



# SEMCIL

## MEC Plan Information

**Effective:  
January 1, 2025**

**The Right Turn  
for Your Benefits**



# Health Care Reform

**The Affordable Care Act (ACA) mandates applicable employers offer their employees:**

- A health plan which covers the Centers for Medicare & Medicaid Services (CMS) Minimum Essential Coverage's to all Full Time Employees.

**Southeastern Minnesota Center for Independent Living, Inc.** is offering Employees the following coverage which satisfies the federally mandated "Minimum Essential Coverage":

**This is a scheduled benefit plan. Allowable amounts for services are based upon 125% of current CMS Medicare rates.**

The following pages contain the schedule of benefits that outline the coverage available through this plan.

**Southeastern Minnesota Center for Independent Living, Inc. is paying 100% of the employee cost for the MEC plan. If you do not have current medical coverage, you should enroll in the MEC plan for coverage beginning January 1, 2025.**

**If you have medical coverage, proof of coverage is required. Please provide a copy of your current ID card or Certificate of Coverage to Human Resources.**

**Employee rates for you and your dependents are listed below.**

Monthly Rates	
	MEC
Employee Only	\$0
Employee + Spouse	\$39.75
Employee + Child(ren)	\$101.99
Family	\$141.74

This is a benefit summary only and does not outline all of the benefits and exclusions under the Plan. Receipt of this summary does not guarantee eligibility for benefits or constitute a guarantee of coverage or payment. Benefit levels may change at any time.

## MEC Plan Benefits

Service	Plan Pays	Benefit Limits Per Calendar Year
<b>Covered Preventive Services for Adults as defined by CMS Preventive Services</b>		
<b>Wellness Office Visits and Lab Services: NOTE:</b> If services are rendered and billed by a facility, the scheduled benefit is limited to 125% of Medicare		
Office Visit Exam & Includes Services For:	Plan pays 100% of the <i>scheduled benefit amount</i>	Limited to preventive diagnosis only
Virtual Office	100% Deductible waived	100% Deductible waived
Abdominal Aortic Aneurysm	Plan pays 100% of the <i>scheduled benefit amount</i>	One time screening for males age 65 through 75
Alcohol Misuse Screening and Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Aspirin use for Men and Women	Plan pays 100% of the <i>scheduled benefit amount</i>	One Aspirin use consultation for men age 45 through 79 and women age 55 through 79
Blood Pressure Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	One screening every two years for age 18 through 39. One screening per calendar year for age 40 and over.
Cholesterol Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	One screening per calendar year
Depression Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Type 2 Diabetes Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Diet Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
HIV Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Human Papillomavirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal (including Pneumococcal shots for adults age 65 and older) * Tetanus, Diphtheria, Pertussis	Plan pays 100% of the <i>scheduled benefit amount</i>	Human Papillomavirus shots through age 26 for females and through 21 for males.

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Service	Plan Pays	Benefit Limits Per Calendar Year
Obesity Screening and Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Colorectal Cancer Screening (age 50 and older); Hepatitis B & C Screening; and Lung Cancer Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Tobacco Use Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	Screenings for adults and cessation interventions for tobacco users
Preventive Drugs – limited to those required by PPACA	Plan pays 100% of the <i>scheduled benefit amount</i>	
<b>Covered Preventive Services for Women - Including Pregnant Women</b>		
<b>Wellness Office Visits and Lab Services: NOTE:</b> If services are rendered and billed by a facility, the scheduled benefit is limited to 125% of Medicare		
Well-Women Visits	Plan pays 100% of the <i>scheduled benefit amount</i>	
Anemia Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For pregnant women
Bacteriuria Urinary Tract or Infection Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For pregnant women
BRCA Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Breast Cancer Mammography Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	Screenings every 1 to 2 years for women age 40 and older
Breast Cancer Chemoprevention Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Breastfeeding Consultations	Plan pays 100% of the <i>scheduled benefit amount</i>	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
Cervical Cancer Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	Women age 21 through 29 pap test every 3 years. Women age 30 through 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor.

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Service	Plan Pays	Benefit Limits Per Calendar Year
Chlamydia Infection Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Contraception	Plan pays 100% of the <i>scheduled benefit amount</i>	Includes birth control pills and devices, injections and surgical sterilization (hospital, physician, anesthesia)
Domestic and Interpersonal Violence Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Folic Acid Supplements	Plan pays 100% of the <i>scheduled benefit amount</i>	For pregnant women
Gestational Diabetes Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For women 24 to 28 weeks pregnant and/or at high risk of developing gestational diabetes
Hepatitis B Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV) Screening and Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Osteoporosis Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For women age 60 and older
Rh Incompatibility Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Tobacco Use Screening and Interventions	Plan pays 100% of the <i>scheduled benefit amount</i>	
Sexually Transmitted Infection (STI) Screening and Counseling, includes Gonorrhea & Syphilis Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Human Papillomavirus (HPV) DNA Test	Plan pays 100% of the <i>scheduled benefit amount</i>	HPV DNA testing every three years for women with normal cytology results who are 30 or older.
Routine Prenatal visits	Plan pays 100% of the <i>scheduled benefit amount</i>	
<b>Covered Preventive Services for Children</b>		
<b>Wellness Office Visits and Lab Services: NOTE:</b> If services are rendered and billed by a facility, the scheduled benefit is limited to 125% of Medicare		
Alcohol and Drug Use Assessments	Plan pays 100% of the <i>scheduled benefit amount</i>	
Autism Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For children at 18 months through 24 months

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Service	Plan Pays	Benefit Limits Per Calendar Year
Behavioral Assessments	Plan pays 100% of the <i>scheduled benefit amount</i>	For children to age 18
Blood Pressure Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Cervical Dysplasia Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Congenital Hypothyroidism Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For newborns
Depression Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For teenagers age 12 to 18
Developmental Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Fluoride Chemoprevention Supplements	Plan pays 100% of the <i>scheduled benefit amount</i>	
Hearing Screenings	Plan pays 100% of the <i>scheduled benefit amount</i>	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100% of the <i>scheduled benefit amount</i>	For children to age 18
Hematocrit or Hemoglobin Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For children to age 18
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For all newborns
HIV Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Immunizations * Diphtheria, Tetanus, Pertussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Human Papillomavirus * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella	Plan pays 100% of the <i>scheduled benefit amount</i>	For children to age 18
Iron Supplements	Plan pays 100% of the <i>scheduled benefit amount</i>	For children age 6 through 12 months

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Service	Plan Pays	Benefit Limits Per Calendar Year
Lead Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	
Medical History	Plan pays 100% of the <i>scheduled benefit amount</i>	
Obesity Screening and Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	For children to age 18
Oral Health	Plan pays 100% of the <i>scheduled benefit amount</i>	At risk assessment for your children age newborn through age 10
Phenylketonuria (PKU) Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For genetic disorders in newborns
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	includes gonorrhea preventive medication for newborn eyes
Tuberculin Testing	Plan pays 100% of the <i>scheduled benefit amount</i>	
Vision Screening	Plan pays 100% of the <i>scheduled benefit amount</i>	For children to age 18
Skin Cancer Behavior Counseling	Plan pays 100% of the <i>scheduled benefit amount</i>	
Preventive Drugs as required by PPACA	Plan pays 100% of the <i>scheduled benefit amount</i>	
Hepatitis B screening for adolescents	Plan pays 100% of the <i>scheduled benefit amount</i>	
Tobacco Use screening, counseling and cessation interventions for children and adolescents	Plan pays 100% of the <i>scheduled benefit amount</i>	

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# ACA Required Preventive Medications

The Affordable Care Act (ACA) requirements below apply to medications dispensed pursuant to a written prescription and subject to FDA guidelines. *Effective 1/1/2024.*

PREVENTIVE CARE MEDICATIONS AND COVERAGE REQUIREMENTS UNDER THE ACA		
MEDICATION	COPAY	LIMITS
<b>Aspirin 81 mg</b>	\$0; N/A to Deductible	Ages 12 through 59 for females; OTC generics and legend generics
<b>Fluoride Supplements*</b> (Oral)	\$0; N/A to Deductible	Ages birth up to 5
<b>Folic Acid</b>	\$0; N/A to Deductible	Females through age 55
<b>Smoking Deterrents</b> (Oral, gum, lozenges, patches, oral inhaler, and nasal inhaler)	\$0; N/A to Deductible	OTC, generic, and single-source brands per FDA guidelines; recommended up to two treatment cycles per calendar year
<b>Bowel Preps*</b> (Osmoprep and Bowel Evac Combos (Suprep, Plenvu, Gavilyte, etc.))	\$0; N/A to Deductible	Ages 45 through 75
<b>Breast Cancer Prevention</b> (For preventive use)	\$0; N/A to Deductible	Ages 35 or older for females; legend generics
<b>Cardiovascular Disease Prevention</b> (Statin medications)	\$0; N/A to Deductible	Age 40 through 75; single-entity generics only
<b>Pre-Exposure Prophylaxis*</b> (PrEP)	\$0; N/A to Deductible	Qualified preventive use only

VACCINES		
MEDICATION	COPAY	LIMITS
<b>CDC-Scheduled Vaccinations</b> (DPT, COVID, Hep A, Hep B, Haemophilus influenzae type B, HPV, Herpes zoster, Influenza, Meningitis, MMR, Pneumococcal, Poliovirus, Rotavirus, RSV, Varicella)	\$0; N/A to Deductible	Does not include travel vaccines

CONTRACEPTIVES**	
METHOD	COPAY
<b>Hormonal</b> (Oral)	\$0 copay; N/A to Deductible
<b>Hormonal</b> (Patches, rings, injectables)	\$0 copay; N/A to Deductible
<b>Barrier</b> (Diaphragms, condoms, spermicides, non-hormonal topical agents, cervical caps, sponges)	\$0 copay; N/A to Deductible; allow OTC
<b>Emergency</b> ("Morning After" Pill)	\$0 copay; N/A to Deductible; allow OTC
<b>Implants</b> (IUDs)	\$0 copay; N/A to Deductible

\* Single-source brands and legend generics only \*\*Log in to Elixir at [elixirsolutions.com](https://elixirsolutions.com) to verify coverage

**As your pharmacy benefit manager, Elixir is here to help!  
Visit [elixirsolutions.com](https://elixirsolutions.com) for more information.**



# Important Contact Information

Southeastern Minnesota Center for  
Independent Living, Inc.  
Group # 216124

## Who to Call

### Medical Claims and Plan Information:

90 Degree Benefits  
651-695-2500 ♦ 1-800-558-7798  
[www.90degreebenefits.com](http://www.90degreebenefits.com)

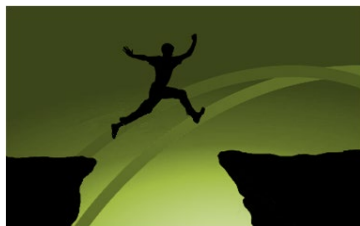


### Rx Partner:

Elixir (fka MedTrakRx)  
1-800-771-4648  
[www.elixirsolutions.com](http://www.elixirsolutions.com)



## Help is Here.



## 90 Degree Benefits Online Services

90 Degree Benefits offers members 24/7 online access to their plan, eligibility and claim information. Once you have **received your ID card** you can register at <https://portal.90degreebenefits.com>. In the upper right corner of the Member Portal home screen, click on *Register Now* button. Fill out the Registration Form and click Submit. Your ID Number is printed on your Health Insurance Member ID card. Once you have registered for the Member Portal, you may use your user name and password to log in. Log in to your Member Portal at <https://portal.90degreebenefits.com>. The dashboard screen allows you to link to your benefit information, plans and general account information. The available menu options are:

**Messages & Activities** – Allows you to send messages or general plan questions and request ID Cards. The site provides status of items as they are in process or been completed.

**Benefits** – Allows you to manage your benefits by selecting View Plan Benefits, View/Print copy of your current ID Card/request additional cards, View Claim Activity and Out of Pocket amounts.

**Your Networks** – Links to the PPO networks and Prescription Benefit Manager associated with your plan. Please refer to your ID card for more specific information.

**Account** – Due to HIPAA security, family access may need to be granted on some members to view claim activity. Click of *Family Access* tab for specific directions. Use the *Account Settings* tab to update your password and hint question/answer.

**Stay Connected on the Go!** Use your mobile device to access the same great health plan and wellness features of your member portal! Look for the **hciactive.my90db mobile app** in the Apple App store and Google Play store.

All the information contained and entered into this site is secure and meets the strict standards of HIPAA.

**Disclaimer:** *This book is a summary of the benefit plans. Each plan has a separate legal plan document that is your primary reference. Should there be any discrepancies between this book and the legal plan document, the legal plan document will prevail.*



800-558-7798

[www.90degreebenefits.com](http://www.90degreebenefits.com)