

PREPARED FOR:  
AJULIA

# ENROLLMENT KIT

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**EFFECTIVE DATE: 04/01/2021**

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
WEEKLY	\$5.65	\$13.73	\$13.73	\$21.81
BI-WEEKLY	\$11.31	\$27.46	\$27.46	\$43.62

BENEFIT SUMMARY	BASIC MEC
Annual Deductible	\$0
Wellness and Preventative	Covered at 100% (See Covered Services Page)
Rx Discount Plan	Included
Telemedicine	\$0 copay   Unlimited
Primary Care Visits	Must use Telemedicine
MEC COMPANION	
Dental	✓
Vision	✓
Durable Medical Equipment	✓
Hearing Aids	✓
Diabetic Supplies	✓
Fitness	✓

The MEC Basic plan excludes out-of-network services and covers ONLY the preventative services listed on the Covered Services Page.

## PROVIDER INFORMATION

### 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. Click on the green "Select Network" button.
2. Choose "PHCS," "Preventive Services Only."



### TELEHEALTH

Provides fast and convenient access to a national network of board-certified physicians to diagnose illnesses, recommend treatment and prescribe medications 24 hours a day, 7 days a week and 365 days a year.

ACTIVATE YOUR ACCOUNT:  
855.373.7450



### MEC COMPANION CARD

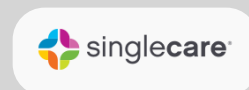
#### ACTIVATE YOUR ACCOUNT & LOCATE PROVIDERS

1. Visit [www.WellCardSavings.com](http://www.WellCardSavings.com)
2. Click: "Click Here to Register"
3. Group ID: **MECPLUS**
4. Fill out your information
5. Click Save, Text, or Email card

### Rx DISCOUNT PLAN

Save up to 80% on all FDA-approved prescription medications at the largest pharmacy chains in the United States. Simply provide your ID card at the pharmacy and save!

[www.singlecare.com/sbma](http://www.singlecare.com/sbma) | 866.978.0843



	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
WEEKLY	\$13.27	\$36.58	\$36.58	\$59.88
BI-WEEKLY	\$26.54	\$73.15	\$73.15	\$119.77

BENEFIT SUMMARY	SUPERIOR MEC
Annual Deductible	\$0
Wellness and Preventative	Covered at 100% (See Covered Services Page)
Telehealth	\$0 copay   unlimited
Primary Care Visits	\$15 copay
Specialist Visits	\$15 copay
Urgent Care Visits	\$50 copay
Laboratory Services	\$50 copay
X-Rays	\$50 copay
Generic Rx	\$15 copay
MEC COMPANION	Discounts on Dental, Vision, Durable Medical Equipment, Hearing Aids, Diabetic Supplies, and Fitness

The MEC Superior plan excludes out-of-network services and covers ONLY the medical services listed above.

## PROVIDER INFORMATION

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2. Choose "PHCS," "Specific Services"



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5. Click Save, Text, or Email card

### PRESCRIPTIONS

Please present your medical identification card along with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at:

[www.mysmithrx.com](http://www.mysmithrx.com) or call (844) 454-5201



	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
WEEKLY	\$17.88	\$49.23	\$45.04	\$74.25
BI-WEEKLY	\$35.75	\$98.47	\$90.07	\$148.51

BENEFIT SUMMARY	SUPERIOR MEC
Annual Deductible	\$0
Wellness and Preventative	Covered at 100% (See Covered Services Page)
Telehealth	\$0 copay   unlimited
Primary Care Visits	\$15 copay
Specialist Visits	\$15 copay
Urgent Care Visits	\$50 copay
Laboratory Services	\$50 copay
X-Rays	\$50 copay
Generic Rx	\$15 copay
MEC COMPANION	
Dental	✓
Vision	✓
Durable Medical Equipment	✓
Hearing Aids	✓
Diabetic Supplies	✓
Fitness	✓

The MEC Superior plan excludes out-of-network services and covers ONLY the medical services listed above.

HOSPITAL BENEFITS	NATIONAL VALUE HOSPITAL INDEMNITY
Admission Benefit	\$2,000•1x/year
Hospital/ICU Confinement	\$50/day•30x/year
Inpatient Rehabilitation	-
Inpatient Surgery Benefit	-
Outpatient Surgery Benefit	\$250/\$500•1x/year
Ambulance Benefit	-
Diagnostic Procedure	\$250•1x/year
Life Insurance	\$10,000
Health Screenings	\$50•1x/year
Dependent Age Limit	Child birth to 26 years (26 if full time student)
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, 6 months treatment free/12 month exclusion period.

Benefits Paid Direct to Member

## HOSPITAL INDEMNITY INFORMATION

Hospital Indemnity benefits can help pay for out-of-pocket costs associated with being hospitalized in addition to your medical coverage, and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. **Payments are made directly to you, even if you did not actually incur any out-of-pocket expenses.**

## PROVIDER INFORMATION

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[www.mysmithrx.com](http://www.mysmithrx.com) or call (844) 454-5201





# BRONZE MV BENEFIT SUMMARY

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
WEEKLY	\$55.56	\$107.43	\$99.30	\$162.44
BI-WEEKLY	\$111.12	\$214.87	\$198.60	\$324.88

## MEDICAL BENEFITS

Deductible	\$0
Out of Pock Maximum (Individual/Family)	\$8,150   \$16,300
Wellness and Preventative	Covered at 100%
Primary Care Visits	\$25 copay   8x/yr
Specialist Visits	\$50 copay   8x/yr
Urgent Care Visits	\$50 copay   2x/yr
Laboratory Services & Radiology	\$50 copay   3x/yr
CT/MRI/MRA/PET Scan	\$350 copay   1x/yr

## Rx BENEFITS (Subject to Formulary)

Generic Rx	\$0 Preventive Generic Drugs   Discount on Non-Preventive Drugs
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## VIRTUAL HEALTH BENEFITS

Telemedicine	\$0 Copay   Unlimited
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## MEC COMPANION CARD

MEC Companion	Dental, Vision, Durable Medical Equipment, and Fitness
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## HOSPITAL & ADDITIONAL COVERAGE

Outpatient Hospital or Free Standing Facility Services & Surgery	\$350 copay   1x/yr
Inpatient Hospitalization & Inpatient Surgery	\$350 copay   5 Days & 2 Surgeries/yr
Emergency Room	\$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)
Home Health Care	\$25 copay   10x/yr

## PROVIDER INFORMATION

### MEDICAL

Visit [www.multiplan.com](http://www.multiplan.com)

Click **Find a Provider** located in the top right hand corner. 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.

### MEC COMPANION

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- 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.



# 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/>



# MEC COMPANION CARD

When I show my  
MEC COMPANION  
CARD...

my card  
shows me the *savings!*



## Dental – save up to 50%

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.



## Vision – save up to 50%

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.



## MRI & Imaging – save up to 75%

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide.



## Lab – save up to 50%

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.



## Hearing – save up to 70%

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



## Diabetic Care Services – save up to 70%

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



## Vitamins – save 5%

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.



## Daily Living Products – save up to 10%

A wide range of medical supplies, safety equipment, and health products are delivered directly to the member's home at discounted rates.



# 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 you 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 piece of mind where ever 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: \_\_\_\_\_  
*must be first of the month* 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: \_\_\_\_\_