





# MEC SUPERIOR BENEFIT SUMMARY

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$109	\$204	\$204	\$299

BENEFIT SUMMARY	MEC SUPERIOR <sup>1</sup>
Annual Deductible	\$0
Out-of-Pocket Maximum	\$1,850 Individual/\$3,700 family
Wellness and Preventative	Covered at 100%
Telehealth Program (\$0 copay) <sup>2</sup>	Unlimited
Primary Care Visits	\$15 copay
Specialist Visits	\$15 copay
Urgent Care Visits	\$50 copay
Laboratory Services	\$50 copay
X-Rays	\$50 copay
Generic Prescription Drugs	\$5 copay
MEC COMPANION <sup>3</sup>	
Dental	✓
Vision	✓
Durable Medical Equipment	✓
Hearing Aids	✓
Diabetic Supplies	✓
Fitness	✓

<sup>1</sup>The MEC Plus plan excludes out-of-network services and covers ONLY the medical services listed above. This plan does not cover hospitalization, surgical services, emergency room care, advanced imaging, or brand name / specialty prescription drugs.

<sup>2</sup>For more information regarding the Telehealth Program call 1.800MD at 800-530-8666 or visit [www.1800md.com](http://www.1800md.com)

<sup>3</sup>To register for these benefits and find providers, visit: [www.wellcardsavings.com](http://www.wellcardsavings.com). Group ID: MECPLUS

## PROVIDER LOOKUP - MEDICAL

To locate providers participating in the MultiPlan® PHCS network call (888) 794-7427 or visit [www.multiplan.com](http://www.multiplan.com) and click "Find a Provider" located in the top right-hand corner of the page and follow the steps below.

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button.
2. When selecting your network, choose "PHCS," then "Specific Services."
3. Enter one of the search criteria suggested in the search box to begin your search.
4. If your browser settings don't allow your location to be detected, enter a zip code.



# NATIONAL HIGH BENEFIT SUMMARY

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$173.20	\$339.42	\$307.29	\$459.96

BENEFIT SUMMARY		NATIONAL HIGH <sup>1</sup>
Annual Deductible	\$0	
Out-of-Pocket Maximum	\$1,850 Individual/\$3,700 family	
Wellness and Preventative	Covered at 100%	
Telehealth Program (\$0 copay) <sup>2</sup>	Unlimited	
Primary Care Visits	\$15 copay	
Specialist Visits	\$15 copay	
Urgent Care Visits	\$50 copay	
Laboratory Services	\$50 copay	
X-Rays	\$50 copay	
Generic Prescription Drugs	\$5 copay	

HOSPITAL BENEFITS	
Admission Benefit	\$2,500 • 1x/year
Confinement Benefits	\$200/day • 30x/year
Inpatient Rehabilitation	\$100 per day • 15x/year
Inpatient Surgery Benefit	\$1,000 • 1x/year
Outpatient Surgery Benefit	\$750/\$1,500 • 1x/year
Ambulance Benefit	\$500 air trans. • 2x/year   \$200 ground trans. • 2x/year
Diagnostic Procedure	\$250 • 1x/year
Emergency Room	\$100 per day • 2x/year
Health Screenings	\$50 • 1x/year
Dependent Age Limit	Childbirth to 26 years
Portability	Included
Treatments Covered	Sickness & Injury
Treatment of Normal Pregnancy	Hospital Admission & Confinement benefits are not payable for birth within first 9 months of coverage.
Pre-Existing condition Limitation	3 month look back period / 12 month exclusion period 6 month look back period / 6 month exclusion period (MA, NM) 3 month look back period / 6 months treatment free / 12 month exclusion period (MD, ND, TX, VA)

MEC COMPANION <sup>3</sup>	
Dental, Vision, Durable Medical Equipment, Hearing Aids, Diabetic Supplies, & Fitness Discounts	✓

## PROVIDER LOOKUP - MEDICAL

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2. When selecting your network, choose “PHCS,” then “Specific Services.”
3. Enter one of the search criteria suggested in the search box to begin your search.
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<sup>1</sup>The MEC Plus plan excludes out-of-network services and covers ONLY the medical services listed above. This plan does not cover hospitalization, surgical services, emergency room care, advanced imaging, or brand name / specialty prescription drugs.

<sup>2</sup>For more information regarding the Telehealth Program call 1.800MD at 800-530-8666 or visit [www.1800md.com](http://www.1800md.com)

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# What are the Covered Services in Minimum Essential Coverage?

## 17 Covered Preventive Services for Adults (ages 18 & older)

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening & counseling
3. Aspirin use to prevent cardiovascular disease for men & women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis C screening for adults at increased risk, & one time for everyone born 1945 – 1965
11. HIV screening for everyone ages 15 to 65, & other ages at increased risk
12. Immunization vaccines for adults — doses, recommended ages, & recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
13. Lung cancer screening for adults 55- 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
14. Obesity screening & counseling for all adults
15. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
16. Syphilis screening for all adults at higher risk
17. Tobacco Use screening for all adults & cessation interventions for tobacco users

## 22 Covered Preventative Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for higher risk women
5. Breastfeeding comprehensive support & counseling from trained providers, & access to breastfeeding supplies, for pregnant & nursing women
6. Cervical Cancer screening for sexually active women
7. Chlamydia Infection screening for younger women & other women at higher risk
8. Contraception: Food & Drug Administration-approved contraceptive methods, sterilization procedures, & patient education & counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. Domestic & interpersonal violence screening/counseling for women
10. Folic Acid supplements for women who may become pregnant
11. Gestational diabetes screening for women 24 to 28 weeks pregnant & those at high risk of developing gestational diabetes
12. Gonorrhea screening for all women at higher risk
13. Hepatitis B screening for pregnant women at first prenatal visit
14. HIV screening & counseling for sexually active women
15. Human Papillomavirus (HPV) DNA Test every 3 years for women

with normal cytology results who are 30 or older

16. Osteoporosis screening for women over age 60 depending on risk factors
17. Rh Incompatibility screening for all pregnant women & followup testing for women at higher risk
18. Sexually Transmitted Infections counseling for sexually active women
19. Syphilis screening for all pregnant women or others at increased risk
20. Tobacco Use screening & interventions for all women, & exp&ed counseling for pregnant tobacco users
21. Urinary tract or other infection screening for pregnant women
22. Well-woman visits to get recommended services for women under 65

## 26 Covered Services for Children

1. Alcohol & Drug Use assessments for adolescents
2. Autism screening for children at 18 & 24 months
3. Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
5. Cervical Dysplasia screening for sexually active females
6. Depression screening for adolescents
7. Developmental screening for children under age 3
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
9. Fluoride Chemoprevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, Weight & Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
13. Hematocrit or Hemoglobin screening for children
14. Hemoglobinopathies or sickle cell screening for newborns
15. HIV screening for adolescents at higher risk
16. Hypothyroidism screening for newborns
17. Immunization vaccines for children from birth to age 18 — doses, recommended ages, & recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
18. Iron supplements for children ages 6 to 12 months at risk for anemia
19. Lead screening for children at risk of exposure
20. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
21. Obesity screening & counseling
22. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
23. Phenylketonuria (PKU) screening for this genetic disorder in newborns
24. Sexually Transmitted Infection (STI) prevention counseling & screening for adolescents at higher risk
25. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. Vision screening for all children.

This plan provides no coverage for sickness/hospitalization/surgical benefits. Benefits are not limited to the schedule above. For more information on covered services visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>



# OPTIONS PLUS PLAN MEC COMPANION

## BENEFITS

Dental	✓
Vision	✓
Hearing	✓
Durable Medical Equipment	✓
Diabetic Supplies	✓
Fitness	✓

### Dental – save up to 50%

The dental discount plan offers significantly reduced fees saving members an average of 20% to 50% off of almost all General Dentists' and Specialists' standard fees. Members get access to over 80,000 credentialed Dentemax dentists nationwide for:

- Preventive & Diagnostic (Oral Exams, Cleanings, X-Rays)
- Restorative (Fillings, Inlays and Crowns)
- Endodontics, Periodontics, and Prosthodontics
- Oral Surgery
- Orthodontics

### Vision – save up to 50%

MEC Companion Card members are eligible to enroll in VSP® Vision Savings Pass™, a national discount vision program offering immediate savings on eye care and eyewear, at no cost to you.

### Hearing – save up to 70%

MEC Companion Card members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.

### Durable Medical Equipment – save up to 10%

The MEC Companion Card is accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.

### Diabetic Supplies – save up to 70%

A full line of diabetes testing supplies are delivered directly to the member's home.

### Fitness – save up to 50%

Going to a gym helps you stay focused and get inspired. It's a dedicated space where people of all shapes and sizes try to break a sweat! MEC Companion Card participants are guaranteed lowest rates to thousands of gyms. You can choose from major chains and community favorites.

CONVENIENT CARE ANYWHERE



Telehealth by  
**1.800 MD**

HEALTH CARE MADE EASY

**1.800MD provides you and your family access to board certified physicians** around the clock (24/7/365) via telephone or secure video. 1.800MD physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000\*. With 1.800MD there is no cost to you or your family for a consultation.

### COMMON CONDITIONS TREATED

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

And many other non-emergency conditions...

**1**

#### ACTIVATE YOUR ACCOUNT

Activate online or by calling member services. Once activated, you will need to setup your member profile and complete your electronic health record.

**2**

#### REQUEST A CONSULT

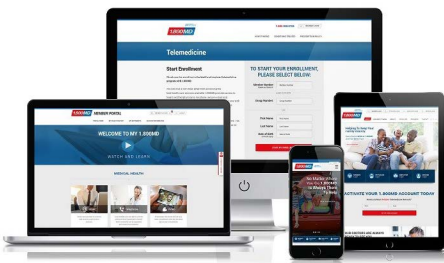
Login to your account online or call member services at **1.800.530.8666** to request a consult anytime 24/7.

**3**

#### RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and piece of mind where ever you are.

**TALK TO A DOCTOR ANYTIME DAY OR NIGHT... FOR FREE.**



1.800.530.8666 | [WWW.1800MD.COM](http://WWW.1800MD.COM)





# Options Plus MEC APPLICATION

## EMPLOYEE INFORMATION

Company: \_\_\_\_\_  
First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender: \_\_\_\_\_

## EMPLOYEE DEPENDENT INFORMATION

First and Last Name:	Gender:	SSN#:	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Coverage Selections

☐ Plan Selection: \_\_\_\_\_ Coverage Type:  
☐ Employee Only ☐ Employee + Spouse  
☐ Employee +Child(ren) ☐ Family

I understand that if I decline medical coverage, I will be unable to enroll in benefits until the next open enrollment period or due to a qualifying event.

☐ Decline Coverage Reason: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_