

Understanding Your Medical Options – MEC Enhanced, MVP, & VIP Classic

MEC Enhanced*

- Covers 100% of your wellness and preventive services as long as you use a provider within the Multiplan network
- Elixir prescription coverage covers 100% of ACA preventive care medications, vaccinations, and contraceptives as long as you use a participating pharmacy. These may include:
 - Fluoride and iron supplements
 - Folic acid
 - Smoking deterrents
 - HPV, Influenza, Shingles, and Pneumonia Vaccine
 - Hormonal, Barrier, and Emergency Contraceptives (IUDs)
- Virtual Urgent Care included, offering 24/7/365 access to board-certified physicians, who can diagnose many common symptoms of non-emergency conditions.
- Copays for Primary Care, Specialist, & Urgent Care visits
- \$5 copay for generic prescriptions
- Indemnity benefits included for hospitalizations, surgeries, and medical imaging
- Accident coverage included

MVP - Minimum Value Plan*

- Meets Affordable Care Act requirements
- Benefits for in or out-of-network providers; however, you'll save money by utilizing a Multiplan Network provider
- Once deductible is met, 100% coverage on covered services, such as:
 - Diagnostic testing (x-rays, blood work)
 - Medical imaging (CT/PET scans, MRI's)
 - Inpatient & Outpatient surgery
 - Emergency room and urgent care visits
 - Hospitalizations
 - Pre-natal visits, labor, and delivery
 - Organ transplants (in-network only)
 - Prescription Drugs
- \$15 co-pay for primary care visit and \$30 co-pay for specialist visits (in-network only)
- No deductible for wellness/preventive services as they are covered at 100%

VIP Classic*

- Indemnity plan with no co-pays, co-insurance, or deductibles.
- 2 coverage tiers for prescription benefits:
 - Generic prescriptions that are on the formulary are covered and you only have to pay \$10, \$20, or \$30 depending on the prescription. Brand name drugs are covered at a discounted price through PharmAvail.
 - Daily reimbursement for prescriptions through APL
- Coverage available for hospitalizations. Please refer to Enrollment Guide for dollar amount and limitations. *Benefit amounts differ depending on the plan you select.*
- Surgery is covered up to the dollar amount shown on the Enrollment Guide. *Benefit amounts differ depending on the plan you select.*
- If you need to visit the doctor's office, urgent care facility, clinic, emergency room, or therapy, the plans provide a specific dollar amount benefit that go toward the visit. *Benefit amounts differ depending on the plan you select.*
- Virtual Urgent Care included, offering 24/7/365 access to board-certified physicians, who can diagnose many common symptoms of non-emergency conditions.
- Critical Illness with Cancer Benefits is also included! In the event of a covered illness, the plan will pay a set dollar amount for specific categories. See Enrollment Guide for full details.

Need to see if your doctor is in network? Visit multiplan.com, click on Find a Provider and follow the instructions. You can also reach them at 800-457-1403.



***For list of services, exclusions, and limitations, please refer to the Enrollment Guide.**

Additional Options*

Dental

- No waiting periods to use coverage
- 100% coverage for preventive services which include but are not limited to:
 - 2 oral exams per 12-month period
 - Bitewing x-rays once per 12-month period**
 - Dental cleanings once every 6 months
- \$50 deductible per person, \$150 per family
- Annual plan maximum is \$750
- Services that are not considered preventive are subject to deductible such as:
 - Emergency treatment of dental pain
 - Simple extractions
 - Radiographs- FMX
 - Basic restorative

Vision

- \$10 co-pay for eye exams once every 12 months
- \$130 allowance for frames once every 24 months and lenses once every 12 months; \$25 copay OR \$0 copay for contact lens fitting and \$130 allowance for elective lenses once every 12 months
- Above information is for most in-network providers

Short Term Disability

- Available only for employees that are working 20 hours or more per week, not dependents
- Pre-existing conditions are not covered
- 7-day waiting period after claim is filed before benefits are available
- 90-day benefit period with a benefit of up to \$650 per month

Behavioral Health

- Speak to a licensed therapist about issues such as:
 - Domestic Violence
 - Relationships
 - Substance Abuse
 - Depression
 - Eating Disorder
 - PTSD
- \$0 per visit

Term Life & Accidental Death & Dismemberment

- \$5,000 benefit for employee in the event of death
- \$2,500^ benefit for a spouse
- \$2,500 benefit for children from 6 months to 26 years old, \$500 for children 14 days to 6 months old
- Accidental death and dismemberment coverage applies to employees only
 - In the event of accidental death, plan pays additional benefit of \$20,000^
 - In the event of accidental bodily injury, plan pays depending on dismemberment and date of loss

Critical Illness

- Up to \$5,000 benefit on critical illnesses such as:
 - Heart attacks
 - Major organ failure
 - End stage renal failure
 - Skin Cancer
 - Invasive cancer

Virtual Primary Care

- Includes Virtual Urgent Care, Virtual Primary Care, discounts on labs, Care Navigation and Care Coordination
- Management of health conditions over time, referrals to see specialists, medication management, and on-going refills.
- 24/7/365 access to physicians to diagnose common symptoms like pink eye, sinus problems, allergies, etc.
- Professional support to assist with explanation and understanding of benefits, medical bill reviews, finding in-network providers, etc.
- \$0 cost per virtual visit

Ready to enroll? Visit us online www.mybiac.com/fridayservices, or call our **Customer Care Team** at

800-497-4856 Monday through Friday 8am- 8pm EST. Coverage begins the Monday after your first deduction for benefits and insurance cards will be mailed or e-mailed within 7-10 business days.

*For exclusions and limitations please refer to Enrollment Guide and Plan Documents

** Vertical bitewings, panoramic film or intraoral- complete series including bitewings (00210, 00277, 00330) are limited to one x-ray procedure per five-year period.

^At age 65, benefits will reduce by 25% of the original benefit amount. At age 70, benefits will further reduce by an additional 25% for a total reduction of 50% of original benefit amount.