MediExcel Health Plan

750 Medical Center Court, Suite 2
Chula Vista, CA 91911
Telephone: Toll Free (855) 633-4392

Combined Evidence of Coverage and Disclosure Form

For Large Group Plans effective 1/1/2019

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 y estatales de los Estados Unidos.

www.mediexcel.com

TABLE OF CONTENTS

Section	Page
How to Use MediExcel Health Plan	**EOC-5**
How to Contact MediExcel Health Plan	EOC-5
Your Membership Card	EOC-6
The MediExcel Health Plan Service Area and General Qualifications	EOC-6
The MediExcel Health Plan Network	EOC-6
Your Primary Care Doctor and Medical Group	EOC-7
Language and Communication Assistance	EOC-7
How to Get Health Care When You Need It	EOC-7
Referrals and Pre-Approvals (Prior Authorization)	EOC-8
Emergency Care	EOC-8
Urgent Care	EOC-9
Care When You Are Away from Home	EOC-9
Costs	EOC-9
If You Have a Problem with MediExcel Health Plan (Grievance and Appeals Process)	EOC-10
What You Pay	**EOC-11**
Premiums	EOC-11
Co-pays	EOC-11
Co-insurance	EOC-11
Yearly Out-of-Pocket Maximum	EOC-13
Financial Responsibility for Payment of Emergency Care Services	EOC-13
If You Have to Pay for Care at the Time You Receive It	EOC-14
How to Get Reimbursed	EOC-14
If You Have More Than One Health Plan (Coordination of Benefits)	EOC-15
Seeing a Doctor and Other Providers	**EOC-16**
Your Choice of Doctors and Providers	EOC-16
Language and Communication Assistance	EOC-16

Section	Page
Choosing a Primary Care Doctor	EOC-17
Referrals and Pre-Approval (Prior Authorization)	EOC-17
Getting a Second Opinion	EOC-19
Keeping a Doctor, Hospital, or Other Provider You Go to Now (Continuity of Care)	EOC-19
Your Benefits	**EOC-22**
Preventive Care	EOC-23
Emergency Care	EOC-24
Urgent Care	EOC-25
Ambulance Service (Emergency Medical Transport)	EOC-27
Specialist Care	EOC-27
Hospital Care	EOC-27
Surgery	EOC-29
Blood Transfusions and Blood Products	EOC-30
Maternity Care	EOC-31
Family Planning	EOC-31
Mental Health Care	EOC-32
Home Health Care	EOC-34
Skilled Nursing Facility Services	EOC-34
Hospice Care	EOC-35
Lab Tests, Diagnostic Tests, X-rays, and Cancer Screenings	EOC-36
Chemotherapy and Radiation	EOC-36
Prescription Drugs	EOC-37
Rehabilitative (Speech, Physical, and Occupational) Therapy	EOC-39
Cardiac and Pulmonary Therapy	EOC-40
Medical Supplies, Equipment, and DME	EOC-40
Clinical Trials for Cancer or Other Life-Threatening Condition	EOC-42
Experimental and Investigational Treatments	EOC-43

Section	Page
Genetic Testing	EOC-4
Alcohol and Drug Abuse Treatment	EOC-44
Allergy Treatment	EOC-44
Dental Anesthesia	EOC-44
Dialysis	EOC-45
Hearing Tests	EOC-46
PKU Formula and PKU Food Products	EOC-45
TMJ Care	EOC-46
Vision Tests	EOC-46
Weight Loss	EOC-46
Outpatient	EOC-47
General Exclusions and Limitations	**EOC-48**
Experimental and Investigational Treatments	EOC-48
Enrolling in MediExcel Health Plan and Adding Dependents	**EOC-49**
When You Can Join MediExcel Health Plan	EOC-49
Who Can Be on Your Health Plan (Who Can Be Your Dependent)	EOC-49
Adding New Dependents	EOC-50
Special Times You and Your Dependents Can Join MediExcel Health Plan	EOC-51
Renewal Provisions	EOC-51
When Your MediExcel Health Plan Health Coverage Ends (Termination of Benefits)	**EOC-52**
Why Your Health Coverage Can End	EOC-52
When a Dependent No Longer Qualifies as a Dependent	EOC-53
If You Are Totally Disabled When Your Health Coverage Ends	EOC-53
Individual Continuation of Health Coverage (COBRA, Cal-COBRA)	**EOC-54**
Understanding Your Choices	EOC-54
Certificate of Creditable Coverage	EOC-55
COBRA	EOC-55
Cal-COBRA	EOC-56

Section	Page
If You Have a Problem with MediExcel Health Plan	**EOC-59**
File a Complaint with MediExcel Health Plan	EOC-59
If You Still Need Help, Contact California's Health Plan Help Center	EOC-60
Independent Medical Review	EOC-60
Binding Arbitration	EOC-61
Your Rights and Responsibilities as a Member of MediExcel Health Plan	**EOC-63**
Your Rights	EOC-63
Your Responsibilities	EOC-65
Useful Terms	**EOC-67**
Appendix A – Summary of Benefits and Coverage	**A-1**

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 co-pays and other fees.

MediExcel Health Plan is *a kind of group health insurance. 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 emergencies 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 membership 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. Call us if:

- You have a question or a problem.
- You need a new primary care doctor.
- You need to obtain or replace your Membership ID Card.

MediExcel Health Plan Member Services

- Call: In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México. For the hearing impaired, call MediExcel Health Plan's TTY toll-free number at (800) 241-1823.

- Write to: **MediExcel Health Plan**
  750 Medical Center Court, Suite 2
  Chula Vista, CA 91911

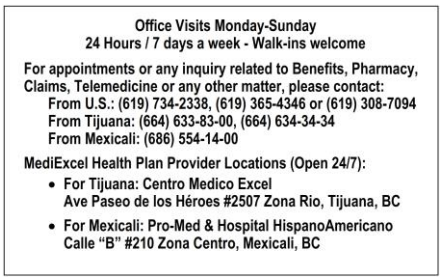
- Visit: **750 Medical Center Court, Suite 2 Chula Vista, CA 91911**
  Monday – Friday 8:00 am – 5:00 pm

- Go to: **www.MediExcel.com**

Your MediExcel Health Plan Membership Card

In your new Member kit, you will receive a welcome letter that has the important membership information for you to immediately start accessing your benefit services. The information will include your Membership Number and temporary Member ID Card. Upon your first visit to MediExcel's facilities in Mexico, you will be provided a Member Orientation which includes the production of your Membership ID Card. 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 and Mexicali, Baja California, Mexico. You (the employee) must be a Mexican National and work in the County 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**. <u>If you reside in the US and you and your enrolling dependents do not have the proper documentation to cross into Mexico and return to the US, you cannot enroll in MediExcel Health Plan.</u>** If you no longer work in San Diego County 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-49)*. If your dependents do not reside with you, they must reside in 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 in the 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 in the network. Ask for a *MediExcel Health Plan Provider Directory*. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México. The Provider Directory is also posted on the MediExcel Health Plan website [www.mediexcel.com].
- 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 away from home.
- If you are new to MediExcel Health Plan or MediExcel Health Plan ends your provider's contract, you can continue to see your current doctor or other health care provider in some cases. This is called *continuity of care* (see page EOC-19).

Your Primary Care Doctor and Medical Group *(see page EOC-16)*

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 in 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-16)*

Good communication with MediExcel Health Plan and with your providers is important. All MediExcel Health Plan Member Services Representatives are fully bilingual in Spanish and English. If Spanish is not your first language, MediExcel Health Plan provides interpretation services and translation of certain written materials.

- To ask for language services, call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 to MediExcel Health Plan. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.
- 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-71.

How to Get Health Care When You Need It

Call your primary care doctor first for all your care, unless it is an emergency.

- 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-60.
- The care must be a service that MediExcel Health Plan covers. (Covered services are also called *benefits*.) To see what services MediExcel Health Plan covers, see the section on "Your Benefits" on page EOC-22.

Referrals and Pre-approvals *(see page EOC-17)*

You need a referral from your primary care doctor and pre-approval from MediExcel Health Plan for most services. 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 in the MediExcel Health Plan network.
- Get urgent care.
- Obtain sexual and reproductive health care services.

Emergency Care *(see page EOC-24)*

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 care may include care for a bad injury, severe pain, a sudden serious illness, active labor, or an emergency psychiatric condition.
- If you have an emergency, call 9-1-1 in the United States or in Mexico, or go to the nearest hospital.
- If the emergency occurs in Mexico, go to the nearest emergency care facility in Mexico. If the emergency occurs in the United States, go to the nearest emergency care facility in the United States.
- If you can, go to a hospital in the MediExcel Health Plan network. If you are admitted to a hospital that is not in the network, you must let MediExcel Health Plan know within 48 hours, or as soon as you can. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México. You may be transferred to a hospital in the MediExcel Health Plan network, if it is safe to do so. If safe to do so, MediExcel Health Plan shall coordinate the transfer and transportation to a network hospital.
- A toll-free telephone number for calls within the U.S. is listed on the back of your identification card. If you are outside of the U.S., collect calls are accepted.
- If you go to a hospital emergency room that is not in 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 treatment or the transfer to 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. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

Urgent Care *(see page EOC-25)*

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 co-pays and may have limitations in services and hours of operation. Additionally, you can go to any urgent care center, even if it is not listed in the Provider Directory. You do not need to obtain pre-approval or prior authorization from MediExcel Health Plan to go to an urgent care center.
- 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 MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 co-pay for this service.

Care When You Are Away from Home *(see page EOC-26)*

- Only emergency and urgent care are covered.
- If you are admitted into a hospital because of an emergency, you must let MediExcel Health Plan know within 48 hours, or as soon as you can.
- If special circumstances arise, call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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.
- **Co-pay (co-payment)** is the amount that you must pay each time you see a doctor or get other covered services.
- **Co-insurance** 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 in MediExcel Health Plan in a yearly period, which coincides with the employer group contract period.
- After you pay your co-pay or co-insurance 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-59)*

- 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
- Co-pays (co-payments)
- Co-insurance
- 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 MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 in 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 co-pay when you get the service.
- Different types of services may have different co-pay amounts. For example, doctor visits, urgent care visits, prescription drugs, and hospital stays have different co-pays.
- The copay amounts are listed in the "**Summary of Benefits and Coverage**" on page A-1.

Co-insurance

Co-insurance 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 co-insurance rates. For example, emergency room visits, durable medical equipment and diabetes care services have different co-insurance rates.
- Co-insurance rates are listed in the "**Summary of Benefits and Coverage**" on page A-1.

Yearly Deductible

If your Plan has a deductible, a yearly deductible is the amount you must pay each year to providers before MediExcel Health Plan starts to pay part of the costs. For example, if your deductible is $500, you must pay all the cost of most covered services you get until you have paid $500. Then you pay a co-pay or co-insurance and MediExcel Health Plan pays the rest of the cost.

- There is also a family deductible. If you are part of a family, and you reach your individual deductible before your family reaches its deductible, then you pay a co-pay or co-insurance and MediExcel Health Plan pays the rest of the cost for covered services that apply to the deductible.
- However, other family members must continue to pay until they reach their individual deductibles or the family deductible is met.
- For example, suppose that your individual deductible is $500 and your family deductible is $1,000. Once you have paid your individual deductible, you will only have to pay your co-pay or co-insurance and MediExcel Health Plan will pay the rest for covered services that apply to the deductible.
- 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.
- Be sure to keep your receipts or cancelled checks when you pay co-pays or co-insurance that apply to the deductible.
- MediExcel Health Plan will notify your medical group provider that 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 no-cost share to the Member as long as you receive them through the MediExcel Health Plan Provider Network.

- Preventive checkups for adults and children
- OB-GYN/family planning checkups for women
- Maternity/prenatal care
- Well-baby checkups for children under 2
- 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:

- 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 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 co-pays or co-insurance 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 $2,000 and your family maximum is $4,000. Once you have paid out $2,000 you will not have to pay anything more for covered services that apply to the out-of-pocket maximum for the year.

You should keep a record of all the co-pay and co-insurance amounts you and your family members make, along with the receipts or cancelled checks. Call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392or (664) 633-83-00 if dialing from México or go online at www.MediExcel.com for a form for you to keep track of your co-pays and co- insurance amounts. When you reach your out-of-pocket maximum, call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 co-pays and co-insurance payments will be required from you for the rest of the yearly period.

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

- All your co-pays and co-insurance count toward your yearly out-of-pocket maximum.
- Your yearly deductible is counted toward your yearly out-of-pocket maximum.

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 co-pays and co-insurance 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. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.
- If the provider is billing you for services that MediExcel Health Plan already paid for, contact Member Services for assistance. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

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 in 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.

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 indicating the services rendered.
- If 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) 633-83-00 and we can help you explain it to the provider.
- Send your request to:

MediExcel Health Plan
750 Medical Center Court, Suite 2
Chula Vista, CA 91911
Tel (855) 633-4392

- You may also email your request to: claims@mediexcel.com
- You still have to pay the normal co-pay or co-insurance for the care you received.
- You still have to pay your yearly deductible, if applicable, before MediExcel Health Plan starts to pay.
- 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 policy. Contact MediExcel Health Plan and your other policy 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 in the MediExcel Health Plan network. It also lists hospitals, clinics, and other facilities and pharmacies in the network.

- You must get all your care from the providers in the MediExcel Health Plan network, unless you get emergency or urgent care or MediExcel Health Plan pre-approves a visit to a provider who is not in our network.
- The *MediExcel Health Plan Provider Directory* is updated at least on a monthly basis.
- MediExcel Health Plan makes sure that there are always enough providers in the network, so you can get the care you need.
- To get the latest *MediExcel Health Plan Provider Directory*, call Member Services, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México or go to www.MediExcel.com.

Language and Communication Assistance

Good communication with MediExcel Health Plan and with your providers is important. All MediExcel Health Plan Member Services Representatives are fully bilingual in Spanish and English. If Spanish is not your first language, MediExcel Health Plan provides interpretation services and translation of certain written materials.

- To ask for language services call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392.
- 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. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

- 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-71.

Choosing a Primary Care Doctor

Your primary care doctor gives you your basic care and coordinates the care you need from other providers. When you 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 doctor at any time if you want.

Your primary care doctor can be:

- A **general practitioner doctor** (for adults 18 years 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)

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 MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 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 2 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 (24 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 2 business days after we receive the request for pre-approval (or within 24 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 MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

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

- See your primary care doctor.
- See an OB-GYN in 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 eye exam once a year from a provider in the MediExcel Health Plan network.
- Get emergency or urgent care. See “Emergency Care” on page EOC-24 and “Urgent Care” on page EOC-25.
- Get dental preventive care once a year for a cleaning and fluoride treatment.

- 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. Your request will automatically be approved.

- 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-18 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.

However, in some cases, you may be able to keep going to the same provider to complete a treatment 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.
- To keep a provider, you must call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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.
- 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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, 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)
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 fully bilingual 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. In the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 care benefit services rendered in the US, 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 enrollees appointments that meet the following timeframe standard.

Service Categories	Standard
• Urgent care appointments in the US	Same day

YOUR BENEFITS

This section tells you about the health care benefits, also called services, that MediExcel Health Plan covers. It also tells you what you 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 gets a referral and 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 visit, test, or treatment.

Benefits discussed in this chapter:

1. Preventive care
2. Emergency care
3. Urgent care
4. Ambulance service (emergency medical transport)
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 (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
    - 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. 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:

- 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.
- 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.
- 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.
- Exams required for attending primary and secondary education schools.

MediExcel Health Plan does not cover these services:

- Exams that you need only to get work, go to a vocational school, 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 in 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 in 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 in 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 in the MediExcel Health Plan network.

What you pay for emergency care:

- If you go to the Emergency Room, you will have a co-pay or co-insurance 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 co-pay or coinsurance for the combined Emergency Room and Hospital stay. You may also pay a deductible if applicable.
- 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-59.

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 follow-up care. If you get 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 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 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.
- Your membership card does tell you what to do if you need urgent care.
- 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.

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 co-pays and may have limitations in services and hours of operation. Additionally, you can go to any urgent care center, even if it is not listed in the Provider Directory. You do not need to obtain pre-approval or prior authorization from MediExcel Health Plan to go to an urgent care center.
- 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México. MediExcel Health Plan will arrange your telephone call or your video communication with an urgent care doctor. There

is no co-pay for this service.

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 recommended 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 EOC-14).
- MediExcel Health Plan has an Urgent Care Drug Formulary. Visit the website at www.mediexcel.com. Or call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.
- You still have to pay the applicable copay or coinsurance for the prescription medication(s) you received.

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 center 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 regular co-pay for urgent care. See "If You Have to Pay for Care at the Time You Get It" on page EOC-14.
- 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 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-59.
- 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México. MediExcel Health Plan will arrange your telephone call or your video communication with an urgent care doctor. There is no co-payment 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. Call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.
- **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. Ambulance Service (Emergency Medical Transport)

MediExcel Health Plan pays for an ambulance 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.

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

- When a doctor in the MediExcel Health Plan network says you need an ambulance or psychiatric transport services and MediExcel Health Plan pre-approves it.
- Or when the use of other means of transportation would endanger the enrollee's health
- These services must be covered only when the vehicle transports the enrollee 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 problems, 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-19.

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 in 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 point of patient stabilization will need pre-approval from MediExcel Plan.

Your hospital co-pay 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 co-pay 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.

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 co-pay 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 co-payment. 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.

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 the Member being infected with HIV.

Organ Donation Services:

- Services must be directly related to a covered transplant for the enrollee, 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 an enrollee 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 receives covered services no later than 90 days following the harvest or evaluation service;
- Donor receives 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 enrollee had received them; and
- In the event the enrollee'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 donor for 90 days following the harvest or evaluation service.

- Donor receives services 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 enrollee'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 (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

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.
- Breastfeeding support and counseling during pregnancy or after each birth (postpartum period) and costs for renting breastfeeding equipment.

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

- Nursing and doctor care in the delivery room
- 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 <u>not</u> 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
- 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 enrollee'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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México to ensure that you can obtain the health care services that you need.

11. Mental Health Care

MediExcel Health Plan provides care for mental disorders including, but not limited to certain severe mental illnesses for members of any age and for serious emotional disturbances of children (see page EOC-67 in Use Terms Section for definition).

- If you are a new member of MediExcel Health Plan, you may be able to keep your current mental health provider for a limited time while we help you safely transfer to a provider in the MediExcel Health Plan network. See page EOC-19. Continuity of Care.

Care for severe mental illnesses, serious emotional disturbances and mental disorders:

MediExcel Health Plan covers evaluation, testing, and treatment for mental disorders that are identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) as severe mental illnesses and serious emotional disturbances of a child (see Page EOC-68 in Useful Terms Section for definition). 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

- California law states that the following severe mental illnesses must be covered:
    - Schizophrenia
    - Schizoaffective disorder
    - Bipolar disorder (manic-depressive illness)
    - Major depressive disorders
    - Panic disorder
    - Obsessive-compulsive disorder
    - Anorexia or bulimia
    - Serious emotional disturbances of a child
    - Behavioral Health Treatment and pervasive developmental disorder or autism (see Page EOC-66 in Useful Terms Section for definition)

MediExcel Health Plan does <u>not</u> 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 US 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 subscriber contract issued by the plan to the enrollee or enrollee'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 enrollee is admitted to a hospital or skilled nursing facility at a skilled level of care. A benefit period ends on the date the enrollee 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 accord 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;
    - Physical, occupational, and speech therapy;
    - 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 inpatient care for the patient for no more than 5 days at a time when needed.

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 through your OB/GYN or 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
- Pregnancy tests
- X-rays
- Cancer screenings, including: mammograms, pap tests, HPV screening, rectal exams, 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 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 to go to a vocational school or play a sport.
- Tests or screenings that are experimental or investigational. However, see Experimental and Investigative Treatments on page EOC-43 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.
- 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 have different co-pays - 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, US 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. US 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 MediExcel Health Plan Formulary ("Formulary") has two sections. The first section refers to the prescription drugs obtained in Mexico through the MediExcel Network. The second section refers to the prescription drugs in the US as a result of an urgent care visit in the US.
- The Formulary is updated often and may change. You can view the latest Formulary on **www.mediexcel.com** by going to *Member > Drug Formulary* or call us at the toll-free telephone number on your MediExcel Health Plan ID card.

- 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 or the Urgent Care 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.

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 specialty drugs, self-administered injectable drugs (excluding insulin) and high cost drugs used to treat complex or chronic conditions when listed in the Formulary.
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 (855) 633-4392 in the US or (664) 633-83-00 if dialing from México 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 in the MediExcel Health Plan network. You can order up to a 30-day supply of the drug as prescribed. You pay a co-pay. Call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México

or go online at www.MediExcel.com to see which pharmacies are in the network.

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 (as described the next bullet point) or FDA-approved contraceptive drugs and devices that may be available over-the-counter but that are prescribed.
- Drugs to help you stop smoking, unless you are enrolled in a stop-smoking program covered by MediExcel Health Plan while you are taking the drugs, or you completed a stop-smoking program covered by MediExcel Health Plan before you started to take the drugs. The coverage for these drugs also applies to all the FDA approved medications for tobacco intervention that are 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 (Speech, Physical, and Occupational) 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.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 service for the treatment of severe mental illness and serious emotional disturbances of a

child:

- 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 to correctly use diabetes supplies and equipment
- For more information, call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 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 an orthotics, if it is medically necessary.
- 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.
- For more information, call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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:

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.
- 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.
- 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

DME (durable medical equipment):

Durable medical equipment is medical equipment that is not disposable. It includes equipment such as crutches, hospital beds, standard wheelchairs, and oxygen equipment.

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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

MediExcel Health Plan does <u>not</u> cover:

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

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 disease or condition" 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 co-pays 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 <u>not</u> 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 the cost of them.
- 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 denial letter within 5 days of your request.
- **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 you want.
    - The treatment you want 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.
    - The IMR takes 30 days from the time DMHC receives your application and supporting documentation.
    - If your need for the treatment is urgent, ask DMHC for an expedited review. The IMR will take up to 7 days.

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

- Call**: 1-888-HMO-2219 (1-888-466-2219)**
- Staff is available 24-hours-a-day, every day, and can help you in many languages.
- There is no charge to call.
- Go to: wwww.hmohelp.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.
- Other genetic testing when it is medically necessary

MediExcel Health Plan does <u>not</u> 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 federal 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.
- You must have pre-approval from MediExcel Health Plan.

MediExcel Health Plan does <u>not</u> 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 co-pay for the doctor visit and another co-pay for the injection.

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 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

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.

MediExcel Health Plan does <u>not</u> cover any of the following, even if they are related to TMJ Disorders:

- 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 in the MediExcel Health Plan network.
- Surgery to treat medical conditions in the eye, such as cataracts.
- Intraocular lenses after cataract surgery.
- Contact lenses for the treatment of aniridia (missing iris) and 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 enrollees through age 9, whether provided by the plan under the current or a previous contract in the same calendar year.

MediExcel Health Plan does <u>not</u> cover:

- Eyeglasses
- Contact lenses, except as provided for the treatment of aniridia (missing iris) and aphakia, (absence of the crystalline lens of the eye)
- Surgery to allow you to see without glasses (Lasik surgery)

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. Outpatient 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 on Page EOC-23).
- 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.
- 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-22.

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 <u>not</u> cover:

- Care you get from a doctor who is not in 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.
- Exams that you need only to get work, go to a vocational school, 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 a small fee per page)
- Expenses for travel, such as taxis and bus fare, to see a doctor or get health care.
- Meals, childcare, housekeeping services, and services and supplies for your personal comfort, or your companion.

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 want.
- For more information, see page EOC-43.

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
- MediExcel Health Plan (pre-existing conditions)
- Renewal of coverage (renewal provisions)

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 times during the year. See "Special Times You and Your Dependents Can Join MediExcel Health Plan" on page EOC-51.
- 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 age 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 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 with you is covered on your health plan for the first 30 days after the adoption is complete or child is placed for adoption.

- 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 domestic partnership or the first day of the month following the date MediExcel Health Plan receives the completed enrollment form.

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

You can enroll in MediExcel Health Plan in these situations:

- 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.
- When you did not enroll in MediExcel Health Plan before because:
  - You had Cal-COBRA or COBRA, and now the coverage has ended.
  - You had Healthy Families or Medi-Cal with no share-of-cost, and now you no longer qualify for it.
  - You were covered by another group health plan, and now that coverage has ended.
- When a court orders that you cover a current spouse or a minor child on your health plan.

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-54

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.
- The full amount that is due must be paid within 30 days of the date on the notice.
- If the premium is not paid by the due date, your health benefits end at midnight on the 30th day after the notice was sent to the employer.
- 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 receiving medical attention or filling a prescription. If this happens, MediExcel Health Plan will send you a notice stating that your health benefits will end on the date MediExcel Health Plan mails the notice.

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 State of California Health Plan Help Center at 1-888-HMO-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 in 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 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 usually reviews your medical history. You may be charged a higher premium or you may be denied health benefits entirely if you have a medical condition now or are likely to develop one.

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.
- You cannot be refused coverage because of your medical history.
- After you use up one kind of continuation coverage, you may be eligible for another kind. This is explained below.
- There are deadlines and other requirements that you have to meet to buy each kind of continuation coverage. Call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 in

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.
- 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México and ask for 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 deceive 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 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 HEALTHPLAN

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 State of California Health Plan Help Center.
- 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 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 think 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.
- 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:

Call: MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

Website: www.MediExcel.com

If you still need help, contact California's Health Plan Help Center:

The Health Plan Help Center is part of the Department of Managed Health Care (DMHC). The DMHC 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 Health Plan Help Center. See the contact information below.
- The Health Plan Help Center 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 Health Plan Help Center will review your case as a complaint against your health plan.
- If your problem is urgent, you can call the Health Plan Help Center at any time.

How to contact the Health Plan Help Center:

- Call: 1-888-466-2219 in the US
- Website: www.hmohelp.ca.gov. The website has Independent Medical Review and complaint forms and instructions.
- Staff are available 24-hours-a-day, every day, 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 give you the service or treatment you requested.

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

- Denies, changes, or delays 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 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 statements:

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 , in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

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.

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 the MediExcel Health Plan or the MediExcel Health Plan 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 US Federal law
- For matters of arbitration against a Mexican healthcare 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, 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:

- It takes a few days to get the copy, and you may be charged for the copying.
  To get a copy of your medical records, call your doctor's office or call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México or call Family Caregiver Alliance at 1-800-445-8106.
    - You can hire a lawyer to make your directive, if you wish.
- 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 if dialing from México.

You have the right to take part in making MediExcel Health Plan's public policy:

MediExcel Health Plan has a public policy committee. This committee includes providers, members, and a member of the Board of Directors. If you would like to be considered for this committee, please write to MediExcel Health Plan at:

MediExcel Health Plan
Attention: Public Policy Committee
750 Medical Center Court, Suite 2
Chula Vista, CA 91911

- This committee advises the Board of Directors about how to assure the comfort, convenience, and dignity of our members.
- The committee may also review MediExcel Health Plan's financial information and information about the complaints we receive.

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, sexual orientation, age, 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 by MediExcel, call MediExcel Health Plan, in the US, call Toll Free (855) 633-4392 or (664) 633-83-00 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 you need them.
- Pay your premium, co-pays, co-insurance, and deductible, if applicable.
- Give your doctors and other providers all the information you can to help them decide on your care.
- Keep your medical appointments; and if you need to cancel an appointment, to 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.

USEFUL TERMS

Advance Health Care Directive: It 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.

Appeal: A request to your health plan asking it to solve a problem or change a decision because you are not satisfied (An appeal is sometimes called a complaint or a grievance.)

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.

Benefits: Health care services covered by your MediExcel program.

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

Cal-COBRA: Laws that help you and your family keep your group health insurance if your job ends or your hours are cut.

Certificate of creditable coverage: 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: Laws that help you and your family keep your group health insurance if your job ends or your hours are cut.

Complaint: A request to your health plan or to the Help Center asking it to solve a problem or change a decision because you are not satisfied (A complaint is sometimes called a grievance or an appeal.)

Conversion coverage: When you no longer have your employer's group health coverage with MediExcel Health Plan, you may be able to buy a conversion plan with MediExcel Health Plan.

Co-insurance: Co-insurance is the percentage of a health plan's cost that you must pay each time you see a doctor or get other covered services

Co-pay (co-payment): A fee you pay each time you see a doctor, get other services, or fill a prescription

Cosmetic Surgery: "Cosmetic surgery" means surgery that is performed to alter or reshape normal structures of the body to improve appearance.

Covered services (benefits): Health care services covered by your MediExcel program, these are also known as basic health care services.

Deductible: The amount you must pay for certain covered health 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.

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

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 Subscriber's legal domestic partner

Emergency Services and Care: It 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.

Evidence of Coverage and Disclosure Form: this document, it outlines the covered healthcare services, the conditions and terms, MediExcel Health Plan's obligations and the member's benefits and rights.

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

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 request to your health plan, asking your plan to solve a problem or change a decision (A grievance is sometimes called an appeal or a complaint.)

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

Group health plan: Insurance that is provided by your employer such as your MediExcel Insurance Plan.

Health care provider: A professional person, medical group, clinic, lab, hospital, or other health facility licensed to provide health care services

HIPAA: Health Insurance Portability and Accountability Act. A law that protects your rights to get health insurance and to keep your medical records private.

HMO: A kind of health plan

Health Care Service Plan: A company, such as MediExcel Health Plan, that is licensed by the California Department of Managed Health Care to provide healthcare insurance coverage.

Health Plan Help Center: The Help Center is a part of the Department of Managed Health Care (DMHC). The DMHC oversees HMOs and some other health plans in California. The Help Center can help you with your complaint.

Independent Medical Review (IMR): A review of your health plan's denial of your request for a certain service or treatment (The review is provided by the Department of Managed Health Care and conducted by independent medical experts, and your health plan must pay for the service 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

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 (or Medical Necessity): Medically Necessary or Medical Necessity is defined as accepted health care services and supplies arranged or provided by the Plan, appropriate to the evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care. This definition is in connection with Mental Health/Substance Use Disorder services and Medical/Surgical Services found in this document.

Member: A person who is enrolled in a health plan (also called an enrollee or subscriber)

Network: All the doctors, labs, hospitals, and other providers that have contracts with a 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

Pre-approval: The process of getting approval from MediExcel health plan or medical group, before you get services.

Premium: A monthly fee your health plan charges for your health insurance (You may pay part of the premium and your employer or union may pay the rest.)

Preventive care: Health care to help prevent illness, such as flu shots and mammograms

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: 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

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

Psychiatric Emergency Care: It means the medical 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.

Referral: A referral is when your doctor sends you to another doctor 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; (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 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 municipalities of Tijuana and Mexicali in the State of Baja California, Mexico

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

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

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

Yearly out-of-pocket maximum: The most you have to pay for your covered health 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 covered health care costs.

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 on a 24 hour basis. All Member Services Representatives are fully bilingual in Spanish and English. To contact a Member Services Representative, call Toll Free **(855) 633-4392 or (619) 565-2470**.

If you are deaf, hard of hearing or have a speech impairment, real time assistance services to communicate with MediExcel Health Plan is 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 Enrollees. 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 MediExcel Member Services.

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.