

# Apex-MEC

Minimum Essential Coverage **MAXIMUM BENEFITS**

## Apex-MEC

Apex-MEC plans are PPACA compliant, ideal for seasonal, hourly, full-time or part-time employees nationwide.

### Apex-MEC Provides:

Physician Visits & Diagnostic Testing

Prescription Drug Benefits

24/7 Telemedicine - Multilingual

Behavioral Health - Multilingual

**4-Year Rate Cap - MEC**

Not to exceed 3% increase per year.

## **Globe Life** Group Benefits

Group Limited Indemnity (GLI) pays a fixed benefit amount for a set number of days per year.

### GLI Benefits Include:

Hospitalizations

Surgeries/Anesthesia

Emergency Room Visits

Outpatient Benefits

Group Limited Indemnity insurance pays fixed benefits when a Certificateholder receives services covered by the plan. Benefits for each covered service are paid at a specified amount per day to a maximum number of days per year. NOTE: Group Limited Indemnity is not major medical insurance.

## **THE HEALTH BENEFIT™** ALLIANCE

MVP Plans that are PPACA compliant and satisfy Penalty A and Penalty B.

### MVP Plans Cover:

Outpatient Services

Hospital Services

Physician Services

Urgent Care & ER

Pharmacy Benefits

RBP\* - All Hospital Bills - The Plan utilizes Referenced-Based Pricing (RBP) with no network restrictions. Patient liability protection from balance billing for hospital covered days/services (provided participant adheres to pre-authorization requirements and care delivery guidance).

## IRS Prioritizes PPACA Adherence: Ensure Employer Compliance

Having 50 or more full-time employees in the previous year designates a company as an Applicable Large Employer (ALE) for the current year. ALEs are obliged to comply with IRS regulations on shared responsibility and reporting, making PPACA compliance crucial to avoid penalties.

**2024 Penalty A - \$2,970**

**2024 Penalty B - \$4,460**



**All Apex-MEC plans exceed the requirements employers are required to meet under Penalty A of the PPACA:**

- All plans satisfy Penalty A (\$2,970 annually / employee)
- All plans satisfy the state individual mandates for employees living in CA, DC, NJ, RI, VT

**All Apex-MEC plans provide:**

- Preventive care visit
- Telemedicine 24/7 (multilingual)
- Behavioral health services (multilingual)
- Pharmacy benefits

**Additional information:**

- Guaranteed issue plans
- COBRA services managed by our TPAs for any EEs enrolled in a plan
- Our TPAs provide 1094-C forms to the employer prior to applicable tax deadlines
- Our TPAs provide 1095-C forms to all employees electing coverage prior to applicable tax deadlines
- ITIN and H-2A/H-2B employees qualify for benefits
- The Apex-MEC plans are level-funded



**Group Limited Indemnity insurance pays fixed benefits when a Certificateholder receives services covered by the plan. Benefits for each covered service are paid at a specified amount per day to a maximum number of days per year.**

No medical questions are required to qualify for coverage. Employees may opt for coverage for spouses and child(ren). NOTE: Group Limited Indemnity is not major medical insurance.

- Guaranteed issue
- 1-year rate guarantee
- See Globe Life proposal for product details and benefit definitions
- Alternative GLI plan designs available for groups situated in CA, CT, DC, ID, KS, ME, ND, NH, NJ, PA and UT.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and Rider forms: GBLI, GBLIC, GBLITLR, GBLIABR, GBLIADR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Benefits may vary by state. Pre-existing condition limitations may apply. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third party administrators.

# Apex-MEC Partner Network



**Nationwide PPO Networks**  
Network options  
Over 900,000 providers  
multiplan.com  
firsthealth.com



**Specialist Insurer**  
Provides Group Limited Indemnity benefits  
GlobeLifeGroupBenefits.com



**Prescription Drug Benefits**  
Call center available 24/7 - national,  
local, on-line pharmacies available  
citizensrx.com



**Third Party Administrators (TPAs)**  
Flexible Billing Options  
Weekly, monthly, skipped billing options  
claims support, 1094-C & 1095-C tax forms  
regionalcare.com  
loomisco.com



**24/7 Multilingual Telemedicine**  
Free & Unlimited for member & family  
teladoc.com



**Identity Theft Protection**  
Consumer ID Theft Program - protects  
members digital life  
northpointidtheft.com/apex



**Multilingual Behavioral Health**  
Free & Unlimited for member  
cleverhealth.ai/apex



**Healthcare Decision Assistance**  
Provides current, unbiased, and accurate  
information from medical experts  
medexpert.com



**PREVENTIVE/ WELLNESS BENEFITS\***

MEC benefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider in your plan's network. Visit [www.HealthCare.gov/center/regulations/prevention.html](http://www.HealthCare.gov/center/regulations/prevention.html) for benefits.

**Teladoc - TELEMEDICINE 24/7 (Multilingual)<sup>2</sup>**

**Clever Health - BEHAVIORAL HEALTH SERVICES (Multilingual)<sup>2</sup>**

**PHCS - PPO NETWORK SERVICES<sup>2</sup>**

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)

**Citizens Rx - PRESCRIPTION BENEFITS<sup>2</sup>**

Tier 1 - Low Cost

Tier 2 - Generics

Tier 3 - Preferred

**MEC & GLOBE LIFE GLI<sup>1</sup>**

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$0 Copay - 1 visit PPY

Network Discount

**Discount Card**  
Up to 75% Discount on FDA Approved Medications

**MEC PLUS & GLOBE LIFE GLI<sup>1</sup>**

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$20 Copay - 3 visits PPY

Network Discount

\$50 Copay - 3 visits PPY

See Globe Life GLI Benefits Below

**\$1 Copay**  
**10% Coinsurance**  
**20% Coinsurance**

**MEC PLUS ADVANTAGE & GLOBE LIFE GLI<sup>1</sup>**

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$20 Copay - 3 visits PPY

\$50 Copay - 3 visits PPY

\$50 Copay - in offices 5 services PPY

\$200 Copay - 1 CT Scan or 1 MRI PPY

**\$1 Copay**  
**10% Coinsurance**  
**20% Coinsurance**



**LIMITED INDEMNITY BENEFITS**

**Hospital Indemnity Benefits**

**Hospital Confinement**

For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)  
Note: Maternity benefit is payable as any other illness for both mother and child

**Hospital Intensive Care Unit**

For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)

**Hospital Admission**

Lump sum benefit for a hospital admission, due to sickness or injury  
Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU

**Surgery/Anesthesia Benefits**

**Inpatient Surgery**

For inpatient surgery in hospital due to sickness or injury

**Outpatient Major Surgery**

For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury

**Outpatient Minor Surgery**

For outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury

**Anesthesia**

For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)

**Emergency Room Benefits**

**Emergency Room for Sickness**

For treatment in an ER due to sickness

**Emergency Room for Injury**

For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)

**Outpatient Benefits**

**Outpatient Diagnostic Lab**

For lab test, ordered by a physician

**Outpatient Diagnostic X-ray**

For X-ray, ordered by a physician

**Outpatient Major Diagnostic Testing**

For major diagnostic testing, ordered by a physician

**GLI Underwritten by Globe Life**

\$500 per day - 10 days PPY

\$1,000 per day - 10 days PPY

\$500 per day - 1 day PPY

\$500 per day - 1 day PPY

\$300 per day - 1 day PPY

\$100 per day - 1 day PPY

\$300 per day - 1 day PPY

\$50 per day - 2 days PPY

\$200 per day - 2 days PPY

\$50 per day - 3 days PPY

\$100 per day - 1 day PPY

\$300 per day - 1 day PPY

**GLI Underwritten by Globe Life**

\$500 per day - 10 days PPY

\$1,000 per day - 10 days PPY

\$200 per day - 1 day PPY

\$500 per day - 1 day PPY

\$300 per day - 1 day PPY

\$100 per day - 1 day PPY

\$300 per day - 1 day PPY

\$50 per day - 2 days PPY

\$150 per day - 2 days PPY

\$25 per day - 3 days PPY

\$75 per day - 1 day PPY

\$250 per day - 1 day PPY

**GLI Underwritten by Globe Life**

\$1,000 per day - 30 days PPY

\$1,500 per day - 10 days PPY

\$2,500 per day - 1 day PPY

\$1,000 per day - 2 days PPY

\$750 per day - 1 day PPY

\$200 per day - 1 day PPY

\$300 per day - 1 day PPY

\$50 per day - 2 days PPY

\$300 per day - 2 days PPY

See MEC Plus Advantage Benefits Above

**COMBINED MONTHLY PREMIUMS [PAID BY EMPLOYEE]**

Employee only

Employee & Spouse only

Employee & Children only

Family

**1-YEAR RATE CAP**

\$ 60.00 + \$ 45.00 = **\$105.00**

\$115.00 + \$ 87.60 = **\$202.60**

\$115.00 + \$ 71.00 = **\$186.00**

\$175.00 + \$113.70 = **\$288.70**

**1-YEAR RATE CAP**

\$ 95.00 + \$38.00 = **\$133.00**

\$180.00 + \$74.00 = **\$254.00**

\$180.00 + \$60.00 = **\$240.00**

\$285.00 + \$96.00 = **\$381.00**

**1-YEAR RATE CAP**

\$118.75 + \$ 63.69 = **\$182.44**

\$240.00 + \$130.57 = **\$370.57**

\$240.00 + \$114.53 = **\$354.53**

\$355.00 + \$190.26 = **\$545.26**

7 EE minimum

7 EE minimum

7 EE minimum

The Apex-MEC plans are PPACA compliant; they are offered by Apex Management Group and administered by RCI or Loomis. Globe Life does not underwrite the Apex-MEC plans or the non-insurance benefits.

<sup>1</sup> GLI plans are not PPACA compliant and do not satisfy any PPACA penalties.

<sup>2</sup> Non-insurance benefits are included with Apex-MEC plans.

<sup>3</sup> Globe Life premium is illustrated in green and is offered to groups with a 1-year rate guarantee. Minimum participation requirements apply.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX

75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and Rider forms: GBLI, GBLIC, GBLITLR, GBLIABR, GBLIADR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Benefits may vary by state. Pre-existing condition limitations may apply. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third party administrators.



PPO Network Physician Visits

24/7 Telemedicine

Prescription Drug Benefits

Multilingual Behavioral Health

	MEC BASIC	MEC PLUS	MEC PLUS ADVANTAGE
<b>PREVENTIVE/WELLNESS BENEFITS*</b> MEC benefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider in your plan's network. Visit <a href="http://www.HealthCare.gov/center/regulations/prevention.html">www.HealthCare.gov/center/regulations/prevention.html</a> for benefits.	Covered at 100%	Covered at 100%	Covered at 100%
<b>Teladoc - TELEMEDICINE 24/7 (Multilingual)<sup>2</sup></b>	FREE & Unlimited	FREE & Unlimited	FREE & Unlimited
<b>Clever Health - BEHAVIORAL HEALTH SERVICES (Multilingual)<sup>2</sup></b>	FREE & Unlimited	FREE & Unlimited	FREE & Unlimited
<b>PHCS - PPO NETWORK SERVICES<sup>2</sup></b>			
Primary Care Physician Visits	Not Included	\$20 Copay - 3 visits PPY	\$20 Copay - 3 visits PPY
Specialist Office Visits		Not Included	\$50 Copay - 3 visits PPY
Urgent Care		\$50 Copay - 3 visits PPY	\$50 Copay - 3 visits PPY
Diagnostic X-ray and Lab		Not Included	\$50 Copay - in offices 5 services PPY
CT Scan/MRI (outpatient only)		Not Included	\$200 Copay - 1 CT Scan or 1 MRI PPY
<b>Citizens Rx - PRESCRIPTION BENEFITS<sup>2</sup></b>			
Tier 1 - Low Cost	Discount Card Up to 75% Discount on FDA Approved Medications	\$1 Copay	\$1 Copay
Tier 2 - Generics		10% Coinsurance	10% Coinsurance
Tier 3 - Preferred		20% Coinsurance	20% Coinsurance
<b>MONTHLY PREMIUMS [PAID BY EMPLOYEE]</b>	<b>4-YEAR RATE CAP</b>	<b>4-YEAR RATE CAP</b>	<b>4-YEAR RATE CAP</b>
Employee only	\$ 45.00	\$ 95.00	\$118.75
Employee & Spouse only	\$ 85.00	\$180.00	\$240.00
Employee & Children only	\$ 85.00	\$180.00	\$240.00
Family	\$125.00	\$285.00	\$355.00

4 EE minimum

4 EE minimum

4 EE minimum

## Additional Plan Information

- The Apex-MEC (Minimum Essential Coverage) plans include coverage for all preventive care services recommended by the U.S. Preventive Services Task Force (USPSTF) and mandated by the Patient Protection and Affordable Care Act (PPACA), including but not limited to routine physical exams, associated imaging and laboratory services (such as mammograms and PSA tests), well-child exams, and immunizations.
- Apex-MEC covers preventive services as required under the PPACA and are only covered at 100% when utilizing in-network providers.
- Teladoc® provides 24/7/365 access to a national network of U.S. board-certified doctors and pediatricians through the convenience of phone or online video consultations.
- Teladoc® is available to every enrolled employee, their spouse or domestic partner, and their children up to the age of 26.
- Clever Health is a better, more clever way to support mental wellness and is available to every enrolled employee.
- NorthPoint Data Security includes: Identity Restoration, Lost Wallet Assistance, Up to \$1MM Identity Theft Insurance, Stolen Funds (Cash Recovery) Replacement, Credit Monitoring Powered by Experian®.
- All Apex-MEC plans do not meet the Minimum Creditable Coverage (MCC) standards in Massachusetts therefore they do not satisfy the Individual Mandate.
- The Patient-Centered Outcomes Research Institute (PCORI) fees are the responsibility of the Employer.
- An Employer can choose up to 2 of the 6 plan designs per plan year.
- If a member exceeds 3 primary care, 3 specialists and/or 3 urgent care visits, the member will continue to receive the PHCS network discount.
- Apex-MEC product offerings are not Major Medical plans, they are limited benefit plans.
- Apex-MEC plans renew per plan year.
- Apex-MEC plans have EDI capabilities (25 EE minimum) with Ease, Navigator, ADP, and numerous payroll companies.



The Health Benefit Alliance's mission is to empower plan sponsors to establish their own plans, built on copays and not high deductibles, that provide access to truly affordable, fully ACA compliant health benefit designs that satisfy ACA parts A & B penalties.

**MVP Bronze Plus™, MVP Silver™, and MVP Gold™**

- A fully completed GHQ is required, completed to the best of the employer's knowledge.
- HBA's underwriting requires 25% of eligible employees to enroll.
- The HBA plans are level-funded.

**Participants can use ANY doctor and pay a copay, in and out of network.**

**Care Navigation**

- A specially trained team of Care Guides to help plan participants navigate today's complex healthcare delivery system, optimize plan benefits, and minimize out-of-pocket exposure.

# HBA Partner Network



**Nationwide PPO Networks**  
Network options, over 600,000 providers throughout all 50 states  
primehealthpon.primehealthservices.com  
firsthealth.com



**Third Party Administrators (TPAs)**  
Claims processing, preauthorization review, customer service and Care Navigation support  
aitherhealth.com  
loomisco.com



**Centralized Data Management**  
Secure plan enrollment and eligibility management, invoicing and bill collection, 1094-C & 1095-C tax forms, and COBRA reporting  
hbaadministrators.com



**Prescription Drug Benefits**  
Over 90% of the most commonly dispensed generic prescription drugs to treat acute and chronic conditions...all at no cost to plan participants  
fairosrx.com



**Reference Based Pricing**  
Facility billing support and patient advocacy



**24/7 Multilingual Telemedicine**  
Anytime access to board-certified Primary Care Physicians and licensed Mental Health Therapists...no deductibles, copays, or surprise bills. Full 24/7/365 English or Spanish service experience from app to physician



**Vision Coverage**  
Modern and convenient vision platform providing access to exclusive savings on high-quality eye care and designer eyewear



**Benefit Portal and Mobile App**  
Access, track and manage plan benefits with digital support resources



**Keystroke Encryption**  
Protecting members from keylogger breach  
endpointlock.com



# THE HEALTH BENEFIT™ ALLIANCE

## Outpatient Services

## Hospital Services

## Physician Services

## Urgent Care & ER

## Pharmacy Benefits

	<b>MVP BRONZE PLUS™ (ENHANCED)</b>	<b>MVP SILVER™ (ENHANCED)</b>	<b>MVP GOLD™ (ENHANCED)</b>
<b>PLAN OVERVIEW</b>	<b>Limited Day Medical™ Plan</b>	<b>Limited Day Medical™ Plan</b>	<b>Limited Day Medical™ Plan</b>
ACA Preventive and Wellness	Covered 100%	Covered 100%	Covered 100%
Deductibles (IND/FAM)	None	None	None
Max Out-of-Pocket (IND/FAM) (Excludes Non-Covered days/services)	\$7,350/\$14,700	\$5,000/\$10,000	\$5,000/\$10,000
<b>PHYSICIAN SERVICES</b>			
Telehealth/Teletherapy - HBAeHealth <sup>SM</sup>	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)
Primary Care Office Visits	\$25 Copay - 8 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$15 Copay - 10 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$15 Copay - 12 Visits Max/Year INN - Network Rate / OON - 85th UCR
Specialist Care Office Visits	\$50 Copay - 8 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$25 Copay - 10 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$25 Copay - 12 Visits Max/Year INN - Network Rate / OON - 85th UCR
Urgent Care	\$50 Copay - 2 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$35 Copay - 3 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$35 Copay - 3 Visits Max/Year INN - Network Rate / OON - 85th UCR
<b>OUTPATIENT SERVICES</b>			
Non-Hospital Based Lab/X-Ray Services	\$50 Copay - 3 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$50 Copay - 3 Visits Max/Year INN - Network Rate / OON - 85th UCR	\$50 Copay - 4 Visits Max/Year INN - Network Rate / OON - 85th UCR
Outpatient Surgery/Complex Imaging (RBP*)	\$350 Copay - 1/1 visit max/Year	\$350 Copay - 2/2 visit max/Year	\$350 Copay - 2/3 visit max/Year
<b>HOSPITAL SERVICES</b>			
Inpatient Hospital (RBP*) (See Hospital Extension slide for additional coverage information)	\$350 Copay Per Admission 5 Visits Max/Year (Supp HI available)	\$350 Copay Per Admission 7 Visits Max/Year (Supp HI available)	\$350 Copay Per Admission 10 Visits Max/Year (Supp HI available)
Emergency Room (RBP*)	\$350 Copay - 1 visit max/Year	\$350 Copay - 1 visit max/Year	\$350 Copay - 2 visits max/Year
Maternity	Covered	Covered	Covered
<b>PHARMACY BENEFITS</b>			
Generic Rx: HBAScripts <sup>SM</sup>	\$0 Copay	\$0 Copay	\$0 Copay
Generic Rx: Tier 1 (Prev) Tier 2 (Non-Prev)	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins
Brand Rx: Tier 3 (Preferred) Tier 4 (Non-Pref)	Tier 3 - 20% Co-ins Tier 4 - Not Covered	Tier 3 - 20% Co-ins Tier 4 - Not Covered	Tier 3 - 20% Co-ins Tier 4 - Not Covered
Specialty Rx:	Not Covered-Patient Assistance Programs may be available	Not Covered-Patient Assistance Programs may be available	Not Covered-Patient Assistance Programs may be available
<b>ADDITIONAL SERVICES</b>			
Chemotherapy & Radiation	Not Covered Supplemental Critical Illness Available	Not Covered Supplemental Critical Illness Available	Not Covered Supplemental Critical Illness Available
Kidney Dialysis	Not Covered Supplemental Critical Illness Available	Not Covered Supplemental Critical Illness Available	Not Covered Supplemental Critical Illness Available
Base Monthly Billable Rates for start dates of 3/1/24 to 7/1/24			
<b>HBA MONTHLY BILLABLE RATES</b> Total cost consists of administration costs and risk assessment fees			
Employee only	\$ 522.48	\$ 627.35	\$ 662.31
Employee & Spouse only	\$ 936.31	\$1,031.29	\$1,211.00
Employee & Children only	\$ 823.61	\$ 919.50	\$ 990.08
Family	\$1,233.19	\$1,353.16	\$1,583.50

INN: In-Network / OON: Out-of-Network

RBP\* - All Hospital Bills - The Plan utilizes Referenced-Based Pricing (RBP) with no network restrictions. Patient liability protection from balance billing for hospital covered days/services (provided participant adheres to pre-authorization requirements and care delivery guidance).

Plan designs include restrictions and limitations, including day and incidence limits. For a complete illustration, including plan exclusions, please refer to the Schedule of Benefits (SOB) document applicable to the plan. In the event of a conflict with this summary overview, the SOB and all associated plan documents shall govern.

Benefits provided through a self-insured ERISA health plan arranged by the Employer as Plan Sponsor and Administrator. Reinsurance for claims funding is directly procured by the Plan Sponsor and not transacted or facilitated by The Health Benefit Alliance. Monthly costs reflected above include projected administrative and claims funding costs. Where applicable, state procurement taxes are additive and reflected separately.