

BENEFITS PROPOSAL

.....
AFFORDABLE | USABLE | ACA COMPLIANT



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 participation requirement
- 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 preventive 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**



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 5 lives enrolled



MEC + Hospital Indemnity

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 5 lives enrolled



MVP PLANS

PLANS	BRONZE	SILVER
Employee Only	\$439.50	\$498.00
Employee + Spouse	\$786.30	\$922.25
Employee + Child(ren)	\$728.05	\$847.91
Family	\$956.32	\$1,092.01
MEDICAL BENEFITS		
Deductible	\$0	\$0
Out of Pock Maximum (Individual/Family)	\$8,150 \$16,300	\$5,000 \$10,000
Wellness and Preventative	Covered at 100%	Covered at 100%
Primary Care Visits	\$25 copay 8x/yr	\$15 copay 10x/yr
Specialist Visits	\$50 copay 8x/yr	\$25 copay 10x/yr
Urgent Care Visits	\$50 copay 2x/yr	\$35 copay 3x/yr
Laboratory Services & Radiology	\$50 copay 3x/yr	\$50 copay 3x/yr
CT/MRI/MRA/PET Scan	\$350 copay 1x/yr	\$350 copay 2x/yr
Rx BENEFITS (Subject to Formulary)		
Generic Rx	\$0 Preventive Generic Drugs Discount on Non-Preventive Drugs	\$0 Preventive Generic Drugs Discount on Non-Preventive Drugs
Brand Rx	Rx CAP & Rx BOOST (see attachment)	Rx CAP & Rx BOOST (see attachment)
VIRTUAL HEALTH BENEFITS		
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited
MEC COMPANION CARD		
MEC Companion	Dental, Vision, Durable Medical Equipment, and Fitness	
HOSPITAL & ADDITIONAL COVERAGE		
Outpatient Hospital or Free Standing Facility Services & Surgery	\$350 copay 1x/yr	\$350 copay 2x/yr
Inpatient Hospitalization & Inpatient Surgery	\$350 copay 5 Days & 2 Surgeries/yr	\$350 copay 7 Days & 3 Surgeries/yr
Emergency Room	\$350 copay 1x/yr	\$350 copay 1x/yr
Treatment for Chemical Abuse & Dependency	Outpatient: \$25 Copay per day Inpatient: \$250 Copay per day (Both limited to 5 days per plan year)	Outpatient: \$25 Copay per day Inpatient: \$250 Copay per day (Both limited to 7 days per plan year)
Home Health Care	\$25 copay 10x/yr	\$25 copay 10x/yr
Pregnancy Benefits	-	Professional Services: \$350 Copay Childbirth/Delivery: \$350 Copay/admission

- 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.



PROVIDER LOOKUP

FIND A PROVIDER FOR YOUR MEC PLAN

To locate providers participating in the PHCS and/or Multiplan networks:

Visit www.multiplan.com

Online Instructions:

Click "Find a Provider" located in the top right hand corner of the page.

Click on Select a Network.

A Pop Up appears to select Network. Select PHCS.

Select the plan type.

- Basic Plan: "Preventive Only"
- All Other Plans: "Specific Services"

Enter provider type: *i.e Primary Care, Ob-Gyn, Lab, etc.*

Enter zip code, then click on search and your directory will be provided.



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 influenza 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



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 piece of mind where ever 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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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.



GROUP APPLICATION

Employer Information

Group Name: _____ Tax ID: ____ - _____

Address: _____ City, State Zip : _____

Previous Carrier: _____ Eligible Employees: # _____ Phone #: _____

Key Contact

(To Receive Welcome Email & Submit Eligibility)

Billing Contact

(To Receive Invoices)

Name: _____

Name: _____

Email: _____

Email: _____

Plan Information

Effective Date: ____ / 01 / ____ Waiting Period: 1st of the month following ☐ 0 ☐ 30 ☐ 60 days

Payroll Cycle: ☐ W (48) ☐ W (52) ☐ BW (26) ☐ SM (24) ☐ M (12) ID Card Distribution: ☐ Employer ☐ Employee

Employer Contribution: ☐ None ☐ Set Amount \$ _____ ☐ Set Percentage _____%

Plan Options

MEC Plans

☐ BASIC ☐ ULTRA ☐ ULTIMATE

MEC+ Hospital Indemnity *(Choose Only One)*

☐ ULTIMATE + NATIONAL VALUE ☐ ULTIMATE + NATIONAL HIGH

Dental Only

☐ PREVENTIVE ☐ COMPREHENSIVE

Dental & Vision

☐ PREVENTIVE+VSP ☐ COMPREHENSIVE+VSP

IF OTHER: _____ * MEC Required to Offer Benefits

Employer Acknowledgement

Employer acknowledges the above information is accurate and will be utilized for the purpose of implementation and associated plan documentation. Policy terminations must be sent to Options Plus on company letterhead, signed by the group administrator and submitted prior to the effective date of termination.

Authorized Name: _____ Title: _____

Signature: _____ Date: _____

Group Enrollment Materials

☐ Group Application (this form) ☐ Payment Authorization Form ☐ Enrollment Census

To begin group implementation, email all enrollment materials to: updates@optionsplusplan.com

5 Life Minimum Required to Enroll

Standard turnaround time is 1-2 weeks. Please aim to submit all group set up materials by the 15th. As always, we will do our best to expedite any late submissions!

MAKING YOUR FIRST PAYMENT

SBMA requires your first payment be made electronically via Automated Clearing House (ACH). Following your initial payment, you may choose to make subsequent payments using any of the options provided on your invoice.

PAYMENT OPTIONS

You may choose to make only your first payment via ACH, or setup recurring Auto Pay and have all monthly invoices automatically paid on the 10th day of each month.

AUTO PAY PROMOTION

Groups who setup recurring Auto Pay will receive a \$100 credit on the invoice following their first automatic payment.

- ☐ One-time automatic payment for your first invoice
- ☐ Recurring monthly payments for all invoices

BANKING INFORMATION

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Grantee Name (as shown on account): _____

Your bank may require you to provide the following information: SBMA Company ID 5330903620

AUTHORIZATION

The client, by their signature below, authorizes Staff Benefits Management Inc. to automatically withdraw premium payment(s) based on the client's election above. If the recurring monthly payment option was chosen, this authorization will remain in effect until written request of termination has been provided by the client. Staff Benefits Management Inc., by its initiation of an authorized debit, hereby agrees to be bound by the National Automated Clearing House Association (NACHA) guidelines relating to Corporate Trade payment entries in the administration of these debit entries. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above-noted transaction date. In the case of the payment being rejected, I understand that SBMA may at its discretion, attempt to process the charge again within 30 days. I also agree to pay the \$100 returned transaction fee for each attempt returned. The returned payment fee is for any bank charges and/or services in connection with processing the returned payment.

Authorized Representative: _____

Title: _____

Signature: _____ Date: _____