

# Customize your Benefits with these Two Affordable Plans!

## Plan 1: Enhanced MEC

Administered By: 

All preventative services are covered 100%. Other medical services have a flat copay. Generic prescriptions are covered for a \$10 copay. This plan does not cover any hospitalization or emergency room services. It does cover urgent care services.

### Networks:



- ACA qualifying plan for Minimum Essential Coverage (MEC)
- Covers all 63 preventative and wellness services
- Copay only plan. No deductible or out-of-pocket maximum
- Month-to-month coverage
- Premiums are collected pretax

## Plan 2: Limited Benefits

Administered By:  

Employees will get a set dollar amount back per service on the Fixed Indemnity medical benefit. The employee would be responsible for the difference. For example, if an employee goes to a doctor's office visit and the overall bill comes to \$300, the insurance company would take \$130 off, meaning the employee would owe out of pocket \$170.

### Networks:



- Offers medical, dental, vision, term life and short-term disability benefits
- Unbundled selections. Enrolling in medical coverage is not a requirement to enroll in the other benefit options.
- Medical benefit covers hospitalization and emergency room services
- Week-to-week coverage
- Medical, dental and vision premiums are collected pretax

## Major Medical Coverage

Employees may be offered a major medical plan after meeting certain eligibility requirements.

Contact Employee Benefits if you would like more information.



### Employee Benefits

952.767.9519

[benefits@employersolutionsgroup.com](mailto:benefits@employersolutionsgroup.com)

[www.essghealth.com](http://www.essghealth.com)



## Frequently Asked Questions

### *Is there a waiting period to enroll?*

No, there is no waiting period. There is a processing time of 1-2 business weeks to fully process the enrollment form and get everything set up with the insurance companies.

### *When will my plan become effective?*

Both plans have different timelines. The Enhanced MEC plan becomes effective the 1st day of the following month once the enrollment form has been processed. The Limited Benefits plan becomes effective the following Monday after deductions have started.

### *Is my enrollment form processed right away?*

No. Your form(s) will be processed once you receive your first paycheck.

### *When will I receive my insurance card?*

Both insurance companies will mail out the insurance cards on/around the first week of coverage being effective.

### *I completed an enrollment form, but why haven't deductions started coming out of my paycheck?*

Deductions for the Enhanced MEC plan will not start until your plan has become effective. For example, if your effective date was 8/1/2023, your deductions would start being collected from your August paychecks.

Deductions for the Limited Benefits plan will typically begin on your 2nd or 3rd paycheck depending on how quickly your enrollment form is processed. Each time you have a deduction for this plan, that's giving you coverage for the following Monday-Sunday.

### *I filled out an enrollment form, but I'm not sure when I'll start working. Do I need to complete a new enrollment form when I start my assignment?*

Enrollment and change forms are valid for 60 days. If you receive your first paycheck within 60 days of completing your forms, no additional action would be required. If it has been more than 60 days, you'll need to complete new forms.

### *How do I cancel my plan?*

A change form needs to be completed. Change forms are located on our website [www.essghealth.com](http://www.essghealth.com). You have within your first 30 days of working, during open enrollment, or within 30 days of a qualifying life event occurring to enroll, cancel, or make changes.

### *What is a qualifying life event (QLE)?*

The most common types of qualifying life events are marriage, divorce, birth/adoption of a child, gaining new coverage, or loss of previous insurance.



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# Summary of Medical Benefits

## MEC Plus Plan

	In-Network	Out of Network
<b>Deductible</b>		
Individual Coverage	N/A	N/A
Family Coverage	N/A	N/A
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	N/A	N/A
Family Coverage	N/A	N/A
Preventive Care Services	No Charge	No Coverage
Primary Office Visit	\$20 Copay	No Coverage
Specialist Office Visit	\$50 Copay	No Coverage
Chiropractic Visit	\$75 Copay	No Coverage
Urgent Care Services	\$50 Copay	No Coverage
Complex Imaging: MRI/ CT/ PET Scans	\$200 Copay	No Coverage
Inpatient Hospital Care	No Coverage	
Outpatient Procedures	No Coverage	
Emergency Room Services	No Coverage	
Emergency Medical Transportation	No Coverage	
Mental Health/Chemical Dependency - Inpatient	No Coverage	
Mental Health/Chemical Dependency - Office Visit	\$75 Copay	No Coverage
<b>Summary of Pharmacy Benefits</b>		
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Preventive	No Charge	
Generic*	\$10 Copay	No Coverage
Preferred Brand	100% Copay	
Brand Non-Formulary	No Coverage	No Coverage
Specialty Drugs	No Coverage	No Coverage
<b>HealthiestYou Benefits</b>		
General Consultations	No Charge	
Dermatology	\$85 Copay	
Mental Health - Therapist	\$90 Copay	
Mental Health - Psychiatrist, Initial Evaluation	\$220 Copay	
Mental Health - Psychiatrist, Ongoing Session	\$100 Copay	

\*Generic medication coverage is subject to Magellan formulary limitations. Please visit the online drug search for more information: <https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhblBkZIR5cGUtOTM1>

Coverage Level	Weekly Premium
Employee Only	\$27.00
Employee + Spouse	\$41.00
Employee + Child(ren)	\$39.00
Employee + Family	\$66.00

# LIMITED BENEFITS SUMMARY


## FIXED INDEMNITY MEDICAL BENEFIT


For more details, please see your Summary Plan Description.

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.


Outpatient Benefits <sup>1</sup>		Inpatient Benefits	
Physician Office Visit (Virtual or In-Person)	\$130 per day	Standard Care	\$700 per day
Diagnostic (Lab)	\$200 per day	Intensive Care Unit Maximum <sup>3</sup>	\$800 per day
Diagnostic (X-Ray)	\$300 per day	Inpatient Surgery	\$4,000 per day
Ambulance Services	\$350 per day	Anesthesia	\$800 per day
Physical, Speech, or Occupational Therapy	\$75 per day	Skilled Nursing <sup>4</sup>	\$100 per day
Emergency Room Benefit—Sickness	\$375 per day	First Hospital Admission (1 per year)	\$450
Emergency Room Benefit—Accident <sup>2</sup>	\$1,000 per day	Annual Inpatient Maximum <sup>5</sup>	No Limit
Outpatient Surgery	\$1,000 per day	<b>Prescription Drugs (via reimbursement)<sup>6,7</sup></b>	
Anesthesia	\$400 per day	Annual Maximum	\$700
Annual Outpatient Maximum	\$2,500	Per Day	\$40
<b>Wellness Care</b>			
Wellness Care (one per year)	\$125		


<sup>1</sup>all outpatient benefits are subject to the outpatient maximum <sup>2</sup>covers treatment for off the job accidents only <sup>3</sup>pays in addition to standard care benefit <sup>4</sup>for stays in a skilled nursing facility after a hospital stay <sup>5</sup>subject to internal limits of plan <sup>6</sup>not subject to outpatient maximum <sup>7</sup>To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc.

DENTAL BENEFIT	Waiting Period/Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
 <b>Coverage A</b>	None / 100%	Exams, Cleanings, Intraoral Films, and Bitewings			
<b>Coverage B</b>	3 Months / 60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures			
<b>Coverage C</b>	12 Months / 50%	Periodontics, Crowns, Endodontics, Bridges and Dentures			

VISION BENEFIT	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay <sup>3</sup>	Plan Pays
 <b>Eye Examination</b> <sup>1</sup> (including dilation)	\$10 Copay	100%	100%	\$35
<b>Exam Options</b> (Standard or Premium Contact Lens Fit)	Up to \$55 or 10% off Retail Price	\$0	100%	up to \$40
<b>Frames</b> <sup>2</sup>	\$0 Copay, 80%, after \$100 allowance	\$100 allowance, 20% off	100%	\$45
<b>Standard Plastic Lenses</b> (single, bifocal, trifocal) <sup>1</sup>	\$10 Co-pay	20% off retail	100%	\$25-\$55
<b>Lens Options</b>	\$15 Copay	-	100%	\$0
<b>Contact Lenses (Conventional)</b> <sup>1</sup>	\$0 Copay, 85% of remaining	\$80, plus 15% off	100%	\$64
<b>Disposable Contact Lenses</b> <sup>1</sup>	\$0 Copay	\$80 allowance	100%	\$0
<b>Medically Necessary Contact Lenses</b> <sup>1</sup>	\$0 Copay	100%	\$0	\$200

<sup>1</sup> Once every 12 months <sup>2</sup> Once every 24 months <sup>3</sup> After plan payment

TERM LIFE BENEFIT			
 <b>Employee Amount</b>	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	<b>Child Amount (6 mos to 26 yrs old)</b>	\$5,000
<b>Spouse Amount</b>	\$5,000 (terminates at age 70)	<b>Infant Amount (15 days to 6 mos)</b>	\$1,000
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D is part of the Term Life Benefit.)</b>			
<b>Employee Amount</b>	\$20,000	<b>Child Amount (6 mos to 26 yrs old)</b>	\$5,000
<b>Spouse Amount</b>	\$20,000	<b>Infant Amount (15 days to 6 mos)</b>	\$2,500

SHORT-TERM DISABILITY BENEFIT					
 <b>Benefit Amount</b>	60% of base pay up to \$150 per week				
<b>Waiting Period/Maximum Benefit Period</b>	7 days for injury or sickness / up to 26 weeks				
LIMITED BENEFITS PREMIUM	Medical	Dental	Vision	Term Life	STD
<b>Employee Only</b>	\$19.96	\$6.17	\$1.67	\$0.60	\$4.20
<b>Employee + 1</b>	\$40.51	\$12.34	\$3.33	\$0.90	-
<b>Employee + Family</b>	\$54.09	\$20.36	\$5.28	\$1.80	-

Premium will be deducted every time you receive a payroll deduction. For weekly payrolls the amount is shown above, for other payroll cycles (every 2 weeks, twice a month, or monthly) the actual amount deducted will be prorated based on the weekly amount above. For example: Bi-weekly – weekly rate multiplied by 52 divided by 26; Semi-monthly – weekly rates multiplied by 52 divided by 24.