

2026 Plans



Apex-MEC plans are ACA compliant, ideal for seasonal, hourly, full-time or part-time employees nationwide. Plans can be customized with ancillary products.

Apex-MEC Provides:

Physician Visits & Diagnostic Testing

24/7 Telemedicine - Multilingual

Prescription Drug Benefits

Behavioral Health - Multilingual

4-Year Rate Cap - MEC

Not to exceed 3% increase per year.



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.



Major Medical

Nationwide, ACA compliant Minimum Value Plans.

MV Plans Cover:

Outpatient Services

Diagnostic Services

In-Patient Services

Urgent Care & ER

Pharmacy Benefits

IRS Prioritizes ACA 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 ACA compliance crucial to avoid penalties.

2026 Penalty A - \$3,340

2026 Penalty B - \$5,010



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

- All plans satisfy Penalty A (\$3,340 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 and 1095-C information, as required by the ACA
- 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, GBLIAIR, 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
anthem.com



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



24/7 Multilingual Telemedicine
Free & Unlimited for member & family
member.tres.health.com



Multilingual Behavioral Health
Free & Unlimited for member
mdlive.com/treshealth



Specialist Insurer
Provides Group Limited Indemnity benefits
GlobeLifeGroupBenefits.com



Third Party Administrator (TPA)
Flexible billing options (weekly, monthly,
skipped premiums), claims administration,
customer service and COBRA services
tres.health



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



Member Advocacy
MedWatch provides solutions that deliver
superior member advocacy while maximizing
the clinical and financial outcomes for the
plan and plan members.
urmedwatch.com

Minimum Essential Coverage (MEC)



PPO Network Physician Visits

24/7 Telemedicine

Prescription Drug Benefits

Multilingual Behavioral Health



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 for benefits.

MDLive - TELEMEDICINE 24/7 (Multilingual)²

MDLive - BEHAVIORAL HEALTH SERVICES (Multilingual)²

PHCS - PPO NETWORK SERVICES²

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)

Cigna Rx - PRESCRIPTION BENEFITS²

Generic Medications

Tier 1 Medications

MONTHLY PREMIUMS PAID BY EMPLOYEE

Employee only

Employee & Spouse only

Employee & Children only

Family

MEC BASIC

Covered at 100%

FREE & Unlimited

FREE & Unlimited

Not Included

Discount Card

Up to 75% Discount on FDA Approved Medications

4-YEAR RATE CAP

\$ 45.00

\$ 85.00

\$ 85.00

\$125.00

4 EE minimum

MEC PLUS

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$20 Copay - 3 visits PPY

Not Included

\$50 Copay - 3 visits PPY

Not Included

\$0 Copay

10% Co-Insurance

4-YEAR RATE CAP

\$ 95.00

\$180.00

\$180.00

\$285.00

4 EE minimum

MEC PLUS ADVANTAGE

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$20 Copay - 3 visits PPY

\$50 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

\$0 Copay

10% Co-Insurance

4-YEAR RATE CAP

\$118.75

\$240.00

\$240.00

\$355.00

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 (ACA), 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 ACA and are only covered at 100% when utilizing in-network providers.
- MDLive 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.
- MDLive is available to every enrolled employee, their spouse or domestic partner, and their children up to the age of 26.
- MDLive is a better 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 (100 EE minimum) with Ease, Employee Navigator, ADP, and numerous payroll companies.
- If any EE or their dependent is currently enrolled in any other health coverage (including Medicare or state-sponsored medical benefits), they are not eligible to enroll in a MEC, MVP, or PPO plan.
- All plans are level-funded and include a self-funded stop-loss agreement.

Minimum Essential Coverage (MEC) with Group Limited Indemnity (GLI)



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 for benefits.

MDLive - TELEMEDICINE 24/7 (Multilingual)²

MDLive - BEHAVIORAL HEALTH SERVICES (Multilingual)²

PHCS - PPO NETWORK SERVICES²

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)

Cigna Rx - PRESCRIPTION BENEFITS²

Generic Medications

Tier 1 Medications



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

MONTHLY PREMIUMS PAID BY EMPLOYEE

Employee only

Employee & Spouse only

Employee & Children only

Family

MEC & GLOBE LIFE GLI¹

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$0 Copay - 1 visit PPY

Network Discount

See Globe Life GLI Benefits Below

Discount Card

Up to 75% Discount on FDA Approved Medications

MEC PLUS & GLOBE LIFE GLI¹

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

\$0 Copay

10% Co-Insurance

MEC PLUS ADVANTAGE & GLOBE LIFE GLI¹

Covered at 100%

FREE & Unlimited

FREE & Unlimited

\$20 Copay - 3 visits PPY

\$50 Copay - 3 visits PPY

\$50 Copay - 5 services PPY

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

\$0 Copay

10% Co-Insurance

GLI Underwritten by Globe Life

\$600 per day - 10 days PPY

\$1,000 per day - 10 days PPY

\$1,000 per day - 1 day PPY

\$500 per day - 1 day PPY

\$500 per day - 1 day PPY

\$100 per day - 1 day PPY

\$300 per day - 1 day PPY

\$50 per day - 2 days PPY

\$250 per day - 2 days PPY

\$75 per day - 3 days PPY

\$200 per day - 1 day PPY

\$400 per day - 1 day PPY

GLI Underwritten by Globe Life

\$600 per day - 10 days PPY

\$1,000 per day - 10 days PPY

\$1,000 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

\$1,250 per day - 30 days PPY

\$1,500 per day - 10 days PPY

\$2,750 per day - 2 days PPY

\$1,000 per day - 2 days PPY

\$1,000 per day - 2 days PPY

\$300 per day - 1 day PPY

\$300 per day - 1 day PPY

\$50 per day - 2 days PPY

\$400 per day - 2 days PPY

See MEC Plus Advantage Benefits Above

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 ACA compliant; they are offered by Apex Management Group and administered by Tres Health. Globe Life does not underwrite the Apex-MEC plans or the non-insurance benefits. PPY: Per Plan Year

¹ GLI plans are not ACA compliant and do not satisfy any ACA penalties.

² Non-insurance benefits are included with Apex-MEC plans.

³ 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.

TRES

ACA Compliant: MVP plans are fully compliant with the Affordable Care Act (ACA), ensuring they meet all legal requirements for minimum essential coverage.

Penalty A & B Compliant: These plans satisfy both Employer Mandate penalties (A & B), helping employers avoid potential fines while providing essential coverage.

Low Out-of-Pocket Costs: Most MVP plans feature zero-dollar deductibles and co-pay-only structures, reducing financial barriers to care for members.

Enhanced Accessibility to Care: By removing deductibles, MVP plans encourage members to seek necessary care without the burden of upfront costs, leading to better health outcomes.

Open Network Model for Hospitals: All MVP plans operate on an open network model for hospital services, allowing members greater flexibility in choosing their providers.

Flexible Reimbursement Rates: Reimbursement for hospital services starts at 150% of Medicare rates, with the flexibility to increase up to 200%, ensuring broad access and competitive provider compensation.

Legal Support on the Back End: Comprehensive legal support is available to assist with claim negotiations, appeals, and provider disputes, offering peace of mind to both employers and employees.

Cigna Rx Formulary: MVP plans utilize the Cigna Rx formulary, offering a comprehensive selection of medications to support members' health needs.

Preventive Care: Includes a wide range of preventive services at no additional cost, supporting early detection and proactive health management.

Ideal for Employer-Sponsored Coverage: Offers a cost-effective solution for employers aiming to provide comprehensive health coverage without sacrificing benefits for employees.

Tres Partner Network



PHCS/Multiplan
HST
Network for all RBP Plans



Medmo
Imaging Center Advocacy



Cigna
Anthem
Networks for all PPO Plans



MedWatch
Concierge Service for Members



Connect DME
Medical Device Company



Cigna PBM
PBM on all Plans



TRES
Third-Party Claims Administration



MDLive
Telemedicine Service

Major Medical - Minimum Value Plan (MVP)



Outpatient Services

Diagnostic Services

In-Patient Services

Urgent Care & ER

Pharmacy Benefits

MV PLANS

PLAN OVERVIEW

Network	PHCS	PHCS	PHCS
Deductible (Individual/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Maximum Out of Pocket (Individual/Family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200

PREVENTIVE CARE

Routine Well Care (Non-Hospital Services)	No cost	No cost	No cost
-------------------------------------------	---------	---------	---------

PHYSICIAN SERVICES

Primary Care Visit (In-Person & Virtual) This is the encounter fee only.	\$25 Copay/visit (unlimited)	\$25 Copay/visit (10 per year)	\$25 Copay/visit (12 per year)
Specialist Visit (In-Person & Virtual) This is the encounter fee only.	\$50 Copay/visit (unlimited)	\$50 Copay/visit (10 per year)	\$50 Copay/visit (12 per year)
Other Services Performed in Physician Office In addition to office visit copay.	\$50 Copay/visit	\$50 Copay/visit	\$50 Copay/visit
Telemedicine Services w/ MDLive	No cost	No cost	No cost

DIAGNOSTIC SERVICES AND SUPPLIES

Diagnostic Testing (Lab & Radiology) – Non-Hospital Based	\$0**/\$50 Deductible Waived	MedMo (Radiology Only): \$0 Copay/test Outside MedMo: \$50 Copay/test (4 per year)	MedMo (Radiology Only): \$0 Copay/test Outside MedMo: \$50 Copay/test (5 per year)
Diagnostic Testing (Lab) – Hospital Based Hospital-based radiology is not covered	After Deductible, 30% Coinsurance*(2 per year)	After Deductible, 30% Coinsurance*(2 per year)	After Deductible, 30% Coinsurance*(3 per year)
Diagnostic Testing (Advanced Imaging) – Non-Hospital Based Hospital-based advanced imaging is not covered.	\$0**/\$350 Deductible Waived	MedMo: \$0 Copay/test Outside MedMo: \$350 Copay/test (2 per year)	MedMo: \$0 Copay/test Outside MedMo: \$350 Copay/test (3 per year)

EMERGENCY SERVICES

Emergency Services	\$750 Copay/visit* (1 per year)	\$750 Copay/visit (1 per year)	\$750 Copay/visit (2 per year)
Ambulance Services Ground ambulance only.	\$500 Copay/trip* (1 per year)	\$500 Copay/trip* (1 per year)	\$500 Copay/trip* (2 per year)
Urgent Care	\$75 Copay/visit (unlimited)	\$75 Copay/visit (3 per year)	\$75 Copay/visit (3 per year)

INPATIENT SERVICES

Inpatient Services	After Deductible, 30% Coinsurance* (7 days per year)	After Deductible, 30% Coinsurance* (7 days per year)	After Deductible, 30% Coinsurance* (10 days per year)
Inpatient Professional Services	After Deductible, 30% Coinsurance*	After Deductible, 30% Coinsurance*	After Deductible, 30% Coinsurance*
Inpatient Surgery Includes anesthesia when Medically Necessary.	After Deductible, 30% Coinsurance* (2 per year)	Included in the Inpatient Services benefit* (2 per year)	Included in the Inpatient Services benefit* (2 per year)

OUTPATIENT SERVICES

Outpatient Services or Surgery – Non-Hospital Based Includes anesthesia when Medically Necessary.	\$350 Copay/visit (2 per year)	\$350 Copay/visit (2 per year)	\$350 Copay/visit (2 per year)
Outpatient Services or Surgery – Hospital-Based Includes anesthesia when Medically Necessary.	After Deductible, 30% Coinsurance* (1 per year)	After Deductible, 30% Coinsurance* (1 per year)	After Deductible, 30% Coinsurance* (1 per year)

THERAPY SERVICES

Applied Behavioral Analysis	\$75 Copay/visit (10 per year)	\$75 Copay/visit (10 per year)	\$75 Copay/visit (12 per year)
Cardiac Rehabilitation	X	X	\$75 Copay/visit (12 per year)
Chiropractic Care	\$75 Copay/visit (10 per year)	\$75 Copay/visit (10 per year)	\$75 Copay/visit (12 per year)
Occupational, Physical & Speech Therapy	\$75 Copay/visit (10 combined per year)	\$75 Copay/visit (10 combined per year)	\$75 Copay/visit (12 combined per year)

OTHER MEDICAL SERVICES

Diabetic Supplies Glucose monitors must be obtained through ConnectDME.	\$35 Copay/item	\$35 Copay/item	\$35 Copay/item
Durable Medical Equipment (DME) CPAP only and must be obtained through ConnectDME.	\$400 Copay/item	\$400 Copay/item	\$400 Copay/item
Home Health Care	\$50 Copay/visit (15 per year)	\$50 Copay/visit (15 per year)	\$50 Copay/visit (20 per year)
Sleep Studies (Home)	\$300 Copay/study	\$300 Copay/study	\$300 Copay/study

Major Medical - Minimum Value Plan (MVP)



Outpatient Services

Diagnostic Services

In-Patient Services

Urgent Care & ER

Pharmacy Benefits

MV PLANS

PRESCRIPTION DRUG BENEFIT

RETAIL OPTION – 30 DAY SUPPLY

	PREMIER (\$2,500 DEDUCTIBLE)	CHOICE (\$2,500 DEDUCTIBLE)	PRIME (\$2,500 DEDUCTIBLE)
Preventive Drugs	\$0 Copay/drug	\$0 Copay/drug	\$0 Copay/drug
Tier 1 Drugs	\$10 Copay/drug	\$10 Copay/drug	\$10 Copay/drug
Tier 2 Drugs	X	\$75 Copay/drug	\$75 Copay/drug
Tier 3 Drugs	X	\$150 Copay/drug	\$150 Copay/drug

MAIL ORDER OPTION – 90 DAY SUPPLY

Tier 1 Drugs	\$30 Copay/drug	\$30 Copay/drug	\$30 Copay/drug
Tier 2 Drugs	X	\$225 Copay/drug	\$225 Copay/drug
Tier 3 Drugs	X	\$450 Copay/drug	\$450 Copay/drug

MVP RATES

Employee only	\$ 445 - \$ 472	\$ 519 - \$ 569	\$ 621 - \$ 658
Employee & Spouse only	\$ 980 - \$ 1,054	\$ 987 - \$ 1,091	\$ 1,167 - \$ 1,413
Employee & Children only	\$ 856 - \$ 920	\$ 857 - \$ 944	\$ 977 - \$ 1,201
Family	\$ 1,328 - \$ 1,432	\$ 1,305 - \$ 1,452	\$ 1,573 - \$ 1,949

10 EE minimum

10 EE minimum

10 EE minimum

PLAN EXCLUSIONS:

Chemotherapy
Radiation
Kidney Dialysis
Cardiac Rehabilitation
Tier 2 Drugs
Tier 3 Drugs
Specialty Drugs

Cardiac Rehabilitation
Chemotherapy
Radiation
Kidney Dialysis
Specialty Drugs

Chemotherapy
Radiation
Kidney Dialysis
Specialty Drugs

Rates are illustrative only, to obtain final rates we require the following items to be submitted to RFP@apex-mec.com:

- Plan effective date
- Eligible Employee Census
- Group Headquarters address
- SIC or TIN

IMPORTANT INFORMATION REGARDING REIMBURSEMENT RATES

This Plan does not use a participating provider organization (PPO) for facility services; therefore, claims for facility services, and non-network services (as indicated with an asterisk (*) in the Medical Benefits Schedule) are paid at reference-based pricing. See the definition of Reasonable and Allowed Amount in the Plan Document for additional information regarding reference-based pricing and other reimbursement methodologies.

Major Medical - Preferred Provider Organization (PPO)



Outpatient Services

Diagnostic Services

In-Patient Services

Urgent Care & ER

Pharmacy Benefits

PPO PLAN OVERVIEW

Network
 Deductible (Individual/Family)
 Maximum Out of Pocket (Individual/Family)

PREVENTIVE CARE

Routine Well Care

PHYSICIAN SERVICES

Primary Care Visit (In-Person & Virtual) This is the encounter fee only.
 Specialist Visit (In-Person & Virtual) This is the encounter fee only.
 Other Services Performed in Physician Office In addition to office visit copay.
 Telemedicine Services w/ MDLive

DIAGNOSTIC SERVICES AND SUPPLIES

Diagnostic Testing (Lab & Radiology)
 Diagnostic Testing (Advanced Imaging)

EMERGENCY SERVICES

Emergency Services
 Ambulance Services Ground ambulance only.
 Urgent Care

INPATIENT SERVICES

Inpatient Services
 Inpatient Professional Services
 Inpatient Surgery Includes anesthesia when Medically Necessary.
 Skilled Nursing Facility

OUTPATIENT SERVICES

Outpatient Services or Surgery Includes anesthesia when Medically Necessary.

THERAPY SERVICES

Applied Behavioral Analysis
 Cardiac Rehabilitation
 Infusion Therapy
 Chiropractic Care
 Occupational, Physical & Speech Therapy
 Radiation Therapy

OTHER MEDICAL SERVICES

Diabetic Supplies
 Dialysis Services
 Durable Medical Equipment (DME)
 Home Health Care
 Hospice Care
 Prosthetics, Orthotics, Supplies and Surgical Dressings
 Sleep Studies (Home)
 Transplant Services

PLATINUM \$2,500 OAP-C (\$2,500 DEDUCTIBLE)

CIGNA
 \$2,500/\$5,000
 \$9,100/\$18,200

No cost/Deductible waived

\$25 Copay/Deductible waived

\$50 Copay/Deductible waived

\$50 Copay/Deductible waived

No cost

\$50 Copay/Deductible waived

30% Coinsurance after Deductible is met

\$750 Copay/Deductible waived

\$500 Copay/Deductible waived

\$75 Copay/Deductible waived

30% Coinsurance after Deductible is met

30% Coinsurance after Deductible is met

Included in the Inpatient Services benefit

30% Coinsurance after Deductible is met (30 days)

30% Coinsurance after Deductible is met

\$75 Copay/Deductible waived (20 per year)

\$75 Copay/Deductible waived (20 per year)

30% Coinsurance after Deductible is met

\$75 Copay/Deductible waived (20 per year)

\$75 Copay/Deductible waived (20 visits combined)

30% Coinsurance after Deductible is met

\$35 Copay/Deductible waived

30% Coinsurance after Deductible is met

\$400 Copay/Deductible waived

\$50 Copay/Deductible waived (20 per year)

30% Coinsurance after Deductible is met

\$400 Copay/Deductible waived

\$300 Copay/Deductible waived

30% Coinsurance after Deductible is met

PLATINUM \$5,000 OAP-C (\$5,000 DEDUCTIBLE)

CIGNA or Anthem available
 \$5,000/\$105,000
 \$7,500/\$15,000

No cost/Deductible waived

\$25 Copay/Deductible waived

\$50 Copay/Deductible waived

\$50 Copay/Deductible waived

No cost

\$50 Copay/Deductible waived

30% Coinsurance after Deductible is met

\$750 Copay/Deductible waived

\$500 Copay/Deductible waived

\$75 Copay/Deductible waived

(1 per year)

30% Coinsurance after Deductible is met

30% Coinsurance after Deductible is met

Included in the Inpatient Services benefit

30% Coinsurance after Deductible is met (30 days)

30% Coinsurance after Deductible is met

\$75 Copay/Deductible waived (20 per year)

\$75 Copay/Deductible waived (20 per year)

30% Coinsurance after Deductible is met

\$75 Copay/Deductible waived (20 visits combined)

30% Coinsurance after Deductible is met

\$35 Copay/Deductible waived

30% Coinsurance after Deductible is met

\$400 Copay/Deductible waived

\$50 Copay/Deductible waived (20 per year)

30% Coinsurance after Deductible is met

\$400 Copay/Deductible waived

\$300 Copay/Deductible waived

30% Coinsurance after Deductible is met

Major Medical - Preferred Provider Organization (PPO)



Outpatient Services

Diagnostic Services

In-Patient Services

Urgent Care & ER

Pharmacy Benefits

PLAN OVERVIEW

PRESCRIPTION DRUG BENEFIT

RETAIL OPTION – 30 DAY SUPPLY

Preventive Drugs

Tier 1 Drugs

Tier 2 Drugs

Tier 3 Drugs

PLATINUM \$2,500 PPO-C
(\$2,500 DEDUCTIBLE)

PLATINUM \$5,000 PPO-C
(\$5,000 DEDUCTIBLE)

\$0 Copay/Deductible waived

\$0 Copay/Deductible waived

\$10 Copay/Deductible waived

\$10 Copay/Deductible waived

\$75 Copay/Deductible waived

\$75 Copay/Deductible waived

\$150 Copay/Deductible waived

\$150 Copay/Deductible waived

PLATINUM PLAN RATES

Employee only

\$ 620 - \$ 920

\$ 520 - \$ 720

Employee & Spouse only

\$ 980 - \$ 1,220

\$ 920 - \$ 1,120

Employee & Children only

\$ 900 - \$ 1,200

\$ 800 - \$ 1,100

Family

\$ 1,400 - \$ 1,900

\$ 1,200 - \$ 1,800

PLAN EXCLUSIONS:

Specialty Drugs

Specialty Drugs

Rates are illustrative only, to obtain final rates we require the following items to be submitted to RFP@apex-mec.com:

- Plan effective date
- Eligible Employee Census
- Group Headquarters address
- SIC or TIN
- Current plan renewal/claims experience (unless it is a virgin group)

*Platinum PPO-C is subject to underwriting; a range of illustrative rates can be found above and will vary on a group by group basis.

HDHP quotes are available upon request.

The benefit summaries illustrated are intended to be brief descriptions of the benefits. Full plan details will be documented in the SPD(s) and carrier or vendor specific policies ("Policies") issued to the group. In the event of conflict, between this Proposal and the SPD(s) and Policies, the SPD(s) and Policies shall supersede.