

BENEFITS PROPOSAL

.....
AFFORDABLE | USABLE | ACA COMPLIANT

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About Options Plus



WHAT IS A MEC PLAN?

Minimum Essential Coverage (MEC) is employer-sponsored health insurance coverage that limits your company's exposure to penalties under the Affordable Care Act.

BENEFITS TO THE EMPLOYER

- Limits exposure to ACA penalties
- No underwriting
- Low minimum participation
- Best net pricing in the market
- Multiple plan designs & price points
- Identical plan coverage in all states

BENEFITS TO THE EMPLOYEE

- Meets ACA individual mandate (NJ, CA, RI, DC & more states to follow)
- Easy to Use
- Full preventive care coverage
- Copay plan options with unlimited visits

PREVENTIVE CARE

- Options Plus MEC Plans cover the ACA mandated preventive care services for adults, women and children.

PLAN HIGHLIGHTS



PRIMARY CARE VISITS

All wellness and preventative treatments covered at 100%.



SPECIALIST VISITS

See a specific kind of doctor such as internal medicine, pediatrician, or a nurse practitioner, etc.



URGENT CARE

Easy access to quality healthcare for the times when your primary care physician's offices are closed



LABORATORY & X-RAYS

Labs and x-rays are also covered through our plans!



DISCOUNT CARD

Receive discounts on benefits like Dental, Vision, Durable Medical Equipment, Hearing Aids, & Fitness



VIRTUAL CARE MEMBERSHIP | \$0 COPAY !

All-access pass to your doctor through virtual office visits, phone calls, text messaging and even video calls - with a \$0 copay and no deductible!



BEHAVIORAL HEALTH/ THERAPY | \$50 COPAY

Talk to a therapist by phone whenever you need one.*
*3x per year



A SECOND OPINION FREE

Review your diagnosis with a licensed medical expert by phone and on video chat



PRESCRIPTION COVERAGE

Generic Rx, Brand Rx, and Discount Rx

UNLIMITED VISITS | LOW COPAYS | BIG NETWORK

VALUE ADDED BENEFITS

ADDITIONAL PRODUCTS:

- Hospital Indemnity Coverage
- Dental Insurance
- Vision Insurance
- Discount Plans

ADDITIONAL SERVICES & FEATURES:

- Portal Access
- Bilingual Enrollment Materials
- IRS Reporting
- **Online Enrollment Platform**
- **Single Enrollment & Single Invoice**



MEC Plan Options

ACA Compliant | Minimum Essential Coverage (MEC) Plans

PLANS	BASIC MEC	ULTRA MEC	ULTIMATE MEC
Employee Only	\$49	\$108	\$139
Employee + Spouse	\$89	\$200	\$260
Employee + Child(ren)	\$89	\$200	\$260
Family	\$119	\$295	\$375
MEDICAL BENEFITS			
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	Use Telemedicine	\$15 copay Unlimited	\$15 copay Unlimited
Specialists Visits	-	Network Discount	\$15 copay Unlimited
Urgent Care Visits	-	\$50 copay Unlimited	\$50 copay Unlimited
Laboratory Services	-	Network Discount	\$50 copay Unlimited
X-Rays	-	-	\$50 copay Unlimited
Rx BENEFITS			
Rx Discount Plan	Included	Included	-
Generic Rx	-	Tier 1: \$10 copay Tier 2: \$25 Copay	Tier 1: \$10 copay Tier 2: \$25 Copay
Brand Rx	-	-	Tier 3: \$50 copay Tier 4: \$75 Copay
VIRTUAL HEALTH BENEFITS			
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
Virtual Behavioral Health	-	\$50 Copay 3x/year	\$50 Copay 3x/year
MEC COMPANION CARD			
Dental	✓	✓	✓
Vision	✓	✓	✓
Durable Medical Equipment	✓	✓	✓
Diabetic Supplies	✓	✓	✓
Fitness	✓	✓	✓

1. Costs include Plan Document, Multiplan Network, ID cards, Enrollment Guides, Claims Adjudication, SBCs and COBRA Administration.
2. MEC preventive benefits are covered 100% for in network services.
3. Office Visits, Specialist Visits, Urgent Care, Lab and X-Rays are all member copays. Services are repriced through the Multiplan network.
4. Minimum participation of 10 lives enrolled



MEC + Hospital Indemnity

CHOOSE ONE

PLANS	ULTIMATE + NATIONAL VALUE	ULTIMATE + NATIONAL HIGH
Employee Only	\$172	\$189
Employee + Spouse	\$325	\$379
Employee + Child(ren)	\$312	\$354
Family	\$460	\$526
MEDICAL BENEFITS		
Wellness and Preventive	Covered at 100%	Covered at 100%
Primary Care Visits	\$15 copay Unlimited	\$15 copay Unlimited
Specialists Visits	\$15 copay Unlimited	\$15 copay Unlimited
Urgent Care Visits	\$50 copay Unlimited	\$50 copay Unlimited
Laboratory Services	\$50 copay Unlimited	\$50 copay Unlimited
X-Rays	\$50 copay Unlimited	\$50 copay Unlimited
Rx BENEFITS		
Generic Rx	Tier 1: \$10 copay Tier 2: \$25 Copay	Tier 1: \$10 copay Tier 2: \$25 Copay
Brand Rx	Tier 3: \$50 copay Tier 4: \$75 Copay	Tier 3: \$50 copay Tier 4: \$75 Copay
VIRTUAL HEALTH BENEFITS		
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited
Virtual Behavioral Health	\$50 Copay 3x/year	\$50 Copay 3x/year
MEC COMPANION CARD		
MEC Companion Card	Dental, Vision, Durable Medical Equipment, and Fitness	
HOSPITAL INDEMNITY		
Admission Benefit	\$2,000 1x/year	\$2,500 1x/year
Confinement Benefits	\$50 per day 30x/year	\$200 per day 30x/year
Inpatient Rehabilitation	-	\$100 per day 15x/year
Inpatient Surgery Benefit	-	\$1,000 1x/year
Outpatient Surgery Benefit	\$250/\$500 1x/year	\$750/\$1,500 1x/year
Ambulance Benefit	-	\$500 air transportation 2x/year \$200 ground transportation 2x/year
Diagnostic Procedure	\$250 1x/year	\$250 1x/year
Emergency Room	-	\$100 per day 2x/year
Health Screenings	-	\$50 1x/year

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.**

1. Costs include Plan Document, Multiplan Network, ID cards, Enrollment Guides, Claims Adjudication, SBCs and COBRA Administration.
2. MEC preventive benefits are covered 100% for in network services.
3. Office Visits, Specialist Visits, Urgent Care, Lab and X-Rays are all member copays. Services are repriced through the Multiplan network.
4. Minimum participation of 10 lives enrolled



MV Plan Options

Day limit plans

PLANS	Basic	Plus	Premium
Employee Only	\$497	\$595	\$615
Employee + Spouse	\$786	\$975	\$995
Employee + Child(ren)	\$739	\$867	\$890
Family	\$988	\$1199	\$1250
MEDICAL BENEFITS			
Deductible	\$0	\$0	\$0
Out of Pocket Maximum (Ind/Fam)	\$8,700/\$17,400	\$5,000/\$10,000	\$5,000/\$10,000
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	\$25 Copay 8 per year	\$15 Copay 10 per year	\$15 Copay 12 per year
Specialist Visits	\$50 Copay 8 per year	\$25 Copay 10 per year	\$25 Copay 12 visits per year
Urgent Care Visits	\$50 Copay 2 per year	\$35 Copay 3 per year	\$35 Copay 3 visits per year
Laboratory Services & Radiology	\$50 Copay 3 per year	\$50 Copay 3 per year	\$50 Copay 4 visits per year
CT/MRI/MRA/PET Scans	\$350 Copay 1 per year	\$350 Copay 2 per year	\$350 Copay 3 Visits per year
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
Rx BENEFITS			
Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	-	Tier 1: \$40 Copay Tier 2: \$85 Copay	Tier 1: \$40 Copay Tier 2: \$85 Copay
HOSPITAL SERVICES			
Inpatient Hospitalization & Surgery	\$350 Copay 5 days & 2 Surgeries per year	\$350 Copay 7 days & 3 Surgeries per year	\$350 Copay 10 days per year & 4 surgeries
Outpatient Hospitalization & Surgery	\$350 Copay 1 per year	\$350 Copay 2 per year	\$350 Copay 2 per year
Emergency Room Services	\$350 Copay 1 per year	\$350 Copay 1 per year	\$350 Copay 2 per year
OTHER SERVICES			
Chiropractic Services	\$50 Copay 10 per year	\$25 Copay 10 per year	\$25 Copay 10 per year
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay
Home Health Care	\$25 Copay 10 per year	\$25 Copay 15 per year	\$25 Copay 20 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay 5 days a year / \$25 Copay 8 days a year	\$250 Copay 7 days a year / \$25 Copay 10 days a year	\$250 Copay 10 days a year / \$25 Copay 12 days a year
Emergency Medical Transportation	\$250 Copay 1 per year	\$250 Copay 1 per year	\$250 Copay 2 per year
Chemotherapy/Radiation	-	-	-
Colonoscopy	-	-	-
Dialysis	-	-	-
Durable Medical Equipment	-	-	-
Hospice Care	-	-	-
Rehabilitation Services	-	-	-
Transplant Facility	-	-	-
PREGNANCY SERVICES			
Professional Services	-	\$350 Copay	\$350 Copay
Maternity/Childbirth/Delivery	-	\$350 Copay per admission	\$350 Copay per admission



MV Plan

PLANS	ULTIMATE MV
Employee Only	\$715
Employee + Spouse	\$1443
Employee + Child(ren)	\$1235
Family	\$1858
MEDICAL BENEFITS	
Deductible	\$0
Out of Pocket Maximum (Ind/Fam)	\$2,000/\$13,200
Wellness and Preventive	Covered at 100%
Primary Care Visits	\$20 Copay
Specialist Visits	\$40 Copay
Urgent Care Visits	\$50 Copay
Laboratory Services & Radiology	\$50 Copay
CT/MRI/MRA/PET Scans	\$400 Copay
Telemedicine	\$0 Copay Unlimited
Rx BENEFITS	
Generic Rx	\$0 Copay Preventive \$5 Copay Acute List \$10 Copay Other
Preferred Brand/Non-Preferred Rx	Tier 1: \$40 Copay Tier 2: \$80 Copay
HOSPITAL SERVICES	
Inpatient Hospitalization & Surgery	\$400 Copay
Outpatient Hospitalization & Surgery	\$400 Copay
Emergency Room Services	\$400 Copay
OTHER SERVICES	
Chiropractic Services	\$40 Copay 10 per year
Second Surgical Opinion	\$0 Copay
Home Health Care	\$25 Copay 20 per year
Treatment for Chemical Abuse (Inpatient/Outpatient)	\$250 Copay / \$25 Copay
Emergency Medical Transportation	\$400 Copay
Chemotherapy/Radiation	\$400 Copay
Colonoscopy	\$400 Copay
Dialysis	\$400 Copay
Durable Medical Equipment	\$400 Copay
Hospice Care	\$400 Copay
Rehabilitation Services	\$400 Copay 20 per year
Transplant Facility	\$400 Copay
PREGNANCY SERVICES	
Professional Services	\$50 Copay
Maternity/Childbirth/Delivery	\$400 Copay per admission



PREVENTIVE PLAN DELTA DENTAL PPO

MONTHLY	PREVENTIVE DENTAL	
Employee Only	\$19.80	
Employee + Spouse	\$37.53	
Employee + Child(ren)	\$35.28	
Family	\$58.86	
	In-Network	Out-of-Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	Covered at 100%	
Annual Maximum (per person)	\$1,000	
Annual Deductible		
Per Person	None	
Family Maximum	None	
Waived For	Preventive & Diagnostic	

PROVIDER LOOKUP

Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>

Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO

Search by Current Location: No, Enter Zip Code | Find Dentists



PLAN NOTES

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.



COMPREHENSIVE PLAN DELTA DENTAL PPO

MONTHLY	COMPREHENSIVE DENTAL	
Employee Only	\$44.15	
Employee + Spouse	\$88.20	
Employee + Child(ren)	\$83.47	
Family	\$134.99	
	In-Network	Out-of-Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	80%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	80%	50%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%
Annual Maximum (per person)	\$1,500	\$1,500
Annual Deductible		
Per Person	\$50	\$100
Family Maximum	\$150	\$300
Waived For	Preventive & Diagnostic	Preventive & Diagnostic

PROVIDER LOOKUP

Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>

Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO

Search by Current Location: No, Enter Zip Code | Find Dentists



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The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.



VSP by DELTA VISION

BENEFIT SUMMARY

RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$9.95	\$19.90	\$20.90	\$34.85

BENEFITS

Network/Plan	VSP Choice
Exam/lens/frame frequency (months)	12/12/24
Contacts (in lieu of glasses)	12

IN-NETWORK COVERAGE

Eye Exam Copay	\$10
Materials Copay	\$25
Frame allowance	\$130 \$70 Walmart/Sam's Club/Costco frame allowance
Elective contact lens allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/evaluation copay	\$60
Both frames and contacts in same year	No; allows contacts in lieu of frames

OUT-OF-NETWORK COVERAGE

Examination, up to:	\$45
Single vision lenses, up to:	\$30
Bifocal lenses, up to:	\$50
Trifocal lenses, up to:	\$65
Progressive lenses, up to:	\$50
Lenticular lenses, up to:	\$100
Frames, up to:	\$70
Elective contact lenses, up to:	\$105
Necessary contact lenses, up to:	\$210

LENS ENHANCEMENTS (MEMBER COST)*

Anti-glare coating	\$41 single/\$41 multifocal
Impact - resistant lenses - adult	\$31 single/\$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses	\$75 single vision/\$75 multifocal
Scratch resistant coating	\$17 single vision/\$17 multifocal

*Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network and are subject to change without notice.

VISION PROVIDER LOOKUP

Visit: <https://www.vsp.com/eye-doctor>
 Search by Location, Office Name, or Doctor Name



DeltaVision® in partnership with VSP®



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.



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