



2021

BENEFIT ENROLLMENT GUIDE

2021

ENROLL

Our 2021 health insurance offering aims at providing multiple benefit options for you and your family to choose from. Each plan has different levels of benefits designed to give you different coverage options corresponding to the respective premium. Please pay attention to each benefit, what it offers and its limitations.

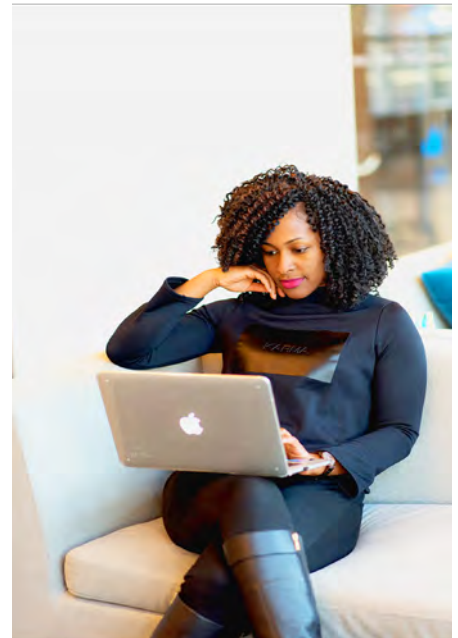


WHEN TO ENROLL

You can enroll during your employer's open enrollment period, during your new hire window or during a qualifying event.

If you are a new hire **YOU MUST** complete the enrollment process within 30 days from your hire date.

You can only make changes to your enrollment if you experience a qualifying event. A qualifying event is defined as a change in your status due to one of the following: marriage, divorce, birth or adoption, termination, loss of dependent and loss of prior coverage.





MEDICAL BENEFITS

Understanding Your 2021 benefits.

To remain compliant under the Healthcare Reform Employer Mandate we offer 3 versions of a Minimum Essential Coverage Plan and a Limited Day Medical Plan.

Our Limited Day Medical Plan is designed to give you the best possible benefits for the premium. Additionally, a high dollar deductible Minimum Value Plan is being offered to further comply with the Affordable Care Act.

Please refer to the schedule of benefits in the following pages to better understand each benefit.



COVID -19 And Your 2021 Benefits.

The COVID-19 pandemic has created a unique set of challenges in many aspects of life. As a result of the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security Act (CARES Act), when enrolled in one of our health plans you and your covered dependents can be tested for COVID-19 free of charge by an attending health care provider as long as it is deemed medically necessary. Medically necessary is defined A) The individual has signs or symptoms -or- B) The individual has had known or suspected recent exposure to the virus. Your health care provider should ask you why you are getting tested. An example of a situation that is not medically necessary is getting tested before a vacation because the destination requires a test. In addition to COVID-19 testing, you and your covered dependents can receive a vaccination free of charge when one becomes available.

Telemedicine

Telemedicine has been growing in popularity the past decade. With the recent COVID-19 pandemic it is now more valuable than ever. All plans except the MEC Basic come with Telemedicine through Ally Health - <https://www.allyhealth.net/>

You have 24/7 direct access to family doctors and Pediatricians for consults, treatment and prescriptions for a wide range of common health conditions.

HEALTH INSURANCE OPTION

MEC Basic	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$15.75	\$63.00
Employee + Spouse	\$26.25	\$105.00
Employee + Child(ren)	\$26.75	\$107.00
Employee + Family	\$45.75	\$183.00

MEC Plus	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$24.75	\$99.00
Employee + Spouse	\$40.75	\$163.00
Employee + Child(ren)	\$36.00	\$144.00
Employee + Family	\$52.25	\$209.00

MEC Enhanced	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$54.75	\$219.00
Employee + Spouse	\$109.00	\$436.00
Employee + Child(ren)	\$102.25	\$409.00
Employee + Family	\$149.75	\$599.00

Limited Day Medical	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$74.50	\$298.00
Employee + Spouse	\$164.00	\$656.00
Employee + Child(ren)	\$134.25	\$537.00
Employee + Family	\$223.75	\$895.00

**** This grid is designed to give you a high level side by side comparison of your 4 core health plans. ALL SERVICES BELOW ARE SHOWN AS IN-NETWORK BENEFITS. For a detailed listing of each plan please refer to The Schedule of Benefits in this enrollment guide.**

Covered Services	MEC Basic	MEC Plus	MEC Enhanced	Limited Day Medical
Network	Multiplan PHCS	Multiplan PHCS	Multiplan PHCS	Multiplan PHCS
ACA Mandated Preventive and Wellness	Covered at 100% https://www.healthcare.gov/coverage/preventive-care-benefits/	Covered at 100%	Covered at 100%	Covered at 100%
Annual Deductible	None	None	None	None
Annual Co-pay / Co-insurance and Out of Pocket Maximums	None	Individual: \$4,000 Family: \$7,500	Individual: \$4,000 Family: \$7,500	Individual: \$5,000 Family: \$10,000
Office Visits and Urgent Care				
Office Visits - Primary Care	No Benefit	\$25 Co-Pay, Limited to 3 Visits Annually	\$20 Co-Pay, No Limit	\$15 Co-Pay, Limited to 10 Visits Annually
Office Visits - Specialist (Exam or Consultation)	No Benefit	\$50 Co-Pay, Limited to 2 Visits Annually	\$40 Co-Pay, No Limit	\$25 Co-pay, Limited to 10 Visits Annually
Urgent Care	No Benefit	\$50 Co-Pay, Limited to 1 Visit Annually	\$50 Co-Pay, No Limit	\$35 Co-pay Limited to 3 Visits Annually
Diagnostic Services				
Diagnostic Services Basic - Labs and x-rays	No Benefit	\$50 Co-Pay, Limited to 1 Visit Annually	\$50 Co-Pay	\$50 Co-Pay - Limited to 3 Visits Annually
Diagnostic Services Major - MRI, CT, PET	No Benefit	Value Point Network Discount	\$400 Co-Pay	See below under "Outpatient Services"
Inpatient Services				\$350 Co-Pay Per Day Per Inpatient Stay for all Covered Services
Daily In-Hospital	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 7 Days Annually
Inpatient Physician Visits	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 7 Days Annually
Inpatient Surgery	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 3 Days Annually
Anesthesia	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 3 Days Annually
Inpatient Diagnostic Testing - All	No Benefit	No Benefit	No Benefit	Included as Inpatient Hospital Stay
Inpatient Mental Health / Substance Abuse / Chemical Dependency	No Benefit	No Benefit	No Benefit	\$100 Co-Pay - Limited to 7 Days Annually
Maternity	No Benefit	No Benefit	No Benefit	Included as Inpatient Hospital Stay - Limited to 7 days Annually
Outpatient Services				\$350 Co-Pay Per Day Per Outpatient Stay for all Covered Services
Outpatient Hospital Services	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 2 Visits Annually
Outpatient Surgery	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 2 Visits Annually
Outpatient Anesthesia	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 2 Visits Annually
Outpatient Diagnostic Services Major - MRI, CT, PET	No Benefit	No Benefit	See above under "Diagnostic Services"	Subject to Co-Pay - Limited to 2 Visits Annually
Outpatient Mental Health / Substance Abuse / Chemical Dependency	No Benefit	No Benefit	No Benefit	\$25 Co-pay - Limited to 10 Visits Annually
Emergency Room / Services				
Emergency Room	No Benefit	Value Point Network Discount	\$400 Co-Pay, Limited to 2 Visits Annually	\$350 Co-Pay, Limited to 1 Visit Annually
Other Services				
Allergy Services	No Benefit	No Benefit	No Benefit	\$25 Co-Pay, Included in Specialist Office Visit
Home Health Care	No Benefit	No Benefit	No Benefit	\$25 Co-Pay, Limited to 30 Visits Annually
Ambulance	No Benefit	No Benefit	No Benefit	\$250 Co-Pay, Limited to 1 Visit Annually. Ground Only
Telemedicine (www.AllyHealth.com)	No Benefit	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
RX Coverage Through Optum www.OptumRX.com	ACA Mandated Drugs Only	Generic Only	Generic Only	Expanded RX Benefit



FURTHER UNDERSTANDING YOUR BENEFITS

WE MAKE EVERY EFFORT TO EDUCATE YOU ON YOUR HEALTH PLAN OPTIONS SO YOU CAN
MAKE AN INFORMED DECISION.

MEC, MEC PLUS, AND MEC ENHANCED

Minimum Essential Coverage (MEC) is the basic level of care required to be offered under the Employer Mandate clause of the Affordable Care Act. The basic MEC covers preventative services only and meets the requirement for The Individual Mandate should you live in a state that enforces this law. The MEC Plus and MEC Enhanced cover the same services as the Basic MEC - however further benefits have been added to these two plans to provide more value. Some of these services include doctor visits, urgent care, imaging / labs, and a pharmacy program designed to cover generics and maintenance medication.

Please look at the schedule of benefits to understand each respective benefit. Please note, none of the MEC plans cover any type of hospital benefit.

LIMITED DAY MEDICAL PLAN

This plan is unique in the way the benefits are structured and provide great value for your money. This is the third year this benefit is being offered and we continue to receive positive feedback.

This plan has a look and feel of a major medical policy; however the day limits are capped. You will notice in the schedule of benefits each respective line item has a cap (Example: Primary Care Visits, In Patient Hospital, Out Patient Hospital etc).

As long as it is a covered service and you are within the day limits then you are covered. As an example, you have 7 days of In Patient Hospital benefits a year - every covered service within those 7 days are covered. Anything on the 8th day and beyond is not covered. Another great benefit is you have no upfront deductible to meet. You experience first dollar coverage after your copay.



FURTHER UNDERSTANDING YOUR BENEFITS

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MEC, MEC PLUS, AND MEC ENHANCED

All three of these plans come with a list of preventative services mandated under the Affordable Care Act. The preventative services are screenings and check-ups at no cost to you.

If you are seeing your provider for an approved preventative care visit please mention this to the provider's office. For all other services, this plan uses the PHCS network.

PHCS is a national PPO network. Please ensure your provider is listed in the PHCS network. If you have any questions centered around insurance acceptance, please directly ask your medical provider if they accept the PHCS Network. You can also search for a provider on the PHCS website or call Alternative Risk Management for help.

LIMITED DAY MEDICAL PLAN

Truly understanding the value of this plan will ensure you can make an informed decision as to whether or not it fits your needs. One major unique aspect is this plan has first dollar coverage. Most group health plans have a deductible that must be met before you realize any benefits. The LDM has no deductible and benefits start paying immediately – after your co-pay. Due to the enhanced benefit levels and first dollar coverage there are day limits that apply. Please be aware of the day limits before enrolling. Another unique function in this plan is the utilization of the Provider and Hospital networks. For your day to day services – Primary Care, Specialist and Diagnostic Services – the plan uses the PHCS network.

For hospital or facility benefits there is no network. The plan utilizes a method known as Reference Based Pricing –or- Value Based Pricing to reimburse the hospital. This is important to you as you do not need to find an “in-network” hospital.



PROVIDER NETWORKS & CONTACT INFORMATION

Understanding Your Provider Networks and Who to Contact

Medical Network - <https://www.multiplan.com/webcenter/portal/ProviderSearch>

All our medical plans use the PHCS Network through Multiplan. This is considered your in-network benefit for physician and facility (I.E. Doctors and Hospitals). The link above will help you find an in-network provider.

** The MEC Plus comes with the Value Point Program. This is designed to give you discounts on certain services that do not have an insurance benefit.

Pharmacy – RX Coverage - www.OptumRx.com

Optum RX manages the Pharmacy Benefit Management (PBM) component of your health plan. Please refer to the Optum handouts in this guide for more information. The MEC Plus, MEC Enhanced and Limited Day Medical drug formulary is designed to cover all generics at a low cost to you. Please note - these plans do not cover specialty medications.

Alternative Risk Management - <http://www.altrisk.com/>

ARM provides the function of day to day support. ARM can help with missing ID cards, change of address and other customer service functions.

847.394.1700



MINIMUM VALUE PLAN (MVP)

Understand the Value

The Minimum Value Plan (MVP) is a high deductible plan offering limited coverage. The MVP plan covers the following services after your \$7,150 (individual) deductible is met; Emergency Room Services, Inpatient Hospital Services, Primary Care and Specialist visits, Imaging, Laboratory Services, X-rays and Diagnostic Imaging, and certain Generic and Preferred Brand drugs. Please pay close attention to the list of excluded benefit categories

* Please note: If you elect the MVP a Personal Health Questionnaire is required.

** As per the Affordable Care Act Guidelines we use the W2 safe harbor calculation as outlined in IRS regulations to calculate the Employee Only Rate for the MVP Plan.

<https://www.irs.gov/affordable-care-act/employers/minimum-value-and-affordability>

24/7/365 Virtual Care.
Anytime. Anywhere.

www.AllyHealth.net

(888) 565-3303



ALLYHEALTH

TELEMEDICINE MODULE (24/7/365 Access to Doctors)



AllyHealth is different from other telemedicine services because we provide proactive support to our clients every step of the way. Our proprietary, technology-enabled, high-tech and high-touch engagement system allows us to guarantee utilization levels that you won't find anywhere else.

HOW IT WORKS

Talk directly with a doctor or pediatrician within minutes by phone, video, or mobile app - 24/7/365. From home, the office, or on the go. On your schedule. Anytime. Anywhere.

FEATURES AND BENEFITS

- ✓ 24/7/365 access to our experienced, board certified doctors
- ✓ Unlimited use, with no per-call fees or co-pays
- ✓ Prescriptions called in to your local pharmacy
- ✓ AllyHealth's proprietary, comprehensive, technology-driven, multi-channel engagement system
- ✓ Transparent reporting, and Guaranteed Results!
- ✓ Reduce costs, redirect claims, and increase productivity
- ✓ Improve employee recruitment and retention

COMMON CONDITIONS WE TREAT

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Gout
- Headache
- Infections
- Insect Bites
- Joint Aches & Pains
- Rashes
- Sinus Infection
- Skin Inflammations
- Sore Throat
- Sports Injuries
- Sunburn
- Urinary Tract Infection
- And more...

WHEN TO USE ALLYHEALTH

- ✓ Instead of going to the ER or urgent care center for a non-emergency medical issue
- ✓ During or after normal business hours, nights, weekends, and even holidays
- ✓ If your primary care doctor or pediatrician is not available
- ✓ To request prescriptions or refills (when appropriate)
- ✓ If traveling and in need of medical care



AMERICAN MEDICAL PLAN

MEC BASIC

Effective January 1, 2021

	PHCS Specific Services Network - In Network	Out of Network
Deductible		
Individual	None	None
Family	None	None
Annual Out-of-Pocket Maximum		
Individual	None	None
Family	None	None

Covered Medical Benefits		
<p>Preventive Care – This Plan intends to comply with the Affordable Care Act’s (ACA) requirement to offer In-Network coverage for certain preventive services without cost sharing. The covered preventive services can be found at www.healthcare.gov/coverage/preventive-care-benefits. A list of the preventive care benefits at the time of publication of this Summary Plan Description are listed below.</p>		
Preventive Care Services for Adults – Office Visit Exam & Includes Services for:	PHCS Specific Services Network - In Network	Out of Network
Abdominal Aortic Aneurysm Screening – For Men ages 65 to 75 who have ever smoked	Plan pays 100%	No Benefit
Alcohol Misuse Screening and Counseling	Plan pays 100%	No Benefit
Aspirin use for Adults ages 50 to 59	Plan pays 100%	No Benefit
Blood Pressure Screening	Plan pays 100%	No Benefit
Cholesterol Screening - For Adults of certain ages or at higher risk	Plan pays 100%	No Benefit
Colorectal Cancer Screening – for Adults ages 50 to 75	Plan pays 100%	No Benefit
Depression Screening	Plan pays 100%	No Benefit



Type 2 Diabetes Screen – for Adults ages 40 to 70 who are overweight or obese	Plan pays 100%	No Benefit
Diet Counseling – for Adults at high risk of chronic disease	Plan pays 100%	No Benefit
Falls Prevent – for Adults ages 65 years and over, living in a community setting	Plan pays 100%	No Benefit
Hepatitis B Screening – for Adults at high risk	Plan pays 100%	No Benefit
Hepatitis C Screening – For adults a risk, and one time for adults born between 1945-1965	Plan pays 100%	No Benefit
HIV Screening – for Adults ages 15 to 65	Plan pays 100%	No Benefit
Immunizations *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot) *Measles *Meningococcal *Mumps *Pneumococcal *Rubella *Tetanus, Diphtheria, Pertusis *Varicella	Plan pays 100%	No Benefit
Lung Cancer Screening – Adults 55-80 who are heavy smokers or have quit in the past 15 years	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit
Statin Preventive Medication – for Adults ages 40 to 75 at high risk	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Tobacco Use Screening	Plan pays 100%	No Benefit
Tuberculosis Screening	Plan pays 100%	No Benefit



Covered Preventive Services for Pregnant Women or Women who may become pregnant	PHCS Specific Services Network In Network	Out of Network
Anemia Screening	Plan pays 100%	No Benefit
Breastfeeding Comprehensive Support and Counseling	Plan pays 100%	No Benefit
Contraception	Plan pays 100%	No Benefit
Folic Acid Supplements	Plan pays 100%	No Benefit
Gestational Diabetes Screening – for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes	Plan pays 100%	No Benefit
Gonorrhea Screening	Plan pays 100%	No Benefit
Hepatitis B Screening – for pregnant women at their first prenatal visit	Plan pays 100%	No Benefit
Preeclampsia Prevention and Screening – for pregnant women with high blood pressure	Plan pays 100%	No Benefit
RH Incompatibility Screening	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Expanded Tobacco Intervention and Counseling – for pregnant tobacco users	Plan pays 100%	No Benefit
Urinary Tract or Other Infection Screening	Plan pays 100%	No Benefit
Covered Preventive Services for Women	PHCS Specific Services Network In Network	Out of Network
Breast Cancer Genetic Test Counseling (BRCA) – for women at higher risk	Plan pays 100%	No Benefit
Breast Cancer Mammography Screening – every 1 to 2 years for women over 40 years old	Plan pays 100%	No Benefit
Breast Cancer Chemoprevention Counseling – for women at high risk	Plan pays 100%	No Benefit
Cervical Cancer Screening Women 21 to 65 – every 3 years for Pap test Women 30 to 65 – every 5 years if Pap and HPV combined test	Plan pays 100%	No Benefit

Chlamydia Infection Screening	Plan pays 100%	No Benefit
Diabetes Screening	Plan pays 100%	No Benefit
Domestic and Interpersonal Violence Screening	Plan pays 100%	No Benefit
Gonorrhea Screening	Plan pays 100%	No Benefit
HIV Screening and Counseling – for sexually active women	Plan pays 100%	No Benefit
Osteoporosis Screening – women over 60 depending on Risk Factors	Plan pays 100%	No Benefit
RH Incompatibility Screening – follow up testing for women at higher risk	Plan pays 100%	No Benefit
Sexually Transmitted Infection Counseling – for sexually active women	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Tobacco Use Screening and Interventions	Plan pays 100%	No Benefit
Urinary Incontinence Screening – for women yearly	Plan pays 100%	No Benefit
Well-Woman Visits	Plan pays 100%	No Benefit
Covered Preventive Service for Children	PHCS Specific Services Network In Network	Out of Network
Alcohol, Tobacco and Drug Use Assessment	Plan pays 100%	No Benefit
Autism Screening – for children ages 18 to 24 months	Plan pays 100%	No Benefit
Behavioral Assessments – to age 17	Plan pays 100%	No Benefit
Bilirubin Concentration Screening – for newborns	Plan pays 100%	No Benefit
Blood Pressure Screening – to age 17	Plan pays 100%	No Benefit
Blood Screening – for newborns	Plan pays 100%	No Benefit
Cervical Dysplasia Screening	Plan pays 100%	No Benefit
Depression Screening – beginning at age 12	Plan pays 100%	No Benefit
Developmental Screening – under age 3	Plan pays 100%	No Benefit
Dyslipidemia Screening – for children at risk of lipid disorders	Plan pays 100%	No Benefit

Fluoride Chemoprevention Supplements – for children without fluoride in their water sources	Plan pays 100%	No Benefit
Fluoride Varnish – for all infants and children as soon as teeth are present	Plan pays 100%	No Benefit
Gonorrhea Preventive Medication - for the Eyes of all Newborns	Plan pays 100%	No Benefit
Hearing Screenings – for all newborns and children periodically	Plan pays 100%	No Benefit
Height, Weight, and Body Mass Index Measurements – until age 17	Plan pays 100%	No Benefit
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit
Hemoglobinopathies of Sickle Cell Screening – for newborns	Plan pays 100%	No Benefit
Hepatitis B Screening - for adolescents at high risk	Plan pays 100%	No Benefit
HIV Screening – for adolescents at higher risk	Plan pays 100%	No Benefit
Hypothyroidism Screening - for Newborns	Plan pays 100%	No Benefit
Immunizations - until age 18 * Tetanus, Diphtheria, Pertusis *Haemophilus Influenza Type B *Hepatitis A *Hepatitis B *Human Papillomavirus (HPV) *Inactivated Poliovirus *Influenza (Flu Shot) *Measles *Meningococcal *Pneumococcal *Rotavirus *Varicella	Plan pays 100%	No Benefit
Iron Supplements – ages 6 to 12 months at risk of anemia	Plan pays 100%	No Benefit
Lead Screening – for children at risk of exposure	Plan pays 100%	No Benefit
Maternal Depression Screening – for mothers of infants	Plan pays 100%	No Benefit



Medical History – throughout development	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Oral Health Risk Assessment – for children ages newborn to 10	Plan pays 100%	No Benefit
Phenylketonuria (PKU) Screening – for newborns	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) screening and Counseling	Plan pays 100%	No Benefit
Tuberculin Testing – for children at higher risk of tuberculosis to age 17	Plan pays 100%	No Benefit
Vision Screening	Plan pays 100%	No Benefit

Pharmacy	
PPACA mandated preventative drugs	\$0 Copay and Discount Card

- All benefits and accumulations are per person on a Coverage Period basis.
- Dependents covered to age 26 regardless of student or marital status.
- Pre-existing conditions are not applicable for any member of the Plan.
- Timely Filing: Claims must be filed within 6 months from the date the service incurred.
- Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid in network.
- Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
- **We believe this Plan is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA).**
- **All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**



AMERICAN MEDICAL PLAN

MEC PLUS

Effective January 1, 2021

	PHCS Specific Services Network - In Network	Out of Network
Deductible		
Individual	None	None
Family	None	None
Annual Out-of-Pocket Maximum		
Individual	\$4,000	None
Family	\$7,500	None

Covered Medical Benefits	PHCS Specific Services Network - In Network	Out of Network
Physician Office Services		
Primary Care Office Visit	\$25 Copay, Plan pays 100% Limited to 3 visits	No Benefit
Specialist Care Office Visit	\$50 Copay, Plan pays 100% Limited to 2 visits	No Benefit
Diagnostic Services		
Basic Labs/X-rays	\$50 Copay, Plan pays 100% Limited to 1 visit	No Benefit
Minor Diagnostic Services Ultrasounds, bone density, echography, etc.	Network Discount Card Applies	No Benefit
Major Diagnostic Services MRI, CT, PET, Nuclear Medicine	Network Discount Card Applies	No Benefit
Hospital Services		
Facility and In Patient Services	No Benefit	No Benefit
Outpatient	No Benefit	No Benefit
Emergency Services		
Emergency Room	Network Discount Card Applies	No Benefit
Ambulance	No Benefit	No Benefit
Urgent Care	\$50 Copay, Plan pays 100% Limited to 1 visit	No Benefit



Telemedicine		
AllyHealth	Plan pays 100%	
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HIV Screening – for Adults ages 15 to 65	Plan pays 100%	No Benefit
Immunizations *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot)	Plan pays 100%	No Benefit

*Measles *Meningococcal *Mumps *Pneumococcal *Rubella *Tetanus, Diphtheria, Pertusis *Varicella	Plan pays 100%	
Lung Cancer Screening – Adults 55-80 who are heavy smokers or have quit in the past 15 years	Plan pays 100%	No Benefit
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Osteoporosis Screening – women over 60 depending on Risk Factors	Plan pays 100%	No Benefit
RH Incompatibility Screening – follow up testing for women at higher risk	Plan pays 100%	No Benefit
Sexually Transmitted Infection Counseling – for sexually active women	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Tobacco Use Screening and Interventions	Plan pays 100%	No Benefit
Urinary Incontinence Screening – for women yearly	Plan pays 100%	No Benefit



Well-Woman Visits	Plan pays 100%	No Benefit
Covered Preventive Service for Children	PHCS Specific Services Network In Network	Out of Network
Alcohol, Tobacco and Drug Use Assessment	Plan pays 100%	No Benefit
Autism Screening – for children ages 18 to 24 months	Plan pays 100%	No Benefit
Behavioral Assessments – to age 17	Plan pays 100%	No Benefit
Bilirubin Concentration Screening – for newborns	Plan pays 100%	No Benefit
Blood Pressure Screening – to age 17	Plan pays 100%	No Benefit
Blood Screening – for newborns	Plan pays 100%	No Benefit
Cervical Dysplasia Screening	Plan pays 100%	No Benefit
Depression Screening – beginning at age 12	Plan pays 100%	No Benefit
Developmental Screening – under age 3	Plan pays 100%	No Benefit
Dyslipidemia Screening – for children at risk of lipid disorders	Plan pays 100%	No Benefit
Fluoride Chemoprevention Supplements – for children without fluoride in their water sources	Plan pays 100%	No Benefit
Fluoride Varnish – for all infants and children as soon as teeth are present	Plan pays 100%	No Benefit
Gonorrhea Preventive Medication - for the Eyes of all Newborns	Plan pays 100%	No Benefit
Hearing Screenings – for all newborns and children periodically	Plan pays 100%	No Benefit
Height, Weight, and Body Mass Index Measurements – until age 17	Plan pays 100%	No Benefit
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit
Hemoglobinopathies of Sickle Cell Screening – for newborns	Plan pays 100%	No Benefit
Hepatitis B Screening - for adolescents at high risk	Plan pays 100%	No Benefit



HIV Screening – for adolescents at higher risk	Plan pays 100%	No Benefit
Hypothyroidism Screening - for Newborns	Plan pays 100%	No Benefit
Immunizations - until age 18 * Tetanus, Diphtheria, Pertusis *Haemophilus Influenza Type B *Hepatitis A *Hepatitis B *Human Papillomavirus (HPV) *Inactivated Poliovirus *Influenza (Flu Shot) *Measles *Meningococcal *Pneumococcal *Rotavirus *Varicella	Plan pays 100%	No Benefit
Iron Supplements – ages 6 to 12 months at risk of anemia	Plan pays 100%	No Benefit
Lead Screening – for children at risk of exposure	Plan pays 100%	No Benefit
Maternal Depression Screening – for mothers of infants	Plan pays 100%	No Benefit
Medical History – throughout development	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Oral Health Risk Assessment – for children ages newborn to 10	Plan pays 100%	No Benefit
Phenylketonuria (PKU) Screening – for newborns	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) screening and Counseling	Plan pays 100%	No Benefit
Tuberculin Testing – for children at higher risk of tuberculosis to age 17	Plan pays 100%	No Benefit
Vision Screening	Plan pays 100%	No Benefit

Pharmacy - Optum RX	Retail (30 Days)
Generic Drugs only	If RX is less than \$9.99, member pays 100%; more than \$9.99, 45% coinsurance. Limit of \$150 per RX. \$600 Annual Maximum



- All benefits and accumulations are per person on a Coverage Period basis.
- Dependents covered to age 26 regardless of student or marital status.
- Timely Filing: Claims must be filed within 6 months from the date the service incurred.
- Pre-existing conditions are not applicable for any member of the Plan.
- Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid in network.
- Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
- **We believe this Plan is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA).**
- **All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**



AMERICAN MEDICAL PLAN

MEC ENHANCED

Effective January 1, 2021

	PHCS Specific Services Network - In Network	Out of Network
Deductible		
Individual	None	\$500
Family	None	\$1,000
Annual Out-of-Pocket Maximum		
Individual	\$4,000	Unlimited
Family	\$7,500	Unlimited

IF THE SERVICE IS NOT LISTED ON THIS SCHEDULE OF BENEFITS, IT IS NOT COVERED		
Covered Medical Benefits	PHCS Specific Services Network - In Network	Out of Network
Physician Office Services		
Primary Care Office Visit	100% after \$20 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Special Care Office Visit	100% after \$40 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Diagnostic Services		
Basic Lab, X-Ray Related to office visit, LabCorp, etc	100% after \$50 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Minor Diagnostic Services Ultrasounds, bone density, echography, etc.	100% after \$50 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Major Services – MRI, CT, PET, Nuclear Medicine	100% after \$400 Copay/Visit – One Call Network and Pre- certification is required	\$400 Copay/Visit, then plan pays 60% of Allowed Amount. Pre certification is required.
Hospital Services		
Facility and In Patient Services	No Benefit	No Benefit
Outpatient	No Benefit	No Benefit
Maternity Services		
Pre-Natal	Covered the same as any other illness	No Benefit



Labs, X-Rays	Covered the same as any other illness	No Benefit
Facility and Inpatient	No Benefit	No Benefit
Preventive Care – This Plan intends to comply with the Affordable Care Act’s (ACA) requirement to offer In-Network coverage for certain preventive services without cost sharing. The covered preventive services can be found at www.healthcare.gov/coverage/preventive-care-benefits.		
Covered Preventive Services for Adults	100% No Charge	Deductible, Plan pays 40% of Allowed Amount
Covered Preventive Services for Women		
Covered Preventive Services for Children including Immunizations		
Emergency Services		
Emergency Room Facility Charges	100% after \$400 Copay/Visit. Limited to 2 Visits per year.	
Emergency Room All Other Covered Services	Covered at 100% after Facility Co-pay. Limited to 2 Visits per year.	
Ambulance	No Benefit	No Benefit
Urgent Care	\$50 Copay, Plan pays 100%	Deductible, Plan pays 60% of Allowed Amount
Telemedicine		
AllyHealth	Plan pays 100%	

Pharmacy – Optum RX	Retail (30 Days)
Generic Only including Insulin and Rescue Inhalers	Less than \$9.99, Member pays 100%. More than \$9.99, 45% coinsurance. \$600 benefit maximum.

- All Benefits and Accumulations are per person on a Coverage Period basis.
- Dependents covered to age 26 regardless of student or marital status.
- Timely Filing: Claims must be filed within 6 months from the date the service incurred.
- Pre-existing is not applicable for any member of the Plan.
- Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid in network. For Major Diagnostic – MRI, CT, and PET, if a One Call provider is not available within 30 miles of your residence, the PHCS network will be primary and benefits will be paid at in network levels to the PHCS provider.
- Pre Authorization is required on certain benefits. Please see the Utilization review section of the Summary Plan Description for information regarding Pre Authorization. Failure to obtain prior authorization may result in a reduction of benefits in the amount of 50% or denial of benefits.



- Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
- **We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA).**
- **All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**



AMERICAN MEDICAL PLAN

LIMITED DAY MEDICAL

Effective January 1, 2021

	PHCS Specific Services Network - In Network	Out of Network
Deductible		
Individual	None	None
Family	None	None
Annual Out-of-Pocket Maximum		
Individual	\$5,000	Unlimited
Family	\$10,000	Unlimited

Covered Medical Benefits	PHCS Specific Services Network - In Network	Out of Network
Physician Office Services		
Primary Care Office Visit	\$15 Copay per visit – Limited to 10 Visits per coverage period	No Benefit
Special Care Office Visit	\$25 Copay per visit – Limited to 10 visits per coverage period	No Benefit
Allergy Services	\$25 Copay, Included as Specialist Office Visit	No Benefit
Diagnostic Services		
Diagnostic Services Basic Labs and X-Rays	\$50 Copay – Limited to 3 visits per coverage period	No Benefit
Diagnostic Services Minor Ultrasounds, bone density, echography, etc.	\$50 Copay – Limited to 2 visits per coverage period	No Benefit
Diagnostic Services Major MRI, CT, PET	*\$350 Copay – limited to 2 visits per coverage period <i>Pre Authorization and One Call Network Required</i>	No Benefit
In patient Services	\$350 Co-Pay Per Day Per In patient Stay for all Covered Services	
Daily In-Hospital	*Subject to Inpatient Services Copay – Limited to 7 days per coverage period. <i>Pre Authorization Required</i>	
In Patient Physician Visits	*Subject to Inpatient Services Copay – Limited to 7 days per coverage period.	



In Patient Surgery	*Subject to Inpatient Services Copay – Limited to 3 days per coverage period. <i>Pre Authorization Required</i>	
Anesthesia	*Subject to Inpatient Services Copay – Limited to 3 days per coverage period.	
In patient Diagnostic Testing – All	Included as In patient Hospital Stay	
In Patient Mental Health / Substance Abuse	*\$100 Copay Per Day – Limited to 7 Days per coverage period. <i>Pre Authorization Required</i>	
Maternity	Included as In patient Hospital Stay – Limited to 7 days per coverage period.	
Outpatient Services	In Network	Out of Network
Urgent Care	\$35 Copay – Limited to 3 visits per coverage period	No Benefit
Outpatient Hospital Services	*\$350 Copay – limited to 2 visits per coverage period <i>Pre Authorization Required</i>	
Outpatient Surgery	Included with Outpatient Hospital Copay – Limited to 2 visits per coverage period. <i>Pre Authorization Required</i>	
Outpatient Anesthesia	Included with Outpatient Hospital Copay – Limited to 2 visits per coverage period.	
Out Patient Diagnostic Services Major MRI, CT, PET	See above under “Diagnostic Services”	
Mental Health or Substance Abuse	\$25 Copay per visit – Limited to 10 visits per coverage period	No Benefit
Home Health Care	*\$25 Copay – Limited to 30 visits per coverage period. <i>Pre Authorization Required</i>	
Preventive Care – This Plan intends to comply with the Affordable Care Act’s (ACA) requirement to offer In-Network coverage for certain preventive services without cost sharing. The covered preventive services can be found at www.healthcare.gov/coverage/preventive-care-benefits.		
Covered Preventive Services for Adults	Plan pays 100%	Deductible, Plan Pays 60% of Allowed Amount
Covered Preventive Services for Women	Plan pays 100%	Deductible, Plan Pays 60% of Allowed Amount
Covered Preventive Services for Children including immunizations	Plan pays 100%	Deductible, Plan Pays 60% of Allowed Amount
Emergency Services		
Emergency Room	*\$350 Copay – limited to 1 visit per coverage period	
Ambulance (Emergencies and Ground Transportation Only)	*\$250 Copay – limited to 1 visit per coverage period	
Telemedicine - Optional		
AllyHealth	Plan pays 100%	



Pharmacy - Optum RX	Retail (30 Days)
Generic Only Including Insulin and Rescue Inhalers	20% Coinsurance. Limit \$150 per RX.

*Certain Services are paid at a rate of 150% of the Medicare Rate for any provider.

All benefits and accumulations are per person on a Coverage Period basis.

Pre Certification is required on certain benefits. Please see the Utilization Review section of the SPD for information regarding pre certification. Failure to obtain prior authorization may result in a reduction of 50% or denial of benefits.

Benefits are payable as shown above. However, to the extent that a service is specifically described elsewhere in the Summary Plan Description and it is not specifically addressed above, benefits will be payable at the levels shown in the Summary Plan Description.

Dependents covered to age 26 regardless of student or marital status.

Timely Filing: Claims must be filed within 6 months from the date the service incurred.

Pre-existing conditions are not applicable for any member of the Plan.

Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid In Network. For Major Diagnostic – MRI, CT, and PET, if a One Call provider is not available within 30 miles of your residence, the PHCS network will be primary and benefits will be paid at in network levels to the PHCS provider.

Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA).

All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.



MY MEDICATION REMINDERS
MANAGE TEXT MESSAGE
REMINDERS ONLINE.1

OUR DIGITAL TOOLS



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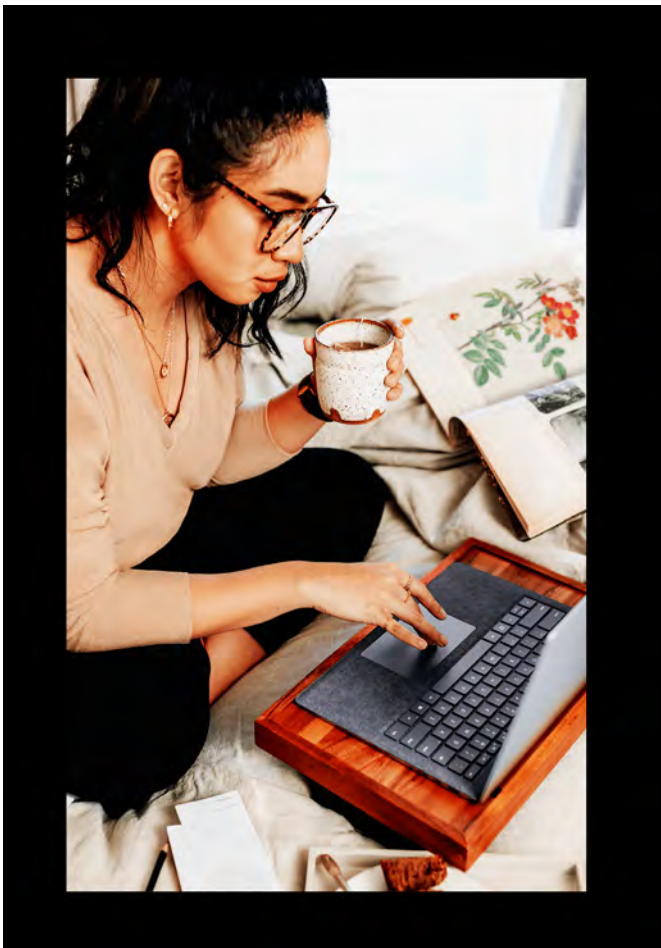
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- Save time** — Skip the pharmacy line. Order medications you take regularly online and make fewer trips to the pharmacy.



MY MEDICATION REMINDERS
MANAGE TEXT MESSAGE
REMINDERS ONLINE.1

OUR DIGITAL TOOLS



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What it Offers	Who Should Use It	How It Works
<p>Provider Choice</p> <ul style="list-style-type: none"> o 1,300 hospitals o 60,000 ancillary facilities o 450,000 practitioner locations <p>Savings</p> <ul style="list-style-type: none"> o National average savings of 39% for practitioner claims o National average savings of 28% for ancillary facilities o National average hospital savings of 22% for inpatient claims, 21% for outpatient claims 	<ul style="list-style-type: none"> • Programs like shopping clubs that may want to partially subsidize fees • Employers who want a fully or partially funded alternative to traditional plans • Employers who want to complement a limited benefit plan • Employers who want to complement a consumer-directed health plan with a fund or account like an FSA, HRA or HSA 	<ul style="list-style-type: none"> • Member chooses a provider from online or telephone directory • You confirm member eligibility with ID card, letter or phone call • Member presents his/her member ID card featuring the ValuePoint logo at appointment • If needed, provider calls the number on the ID card to obtain the contractual reimbursement amount for the service • The provider collects the discounted amount in full from the member or establishes payment schedule.

IMAGINE THE BEST OF AN INSURANCE-BASED PPO NETWORK TAILORED FOR NON-INSURANCE PROGRAMS.

Applicable Markets



GROUP HEALTH

ValuePoint by MultiPlan® Participating Providers

The table below represents the number of locations by provider type and state as of October 2016. Note that there may be

overlap in the location counts for primary care physicians (PCPs) and specialist.

State	Facilities		Practitioners	
	Hospital	Ancillary	Primary	Specialist
Alabama	44	970	2,440	6,620
Alaska	12	163	201	848
Arizona	67	2,287	1,386	4,835
Arkansas	38	576	634	2,719
California	162	5,408	8,115	27,579
Colorado	23	1,195	1,189	5,256
Connecticut	5	694	1,484	5,854
Delaware	2	187	182	864
Dist. of Columbia	2	71	270	693
Florida	34	5,032	7,314	23,203
Georgia	32	2,186	2,298	10,705
Hawaii	4	77	177	1,044
Idaho	14	230	329	1,726
Illinois	24	2,640	1,600	8,172
Indiana	34	1,427	1,458	6,933
Iowa	15	724	618	2,878
Kansas	16	722	869	3,491
Kentucky	9	891	1,255	5,646
Louisiana	46	1,399	1,902	6,684
Maine	10	188	708	1,952
Maryland	18	1,239	2,544	8,002
Massachusetts	8	1,002	1,535	10,603
Michigan	30	1,701	2,182	7,377
Minnesota	27	839	671	2,514
Mississippi	28	617	658	2,444
Missouri	26	1,581	2,138	6,778

State	Facilities		Practitioners	
	Hospital	Ancillary	Primary	Specialist
Montana	3	128	105	488
Nebraska	12	428	251	1,178
Nevada	9	758	1,324	5,183
New Hampshire	8	181	345	1,678
New Jersey	11	1,834	6,610	15,052
New Mexico	15	458	501	2,715
New York	71	3,596	13,884	49,093
North Carolina	15	1,491	1,722	12,097
North Dakota	4	77	112	399
Ohio	39	2,904	2,695	10,371
Oklahoma	31	846	756	3,249
Oregon	17	628	891	6,402
Pennsylvania	46	3,107	5,608	18,285
Rhode Island	7	188	701	1,643
South Carolina	10	870	1,929	6,673
South Dakota	10	109	265	1,183
Tennessee	31	1,827	1,745	8,856
Texas	146	6,106	8,314	29,619
Utah	15	406	2,639	9,663
Vermont	2	62	241	644
Virginia	6	1,206	2,359	6,460
Washington	26	1,048	3,581	16,944
West Virginia	10	359	807	2,406
Wisconsin	34	930	1,576	7,362
Wyoming	3	84	168	370
Unique Totals	1,311	63,677	103,286	383,433