

2022 Enrollment Guide



Your Benefit Plan Design

Your employer is providing a benefit package that can help you stay well - or get well.



Minimum Essential Coverage (MEC)

Covers preventive health services and health screenings for adults, women and children. Also includes:

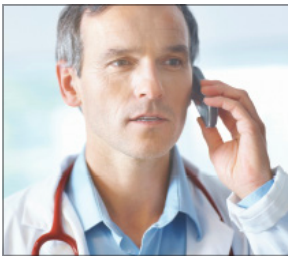
- Teladoc
- Outpatient physician and urgent care visits
- Diagnostic labs and imaging
- Prescription drug coverage



Group Limited Indemnity (GLI)

Pays certain medical expenses at a fixed dollar amount for a limited number of days, when you receive services covered by the plan. The plan is offered guaranteed issue, with optional dependent coverage.

TELEHEALTH



PHYSICIAN NETWORK



PHARMACY BENEFIT MANAGER



ADMINISTERED BY RCI

Eligibility • Member Cards • MEC Claims Adjudication

For information:

www.regionalcare.com • 1-833-602-0054

Covered Services

PREVENTIVE 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 the most current listing of preventive benefits.



TELADOC 24/7 (Multilingual)²



PPO NETWORK SERVICES²

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)



PRESCRIPTION BENEFITS²

Tier 1 - Low Cost

Tier 2 - Generics

Tier 3 - Preferred

Tier 4 - Non-Preferred

Tier 5 - Generic & Preferred Specialty

Tier 6 - Non-Preferred



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 Accidental Injury

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

Outpatient & Other Benefits

Physician Office Visit/Urgent Care

For services rendered by a physician at physician's office or urgent care facility

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 WITH BEAZLEY GLI¹

FREE

1 preventive visit per plan year

FREE (unlimited)

\$20 Copay

max 3 visits per plan year

Not Covered

\$50 Copay

max 2 visits per plan year

See Beazley GLI Benefits Below

\$1 Copay

10% Coinsurance

20% Coinsurance

40% Coinsurance

10% Coinsurance

20% Coinsurance

GLI Underwritten by Beazley Insurance Company, Inc.

\$500 per day

10 days per plan year

\$1,000 per day

10 days per plan year

None

\$500 per day

1 day per plan year

\$300 per day

1 day per plan year

\$100 per day

1 day per plan year

\$300 per day

1 day per plan year

\$50 per day

2 days per plan year

\$150 per day

2 days per plan year

See MEC Benefits Above

\$25 per day

3 days per plan year

\$75 per day

1 day per plan year

\$250 per day

1 day per plan year

1-YEAR RATE CAP

\$179.00

\$298.24

\$268.24

\$395.30

MEC PLUS ADVANTAGE WITH BEAZLEY GLI¹

FREE

1 preventive visit per plan year

FREE (unlimited)

\$20 Copay

max 3 visits per plan year

\$50 Copay

max 3 visits per plan year

\$50 Copay

max 3 visits per plan year

\$50 Copay

in offices, max 5 services per plan year

\$200 Copay

max 1 CT Scan or 1 MRI per plan year

\$1 Copay

10% Coinsurance

20% Coinsurance

40% Coinsurance

10% Coinsurance

20% Coinsurance

GLI Underwritten by Beazley Insurance Company, Inc.

\$1,000 per day

30 days per plan year

\$1,250 per day

10 days per plan year

\$2,000 per day

1 day per plan year

\$1,000 per day

2 days per plan year

\$500 per day

1 day per plan year

\$100 per day

1 day per plan year

\$300 per day

1 day per plan year

\$50 per day

2 days per plan year

\$150 per day

2 days per plan year

See MEC Plus Advantage Benefits Above

1-YEAR RATE CAP

\$279.00

\$430.37

\$398.33

\$565.12

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

¹ Group Limited Indemnity is not major medical insurance. GLI is not PPACA compliant.

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

GLI insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032.

Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia.

Globe Life And Accident Insurance Company manages and reinsures the Beazley Benefits program.

To Use Your Free MEC Preventive Physician Office Visit

1. Locate a network provider using the instructions below.
2. Confirm that the provider is participating in the MEC program when you make your appointment.
3. **Request all preventive services you require when making the initial appointment.**
4. Present your ID card when you receive covered preventive services.
(Your provider will bill RCI for the cost of your care.)

NOTE: MEC services are only free when delivered by a doctor or other provider in your plan's network. There are 3 sets of preventive services - for adults, women and children. Refer to your plan documents to confirm the MEC services you are eligible to receive. (Beazley does not underwrite the MEC plans or the non-insurance benefits.)

How to Access Your Service Providers



WHEN TO USE

TELEHEALTH SERVICES

Teladoc's board-certified physicians have expertise in primary care, pediatrics and family medicine. They can help right away with cold and flu symptoms, allergies, respiratory infections, skin problems and other non-emergency medical issues. You can contact Teladoc when you prefer to see a doctor from the comfort of home or when you're on vacation.

Learn more at: www.teladoc.com



TO FIND AN IN-NETWORK PHARMACY OR BUY PRESCRIPTION DRUGS ONLINE

Citizens Rx is a full-service prescription benefit manager with a retail network of 67,000 pharmacies nationwide. Citizens Rx manages your pharmacy benefits, enabling you to receive discounts on your prescriptions.

Learn more at: www.citizensrx.com

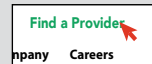


HOW TO LOCATE A NETWORK PROVIDER

PHCS is a comprehensive network of more than 900,000 in-network providers around the U.S.

To find a provider visit: www.multiplan.com

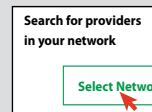
Click "**Find a Provider**" in the top right corner



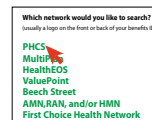
Click "**OK**" at the bottom right corner



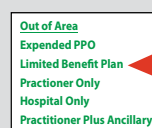
Click "**Select Network**"



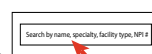
Click "**PHCS**" inside pop-up box



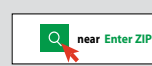
Click "**Limited Benefit Plan**" inside pop-up box



Enter type of provider (urgent care, primary care, etc...) in the search box



Enter zip code and click the search icon



For additional help call: **888-371-7427**

Apex MEC and Beazley GLI

EASY

The coverage is offered guarantee issue, meaning you do not have to answer medical questions to qualify. You can also opt to cover your spouse and dependent child(ren).

AFFORDABLE

The plan was designed with your budget in mind. Once you enroll, premium payments will be automatically deducted from your paycheck.

CONVENIENT

The benefits are easy to understand and easy to use. You'll receive an ID card to present when you visit a health care provider or pharmacy.

One ID Card for All Benefits

RCI will send your ID card to your home. Call RCI first with questions. After you enroll, you may use the information on the ID card for help with eligibility, benefit and claim questions.



Front of card



Back of card

Filing a Claim

When you go to a provider, present your ID card to show you have coverage. At that time, you can also assign benefits to the provider, authorizing them to submit the claim on your behalf.

NOTE: You should make sure all your claims are filed with BOTH plan administrators.

FOR MEC CLAIMS:

To receive the services included with the MEC plan, you must use a network provider who will file the claim.

FOR GLI CLAIMS:

If you assign benefits to the provider:

- Provider submits the claim to the address on your ID card.
- Claim is processed and payment is sent to the provider.

If you do not assign benefits to the provider:

- You request an itemized bill from the provider.
- You submit the itemized bill to the address on your ID card or via email at ACIclaims@acitpa.com (no claim form required).
- Claim is processed and payment is sent to you.
- You pay the provider.

Note: Once you exceed the specified number of primary care visits and services, or you use up the Group Limited Indemnity benefit amounts and maximums, you are still eligible for network discounts from the PHCS PPO network.

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License #2868-8. The Group Limited Indemnity policy is offered under Policy Form Series AHGLIMM001. Coverage is not available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of a third party administrator.

Your MEC plan is PPACA Compliant

The list below summarizes some but not all services.

Please reference the US Preventive Services Task Force website for the entire list.

www.HealthCare.gov/center/regulations/prevention.html

Covered preventive services for all adults (ages 18 and older)

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults 45 to 75
7. Depression screening
8. Diabetes (Type 2) screening
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use)
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence
12. Hepatitis C screening for adults age 18 to 79 years
13. HIV screening for everyone age 15 to 65, at increased risk
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
15. 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, Tetanus
16. Lung cancer screening for adults 50 to 80 at high risk for lung cancer
17. Obesity screening and counseling
18. Sexually transmitted infection (STI) prevention counseling
19. Statin preventive medication for adults 40 to 75 at high risk
20. Syphilis screening for adults at higher risk
21. Tobacco use screening for all adults and cessation interventions for tobacco users

Covered preventive services for pregnant women or women who may become pregnant

1. Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
2. 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." Learn more about contraceptive coverage.
3. Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
4. Folic acid supplements for women who may become pregnant
5. Hepatitis B screening for pregnant women at their first prenatal visit
6. Maternal depression screening for mothers at well-baby visits
7. Preeclampsia prevention and screening for pregnant women with high blood pressure
8. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
9. Syphilis screening
10. Expanded tobacco intervention and counseling for pregnant tobacco users
11. Urinary tract or other infection screening

Other covered preventive services for women

1. Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
2. Breast cancer genetic test counseling (BRCA) for women at higher risk
3. Breast cancer mammography screenings
 - Every 2 years for women 50 and over
 - As recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
4. Breast cancer chemoprevention counseling for women at higher risk
5. Cervical cancer screening
 - Pap test (also called a Pap smear) for women age 21 to 65
6. Chlamydia infection screening for younger women and other women at higher risk
7. Domestic and interpersonal violence screening and counseling for all women
8. Gonorrhea screening for all women at higher risk
9. Urinary incontinence screening for women yearly
10. Well-woman visits to get recommended services for all women

Covered preventive services for children

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. 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
4. Bilirubin concentration screening
5. Blood pressure screening for children
6. Blood screening for newborns
7. Depression screening for adolescents beginning routinely at age 12
8. Developmental screening for children under age 3
9. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
10. Fluoride supplements for children without fluoride in their water source
11. Fluoride varnish for all infants and children as soon as teeth are present
12. Gonorrhea preventive medication for the eyes of all newborns
13. Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
14. Height, weight and body mass index (BMI) measurements taken regularly for all children
15. Hematocrit or hemoglobin screening for all children
16. Hemoglobinopathies or sickle cell screening for newborns
17. Hepatitis B screening for adolescents at higher risk
18. Hypothyroidism screening for newborns
19. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
20. 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, Rotavirus
21. Lead screening for children at risk of exposure
22. Obesity screening and counseling
23. Oral health risk assessment for young children from 6 months to 6 years
24. Phenylketonuria (PKU) screening for newborns
25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
26. 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
27. Vision screening for all children
28. Well-baby and well-child visits

Free and Unlimited Teladoc Service!

Set Up a Teladoc Account



**Getting started
with Teladoc®**



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at Teladoc.com, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into Teladoc.com and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

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