

PREPARED FOR:  
MEXICUE

# ENROLLMENT KIT

.....  
**EFFECTIVE DATE: 04/01/2022**

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
WEEKLY	\$22.38	\$40.85	\$40.85	\$59.08

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

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

## 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," "Specific Services"



### 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

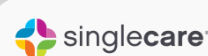
#### ACTIVATE YOUR ACCOUNT & LOCATE PROVIDERS

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	\$30.92	\$52.85	\$52.85	\$77.08

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.

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### 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	\$43.43	\$84.10	\$76.68	\$114.22

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	✓

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HOSPITAL BENEFITS	NATIONAL HIGH HOSPITAL INDEMNITY
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 transportation•2x/year   \$200 ground transportation•2x/year
Diagnostic Procedure	\$250•1x/year
Emergency Room	\$100 per day•2x/year
Health Screenings	\$50•1x/year
	<i>Benefits Paid Direct to Member</i>

## 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.**

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### MEDICAL

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# WELLNESS & PREVENTIVE SERVICES

## 100% COVERED SERVICES

### Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

### Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and 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."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

### Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

### Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal; Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits



# 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: \_\_\_\_\_