

PREPARED FOR:  
PEARL'S HOPE

# ENROLLMENT KIT

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**EFFECTIVE DATE: 04/01/2023**

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
BI-WEEKLY	\$24.92	\$43.38	\$43.38	\$57.23

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

### 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
BI-WEEKLY	\$61.85	\$115.38	\$113.08	\$168.46

BENEFIT SUMMARY	ULTIMATE MEC
Annual Deductible	\$0
Wellness and Preventative	Covered at 100% (See Covered Services Page)
Rx Discount Plan	-
Telemedicine	\$0 copay   unlimited
Virtual Behavioral Health	\$50 copay   3x/year
Primary Care Visits	\$15 copay
Specialist Visits	\$15 copay
Urgent Care Visits	\$50 copay
Laboratory Services	\$50 copay
X-Rays	\$50 copay
Generic Rx	Tier 1: \$10 copay   Tier 2: \$25 copay
Brand Rx	Tier 3: \$50 copay   Tier 4: \$75 copay
<b>MEC COMPANION</b>	Discounts on Dental, Vision, Durable Medical Equipment, Hearing Aids, Diabetic Supplies, and Fitness

The Ultimate MEC plan excludes out-of-network services and covers ONLY the medical services listed above and on the covered services page.

## PROVIDER INFORMATION

### MEDICAL

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1. Click on the green "Select Network" button.
2. Choose "PHCS," "Specific Services"



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# BASIC MV BENEFIT SUMMARY

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
BI-WEEKLY	9.12% of gross pay	9.12% + \$133.85	9.12% + \$112.12	9.12% + \$227.04

Employee Contribution for the Basic MV is 9.12% of Gross Pay

## MEDICAL BENEFITS

Deductible	\$0
Out of Pocket Maximum (Ind/Fam)	\$8,700/\$17,400
Wellness and Preventive	Covered at 100%
Primary Care Visits	\$25 Copay   8 per year
Specialist Visits	\$50 Copay   8 per year
Urgent Care Visits	\$50 Copay   2 per year
Laboratory Services & Radiology	\$50 Copay   3 per year
CT/MRI/MRA/PET Scans	\$350 Copay   1 per year
Telemedicine	\$0 Copay   Unlimited

## Rx BENEFITS

Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	-

## HOSPITAL SERVICES

Inpatient Hospitalization & Surgery	\$350 Copay   5 days & 2 Surgeries per year
Outpatient Hospitalization & Surgery	\$350 Copay   1 per year
Emergency Room Services	\$350 Copay   1 per year

## OTHER SERVICES

Chiropractic Services	\$50 Copay   10 per year
Second Surgical Opinion	\$0 Copay
Home Health Care	\$25 Copay   10 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay   5 days a year / \$25 Copay   8 days a year
Emergency Medical Transportation	\$250 Copay   1 per year

## 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.

- 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

### 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 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.**





# BEHAVIORAL HEALTH

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GETTING HELP JUST GOT EASIER.

Our Behavioral Health Benefit makes it easy to receive therapy and counseling from the comfort and privacy of your own home or office.

It can be difficult to wait days or weeks until your next appointment. Speak with one of our licensed psychiatrists or therapists online or by app.

## WHAT WE TREAT:

We provide care for many of the most common behavioral health concerns with the added benefits of privacy and convenience.

- Abuse
- Codependency
- Domestic Violence
- OCD
- Addiction
- Conduct Disorder
- Eating Disorders
- Parenting Issues
- ADHD/ADD
- Cognitive Behavioral
- Grief & Loss
- Relationships
- Anger Management Therapy
- LGBT Issues
- Sexuality
- Anxiety & Stress
- Depression & Mood
- Med. Management
- Trauma & PTSD
- Bipolar Disorder
- Divorce
- Men's & Women's Issues
- And more

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## HOW IT WORKS:

### 1 LOG IN

LOG IN TO YOUR ACCOUNT

### 2 SCHEDULE AN APPOINTMENT

SCHEDULE AN APPOINTMENT WITH THE BEHAVIORAL HEALTH PROVIDER OF YOUR CHOICE

### 3 CHAT

VIDEO CHAT WITH YOUR PROVIDER AND RECEIVE A PERSONALIZED TREATMENT PLAN.

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# Options Plus 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: \_\_\_\_\_