

FORTRESS PLANS MINIMUM ESSENTIAL COVERAGE



PREVENTIVE CARE ONLY

The Federal Patient Protection and Affordable Care Act has required that certain health plan provisions must apply to all qualified group health plans offered to employees. In accordance with these provisions, our Minimum Essential Coverage plan is designed to provide minimum benefits required under the law. Those required benefits constitute Minimum Essential Coverage containing the lone federally mandated benefit of 100% coverage for Preventive Health Services without any deductibles, copayments, or other cost sharing provisions.

These benefits are categorized into three major categories, based on recipients of preventive health services: Adults, Women, and Children.

Each of these categories has a series of benefits that are offered by this plan when using an in-network provider. Examples of these types of benefits are as follows:

ADULT PREVENTIVE SERVICES EXAMPLES

- Colorectal Cancer Screening for adults over 50
- Blood Pressure Screening for all adults
- Cholesterol Screening for adults of certain ages or at higher risk
- A variety of vaccinations for adults based upon age and population recommendations

WOMEN'S PREVENTIVE SERVICES EXAMPLES

- Contraception FDA approved as prescribed by a physician with certain exclusions
- Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk
- Breast Cancer Mammography Screening every 1 or two years for women over 40
- Cervical Cancer Screening for sexually active women

CHILDREN'S PREVENTIVE SERVICES EXAMPLES

- Behavioral Assessments for children of certain ages
- Autism Screening for children at 10 and 24 months
- Developmental screening for children at specifically scheduled ages
- Hearing Screening for all newborns
- Immunizations as recommended

FOR A COMPLETE LIST OF THE 63 COVERED PREVENTIVE SERVICES, PLEASE VISIT [HTTPS://WWW.HEALTHCARE.GOV/PREVENTIVE-CARE-BENEFITS](https://www.healthcare.gov/preventive-care-benefits)

ALWAYS REMEMBER TO REFER TO YOUR SUMMARY PLAN DESCRIPTION (SPD) FOR BENEFITS, VALID ON THE DATE OF YOUR PLAN.
YOU CAN ACQUIRE A COPY OF YOUR SPD FROM YOUR EMPLOYER OR HEALTH PLAN ADMINISTRATOR.