



Minimum Essential Coverage Options

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DISCLAIMER: Benefits listed on this proposal are intended to be a brief summary and are subject to change. Refer to the summary of benefits for full details of the benefits including description of coverage and a list of exclusions.

PLAN	MEC 1	MEC 1 with HealthShare
Network	First Health (Aetna)	First Health (Aetna)
Deductible <i>(Individual/Family)</i>	\$0/\$0	\$0/\$0
Maximum Out-Of-Pocket <i>(Individual/Family)</i>	N/A	N/A
PREVENTATIVE CARE		
Routine Well Care <i>(Non-Hospital Services)</i>	Included	Included
Routine Well Care <i>(Hospital Services)</i>	Not Covered	Not Covered
PHYSICIAN SERVICES		
Telemedicine for Virtual Urgent Care	\$0 Copay <i>(Unlimited)</i>	\$0 Copay <i>(Unlimited)</i>
Primary Care Office Visit	Not Covered	Not Covered
Primary Care Office Visit <i>(Mental & Behavioral Health)</i>	Not Covered	Not Covered
Specialist Office Visit	Not Covered	Not Covered
Allergy Services	Not Covered	IUA then 50% <i>(Immunotherapy for Inhalant Allergies only)</i>
Other Services Performed in Physician Office	Not Covered	IUA
Urgent Care	Not Covered	Not Covered
DIAGNOSTIC TESTING		
Radiology <i>(Non-Hospital Services)</i>	Not Covered	IUA
Advanced Imaging <i>(Non-Hospital Services)</i>	Not Covered	IUA
Laboratory <i>(Non-Hospital Services)</i>	Not Covered	IUA
Laboratory, Radiology, & Advanced Imaging <i>(Hospital Services)</i>	Not Covered	IUA

PLAN	MEC 1	MEC 1 with HealthShare
HOSPITAL, EMERGENCY, & FACILITY SERVICES		
Ambulance	Not Covered	IUA
Emergency	Not Covered	IUA
Hospital Services	Not Covered	IUA
Ambulatory Surgical or OP Surgical Facility	Not Covered	IUA
Second Surgical Opinion	Not Covered	IUA
OTHER SERVICES		
Maternity	Not Covered	2 x IUA (Max \$5,000) (Expected Delivery date 9 months after Plan Effective Date, normal delivery and Emergency Cesarean)
Mental or Nervous Disorders or Substance Abuse	Not Covered	IUA (OutPatient - Max of \$750 / InPatient - Max of \$7,000 - Cognitive Injuries Only)
Chiropractic Care	Not Covered	IUA (18+ years old, Max of \$3,000 for Injury or Illness, Maintenance not Covered)
Speech Therapy	Not Covered	IUA Out/Inpatient up to \$3,000 (Illness/Injury/Accident Only)
Physical Therapy	Not Covered	IUA Out/Inpatient up to \$3,000 (Illness/Injury/Accident Only)
Occupational Therapy	Not Covered	IUA Out/Inpatient up to \$3,000 (Illness/Injury/Accident Only)
Home Health Care	Not Covered	IUA (Max of \$200 per day and 90 days)
Hospice Care	Not Covered	IUA (Max of \$200 per day and 90 days)
Skilled Nursing Facility	Not Covered	IUA (Earliest of \$25,000 or 60 days)
Durable Medical Equipment (DME)	Not Covered	IUA then 75% Max of \$25,000 (Sleep Apnea Max \$2,500 - New Diagnosis Only)
Medical Supplies - Prosthetics, Orthotics, Supplies, & Surgical Dressings	Not Covered	IUA (Up to 120 days of treatment)
Dialysis	Not Covered	IUA
Transplant	Not Covered	IUA (Medication limited to 12 months)

PLAN	MEC 1	MEC 1 with HealthShare
PHARMACY BENEFITS RETAIL OPTION – 30 Day or 90 Day (when qualified) Supply		
95 ACA Prescriptions	\$0 Copay/drug	\$0 Copay
Generic, Preferred Brand, Non-Preferred Brand	Not Covered	IUA (Limited to 120 days of Medication after new diagnosis, cancer treatment excluded from limitation)
Specialty Drugs	Not Covered	IUA (Limited to 120 days of Medication after new diagnosis, cancer treatment excluded from limitation)

MEC 1 RATES (Non-HealthShare)

Employee Only (EE): **\$144.00**

Employee Spouses (ES): **\$212.50**

Employee Child (EC): **\$188.00**

Family: **\$259.51**

COMBINED HEALTH RATES (Final Rates) Tobacco adds \$75

IUA \$500			IUA \$1,000		
Tier	18-29	30-65	Tier	18-29	30-65
Employee Only (EE)	\$375.05	\$467.93	Employee Only (EE)	\$330.33	\$373.33
Employee Spouse (ES)	\$752.29	\$906.23	Employee Spouse (ES)	\$636.19	\$690.37
Employee Child (EC)	\$658.13	\$814.65	Employee Child (EC)	\$560.09	\$623.73
Family	\$1,044.40	\$1,249.94	Family	\$874.12	\$943.78

IUA \$1,500			IUA \$2,500			IUA \$5,000		
Tier	18-29	30-65	Tier	18-29	30-65	Tier	18-29	30-65
Employee Only (EE)	\$310.05	\$347.53	Employee Only (EE)	\$294.21	\$330.33	Employee Only (EE)	\$283.03	\$317.43
Employee Spouse (ES)	\$607.17	\$652.75	Employee Spouse (ES)	\$542.45	\$594.05	Employee Spouse (ES)	\$512.35	\$565.67
Employee Child (EC)	\$518.81	\$574.71	Employee Child (EC)	\$481.83	\$538.59	Employee Child (EC)	\$456.89	\$503.65
Family	\$805.32	\$862.94	Family	\$738.24	\$807.62	Family	\$694.38	\$766.62