consistent with the established medical practices and professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

Standing Referral: a referral to a doctor or other provider for on-going treatment for a long-term disabling or life-threatening illness.

Terminal Illness: an incurable or irreversible condition that has a high probability of causing death within one year or less.

Trans-Inclusive Health Care: comprehensive health care that is consistent with the standards of care for individuals who identify as transgender, gender diverse, or intersex; honors an individual's personal bodily autonomy; does not make assumptions about an individual's gender; accepts gender fluidity and nontraditional gender presentation; and treats everyone with compassion, understanding, and respect.

Urgent Care or Services: care for a health problem that is not an emergency but that needs attention quickly, before you can get in to see your doctor or if your doctor's office is closed.

Utilization Review: prospectively, retrospectively, or concurrently reviewing and approving, modifying, delaying, or denying, based in whole or in part on medical necessity, requests by health care providers or members for coverage of health care services. Also means evaluating the medical necessity of health care services, benefits, procedures, or settings, under any circumstances, to determine whether a health care service or benefit subject to a medical necessity coverage requirement in a health care service plan contract is covered as medically necessary for a member.

Yearly Out-of-Pocket Maximum (OOPM): the most you have to pay for your Covered Services in a yearly period. The start of the yearly period is when the Employer Group Contract begins and will continue for 12 months until the Employer Group Contract is renewed or terminated. Once you have paid this amount, MediExcel Health Plan pays all your remaining covered services for the rest of that yearly period.

Assistance Guide for Deaf and/or Disabled Members to Better Communicate with MediExcel Health Plan

MediExcel Health Plan Member Services Representatives are available by telephone 24 hours a day. All Member Services Representatives are fluent in Spanish and English and are available at **(619) 365-4346, (664) 633-8555** if dialing from Mexico, or via email at memberservices@mediexcel.com.

If you are deaf, hard of hearing or have a speech impairment, real time assistance services are available to communicate with MediExcel Health Plan and are available at **no cost** by calling the California Deaf and Disabled Telecommunications Program (DDTP) at **711**. The DDTP serves as a one phone call service in California to provide telephonic communications access for Deaf and Disabled members. DDTP is a free program.

If you have limitations hearing or speaking, a DDTP specially-trained Communications Assistant (CA) can relay telephone conversations for all of your calls, including your communications with a MediExcel Member Services Representative.

You are encouraged to visit the DDTP website (http://ddtp.cpuc.ca.gov) to learn more about the various services that make things easier for you to communicate. You may also be eligible for free specialized phones or equipment that make it easier to hear, easier to dial, and easier to call.

The table below also provides direct telephone numbers for other related communication assistance services.

Type of Call	Language	Toll Free Number
TTY/VCO/HCO to Voice	English Spanish	1-800-735-2929 1-800-855-3000
Voice to TTY/VCO/HCO	English Spanish	1-800-735-2922 1-800-855-3000
From or to Speech-to-speech	English & Spanish	1-800-854-7784

TTY stands for Text Telephone. It is also sometimes called a TDD, or Telecommunication Device for the Deaf.

VCO stands for Voice Carry-Over, which allows a user who is deaf or hard of hearing to speak directly to the other person on their call.

HCO stands for Hearing Carry-Over, which allows people with significant difficulty speaking to call anyone and vice versa.

Notice of the Availability of Language Assistance Services

English:
ATTENTION: language assistance services, free of charge, are available to you. Call (619) 365-4346, (TTY: 711).

Español (Spanish):
ATENCIÓN: si habla español, califica para servicios gratuitos de asistencia lingüística. Llame al (619) 365-4346, (TTY: 711).