



Minimum Essential Coverage Benefit Plans

Scheduled of Benefits Proposed January 1, 2020 – December 31, 2020



	MEC Basic	MEC Plus	MEC Premium	MEC Indemity																																								
Group Life Insurance Plans	N/A	\$10,000 / EE only	\$10,000 / EE only	\$10,000 / EE only																																								
Annual Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited																																								
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited																																								
NurseLine	On-Call 24/7 by phone	On-Call 24/7 by phone	On-Call 24/7 by phone	On-Call 24/7 by phone																																								
Telemedicine Doctor Visits	24/7 Access phone/video \$0 Copay	24/7 Access phone/video \$0 Copay	24/7 Access phone/video \$0 Copay	24/7 Access phone/video \$0 Copay																																								
Office Visit Co-Pay*	N/A	\$25/\$35	\$20/\$30	\$15/\$25																																								
Urgent Care*	N/A	\$40	\$35	\$30																																								
Hospital Stay **	N/A	N/A	N/A	Pays member \$1,000/day (3 day max)																																								
Surgical Services**	N/A	N/A	N/A	Pays member \$400/procedure (2 max)																																								
Medical Bill Saver Program	Medical bill negotiation service	Medical bill negotiation service	Medical bill negotiation service	Medical bill negotiation service																																								
Health Advocacy	One-on-One Insurance Support	One-on-One Insurance Support	One-on-One Insurance Support	One-on-One Insurance Support																																								
Counseling Services	Experienced Counselors 24/7	Experienced Counselors 24/7	Experienced Counselors 24/7	Experienced Counselors 24/7																																								
Pharmacy	10% to 85% Discount Program	10% to 85% Discount Program	10% to 85% Discount Program	10% to 85% Discount Program																																								
MRI, CT Scan, PET Scan	40% to 70% Discount Program	40% to 70% Discount Program	40% to 70% Discount Program	40% to 70% Discount Program																																								
Lab Testing	10% to 80% Discount Program	10% to 80% Discount Program	10% to 80% Discount Program	10% to 80% Discount Program																																								
AETNA Dental Network	15% to 50% Discount Program	15% to 50% Discount Program	15% to 50% Discount Program	15% to 50% Discount Program																																								
Preventative Restorative Comprehensive	N/A N/A N/A	Discount Network Discount Network Discount Network	Discount Network Discount Network Discount Network	Covered at 100% Covered at 80% Covered at 50% (\$1,000 Benefit/plan year)																																								
Vision Network																																												
Eye Exams Eye Wear	N/A N/A	Discount Network Discount Network	Discount Network Discount Network	Discount Network Discount Network																																								
Prescriptions																																												
Generic Contraceptives: Other Covered Generic Drugs	\$0 Copay \$10 Copay or 20% of Cost (whichever is greater)	\$0 Copay \$10 Copay or 20% of Cost (whichever is greater)	\$0 Copay \$10 Copay or 20% of Cost (whichever is greater)	\$0 Copay \$10 Copay or 20% of Cost (whichever is greater)																																								
Monthly Premium	<table border="1"> <thead> <tr> <th>Plan Tier</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$35</td> </tr> <tr> <td>EC</td> <td>\$65</td> </tr> <tr> <td>ES</td> <td>\$55</td> </tr> <tr> <td>EF</td> <td>\$85</td> </tr> </tbody> </table>	Plan Tier	Premium	EE	\$35	EC	\$65	ES	\$55	EF	\$85	<table border="1"> <thead> <tr> <th>Plan Tier</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$45</td> </tr> <tr> <td>EC</td> <td>\$75</td> </tr> <tr> <td>ES</td> <td>\$65</td> </tr> <tr> <td>EF</td> <td>\$95</td> </tr> </tbody> </table>	Plan Tier	Premium	EE	\$45	EC	\$75	ES	\$65	EF	\$95	<table border="1"> <thead> <tr> <th>Plan Tier</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$65</td> </tr> <tr> <td>EC</td> <td>\$95</td> </tr> <tr> <td>ES</td> <td>\$85</td> </tr> <tr> <td>EF</td> <td>\$115</td> </tr> </tbody> </table>	Plan Tier	Premium	EE	\$65	EC	\$95	ES	\$85	EF	\$115	<table border="1"> <thead> <tr> <th>Plan Tier</th> <th>Premium</th> </tr> </thead> <tbody> <tr> <td>EE</td> <td>\$95</td> </tr> <tr> <td>EC</td> <td>\$115</td> </tr> <tr> <td>ES</td> <td>\$105</td> </tr> <tr> <td>EF</td> <td>\$135</td> </tr> </tbody> </table>	Plan Tier	Premium	EE	\$95	EC	\$115	ES	\$105	EF	\$135
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Prescription Drugs subject to limitations and exclusions. Please read your summary plan description for details of the coverage provided by your plan. * All Office visits and Urgent care services are limited to a combined eight visits per plan year. **Hospital and Surgical service are reimbursements made directly to the member.