

COMPLIANCE AND AFFORDABILITY ALL IN ONE PRODUCT LINE!

Offer a plan with rates as low as \$60 including aggregate coverage and build a suite of buy up options for a top of the line benefit package that can't be beat.

NETWORK OPTIONS

MEC Plans - First Health, PHCS, Prime Health, **MVP & Hybrid Plans** - Prime Health
Full PPO Plans - Cigna PPO, Cigna LocalPlus, First Health, PHCS, Prime Health

PLAN OPTIONS

BENEFIT	MEC	MEC VALUE	MEC+	MVP	SPEC & AGG BUY UP (Hybrid)	SPEC & AG BUY UP (Select Full RBP or Full PPO)
Preventive Care- Men, Women & Children	100% -PPO	100% -PPO	100% -PPO	100% - PPO	100% - PPO	100%
Deductible	\$0	\$0	\$0	\$0	Employer Selects	Employer Selects
Maximum Out of Pocket	\$0	\$6,350/\$12,700	\$6,350/\$12,700	\$6,500/\$13,000	Employer Selects	Employer Selects
*Telemedicine General Medical (Additional services below)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay - Included	\$0 Copay - Included
- Dermatology*	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay
- Tobacco Cessation*	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
- Back Care*	\$210 Copay	\$210 Copay	\$210 Copay	\$210 Copay	\$210 Copay	\$210 Copay
- Nutrition*	\$59 Copay	\$59 Copay	\$59 Copay	\$59 Copay	\$59 Copay	\$59 Copay
- Psychiatrist (First Visit)*	\$220 Copay	\$220 Copay	\$220 Copay	\$220 Copay	\$220 Copay	\$220 Copay
- Ongoing Psychiatrist*	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
- Therapist*	\$90 Copay	\$90 Copay	\$90 Copay	\$90 Copay	\$90 Copay	\$90 Copay
- Expert Medical Services*	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)		\$10 Copay (limited to 3 annual visits) -PPO	\$15 Copay -PPO	\$25 Copay -PPO	Employer Selects - PPO	Employer Selects
Specialist Visit			\$25 Copay -PPO	\$75 Copay -PPO	Employer Selects - PPO	Employer Selects
Mental Health Outpatient Services					Employer Selects - PPO	Employer Selects
**Imaging (CT, PET Scans, MRIs)			\$400 Copay + 20% -PPO	\$300 Copay for each test performed - PPO	Employer Selects - PPO	Employer Selects
Laboratory Outpatient and Professional Services		\$10 Copay (limited to 3 annual visits) -PPO	\$50 Copay -PPO	\$100 Copay -PPO	Employer Selects - PPO	Employer Selects
X-rays and Diagnostic Imaging		\$10 Copay (limited to 3 annual visits) -PPO	\$50 Copay -PPO	\$100 Copay -PPO	Employer Selects - PPO	Employer Selects
Urgent Care			\$50 Copay + 20% -PPO	\$100 Copay + 20% -PPO	Employer Selects - PPO	Employer Selects
Emergency Room Services			\$400 Copay + 20% -PPO	\$500 Copay -RBP	Employer Selects - RBP	Employer Selects
Emergency Professional				\$500 Copay -RBP	Employer Selects - RBP	Employer Selects
Hospital Inpatient				\$5,000 Copay per day - RBP	Employer Selects - RBP	Employer Selects
***Inpatient/Outpatient Surgery Performed in Office, Surgical Facility or Hospital				50% (covers facility fee only) -RBP	Employer Selects - RBP	Employer Selects
Skilled Nursing					Employer Selects - RBP	Employer Selects
Ambulance Services					Employer Selects - RBP	Employer Selects
Durable Medical Equipment/ Prosthetics/Orthotics (\$2,000 Combined Annual Maximum)					Employer Selects - RBP	Employer Selects
Diabetic Equipment					Employer Selects - RBP	Employer Selects
Spinal Manipulation and Acupuncture (\$500 Combined Annual Maximum)					Employer Selects - RBP	Employer Selects
Prescription Drugs						
Generics			\$25 Copay	\$30 Copay	Employer Selects	Employer Selects
Preferred Brand Drugs			\$50 Copay	Not Covered ¹	Employer Selects	Employer Selects
Non-Preferred Brand Drugs			\$75 Copay		Employer Selects	Employer Selects
Specialty					Employer Selects	Employer Selects
Self-Injectable Drugs					Employer Selects	Employer Selects

ACA Compliance	MINIMUM ESSENTIAL COVERAGE PLANS	MINIMUM ESSENTIAL COVERAGE & MINIMUM VALUE PLANS
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- Please refer to detailed schedule of benefits for complete benefit outline, exclusions and limitations
- All plans, except RBP, include out of network coverage at a lessened coinsurance level. See schedule for details
- Minimum enrollment varies by state
- * Telemedicine is optional for MEC, MEC Value, MEC+, and MVP plans.
- ** Applies to imaging not performed in a hospital. If performed in the hospital, this is an RBP benefit.
- ***All non-emergency surgery requires pre-certification; failure to pre-certify results in no benefit
- 1 If no generic is available, then a \$60 copay applies
- RBP - Maximum reimbursement level for all providers will be a percentage of Medicare Allowable.
- PPO - Maximum reimbursement level will be subject to the PPO contracted provider rate.

www.employerdriven.com

888-886-7973

CA Insurance License #0M76879

TX Insurance License #2989289

