

PREPARED FOR:
EZ Staffing



ENROLLMENT KIT

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EFFECTIVE DATE: 01/01/2021

ENROLL ONLINE:
www.OptionsPlusPlan.com/EZStaffing



MV PLANS

WEEKLY RATES	BRONZE	SILVER
Employee Only	\$0	\$7.27
Employee + Spouse	\$36.07	\$58.21
Employee + Child(ren)	\$27.93	\$47.75
Family	\$91.08	\$122.54
MEDICAL BENEFITS		
Deductible	\$0	\$0
Out of Pock Maximum (Individual/Family)	\$8,150 \$16,300	\$5,000 \$10,000
Wellness and Preventative	Covered at 100%	Covered at 100%
Primary Care Visits	\$25 copay 8x/yr	\$15 copay 10x/yr
Specialist Visits	\$50 copay 8x/yr	\$25 copay 10x/yr
Urgent Care Visits	\$50 copay 2x/yr	\$35 copay 3x/yr
Laboratory Services & Radiology	\$50 copay 3x/yr	\$50 copay 3x/yr
CT/MRI/MRA/PET Scan	\$350 copay 1x/yr	\$350 copay 2x/yr
Rx BENEFITS (Subject to Formulary)		
Generic Rx	\$0 Preventive Generic Drugs Discount on Non-Preventive Drugs	\$0 Preventive Generic Drugs Discount on Non-Preventive Drugs
VIRTUAL HEALTH BENEFITS		
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited
MEC COMPANION CARD		
MEC Companion	Dental, Vision, Durable Medical Equipment, and Fitness	
HOSPITAL & ADDITIONAL COVERAGE		
Outpatient Hospital or Free Standing Facility Services & Surgery	\$350 copay 1x/yr	\$350 copay 2x/yr
Inpatient Hospitalization & Inpatient Surgery	\$350 copay 5 Days & 2 Surgeries/yr	\$350 copay 7 Days & 3 Surgeries/yr
Emergency Room	\$350 copay 1x/yr	\$350 copay 1x/yr
Treatment for Chemical Abuse & Dependency	Outpatient: \$25 Copay per day Inpatient: \$250 Copay per day (Both limited to 5 days per plan year)	Outpatient: \$25 Copay per day Inpatient: \$250 Copay per day (Both limited to 7 days per plan year)
Home Health Care	\$25 copay 10x/yr	\$25 copay 10x/yr
Pregnancy Benefits	-	Professional Services: \$350 Copay Childbirth/Delivery: \$350 Copay/admission

- Out of Network services, and services provided at a hospital, will not be covered, unless otherwise specified.
- Refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.



PROVIDER LOOKUP

FIND A PROVIDER FOR YOUR MEC PLAN

To locate providers participating in the PHCS and/or Multiplan networks:

Visit www.multiplan.com

Online Instructions:

Click "Find a Provider" located in the top right hand corner of the page.

Click on Select a Network.

A Pop Up appears to select Network. Select PHCS.

Select the plan type.

"Practitioner & Ancillary"

Enter provider type: *i.e Primary Care, Ob-Gyn, Lab, etc.*

Enter zip code, then click on search and your directory will be provided.



WELLNESS & PREVENTIVE SERVICES

100% COVERED SERVICES

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/>



TELEMEDICINE

HEALTH CARE MADE EASY

Our telemedicine benefit provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine 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 this benefit, 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 to request a consult anytime 24/7.

3 RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and peace of mind wherever you are.

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





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
Effective Date: _____ Employee+Child(ren) Family
must be first of the month

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: _____

ENROLL ONLINE:

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