

2022 - CA Plan Options



BALANCING HEALTH CARE COSTS



APEX **Minimum Essential Coverage (MEC)**

COVERS:

Telehealth services
at 100% of cost

Certain preventive health services
at 100% of cost

Physician visits and diagnostic testing
with copay

Prescription drug benefits
with copay or coinsurance

When delivered by an in-network provider.



BEAZLEY **Group Limited Indemnity (GLI)**

PAYS A FIXED BENEFIT
AMOUNT FOR A SET NUMBER
OF DAYS PER YEAR FOR:

Hospitalization

Surgeries

Emergency Room visits

Group Limited Indemnity (GLI) is not major medical insurance or PPACA compliant.

COMPLIANCE • PREVENTION • BENEFITS

The Apex MEC is PPACA compliant, ideal for \$8 - \$25 per hour full or part-time employees and seasonal staff, nationwide.

4-Year Rate Cap - MEC

Not to exceed 3% increase per year.

Valued Partners Nationwide



PHCS Network

- 900,000+ healthcare providers
 - 68 million consumers
 - 40 million claims
- multiplan.com



Pharmacy Benefit Manager

- Call Center available 24/7/365
 - Contracted with 67,000 pharmacies nationwide
- citizensrx.com



Telehealth

- 20,000,000 members nationwide
 - 92% of issues resolved after first visit
 - 360 languages
 - 24/7/365 access to a national network of U.S. board-certified physicians and pediatricians
- teladoc.com



TPA

- Leading Third Party Administrator
 - Specializing in PPACA compliant, value-added healthcare solutions
 - Delivering exemplary services to clients and broker partners
 - Managing health care costs effectively
- regionalcare.com



Reinsurance

- Rated A (Excellent) by A.M. Best
 - Applicable in states that allow reinsurance on MEC plans
- cfins.com



Specialist Insurer

- Three decades of experience
 - Providing clients the highest standards of underwriting and claims service worldwide
 - All our insurance businesses are rated A (Excellent) by A.M. Best
- beazley.com

Plan Highlights

Apex MEC Benefits

All Apex MEC plans exceed the requirements employers / employees are currently required to meet under Penalty A of the PPACA.

- TELADOC 24/7 (multilingual)
- Pharmacy Benefits (Citizens Rx)
- Preventive Care Visit
- Primary Care Visits (3 per plan year)
- Specialists Visits (3 per plan year)
- Urgent Care Visits (3 per plan year)
- MRI & CT Scan Benefits (max 1 CT or MRI per plan year)
- X-ray and Lab Benefits (5 per plan year)

Additional Information:

- Guaranteed issue product
- COBRA services are included in premium
- 1094 information is provided at no additional charge
- If member exceeds 3 primary care, 3 specialists and/or 3 urgent care visits, member will receive PHCS network discount
- ITIN & H-2A qualify for benefit membership

Beazley GLI Benefits

Group Limited Indemnity insurance pays fixed benefits when an insured incurs charges for 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 Beazley proposal for product details and benefit definitions
- Illustrated GLI plan designs available to groups situated in CA.

Group Limited Indemnity insurance are 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 AHGLIMM0001. 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.

Apex MEC* & Beazley Group Limited Indemnity (GLI)¹ Plans

7 EE minimum
Employer must fund 50% of the premium

7 EE minimum

7 EE minimum

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. Services include but are not limited to: • For Adults: Screenings for blood pressure, cholesterol and colon cancer, plus immunizations. • For Women: Screenings for breast cancer, cervical cancer and osteoporosis, plus pregnancy services. • For Children: Immunizations, plus screenings for child development, vision and hearing. For a full list of covered preventive health services, visit www.HealthCare.gov/center/regulations/prevention.html
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 Surgery For outpatient 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 Skilled Nursing Care Facility For confinement in a Skilled Nursing Care Facility within 14 days of a hospital confinement of at least 3 days
TOTAL MONTHLY PREMIUMS (PAID BY EMPLOYEE) Employee only Employee & Spouse only Employee & Children only Family

MEC BASIC WITH BEAZLEY GLI ¹	MEC WITH BEAZLEY GLI ¹	MEC PLUS ADVANTAGE WITH BEAZLEY GLI ¹
FREE 1 preventive visit per plan year	FREE 1 preventive visit per plan year	FREE 1 preventive visit per plan year
FREE (unlimited)	FREE (unlimited)	FREE (unlimited)
See Beazley GLI Benefits Below	\$20 Copay max 2 visits per plan year Not Covered \$50 Copay max 2 visits per plan year See Beazley GLI Benefits Below	\$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
Discount Card Up to 75% Discount on FDA Approved Medications	\$1 Copay 10% Coinsurance 20% Coinsurance 40% Coinsurance 10% Coinsurance Plan pays 90% 20% Coinsurance Plan pays 80%	\$1 Copay 10% Coinsurance 20% Coinsurance 40% Coinsurance 10% Coinsurance Plan pays 90% 20% Coinsurance Plan pays 80%
GLI Underwritten by Beazley Insurance Company, Inc. \$400 per day 30 days per plan year \$1,000 per day 10 days per plan year None	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	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
\$750 per day 1 day per plan year \$150 per day 2 days per plan year \$300 per day 2 days per plan year	\$500 per day 1 day per plan year \$150 per day 2 days per plan year \$300 per day 1 day per plan year	\$1,000 per day 2 days per plan year \$500 per day 1 day per plan year \$300 per day 1 day per plan year
\$150 per day 1 day per plan year None	\$50 per day 2 days per plan year \$150 per day 2 days per plan year	\$50 per day 2 days per plan year \$150 per day 2 days per plan year
\$50 per day 3 days per plan year \$50 per day 3 days per plan year \$50 per day 2 days per plan year None \$150 per day 10 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 None	See MEC Plus Advantage Benefits Above None
1-YEAR RATE CAP³ \$52.00 + \$ 37.75 = \$ 89.75 \$79.25 + \$ 76.13 = \$155.38 \$79.25 + \$ 66.90 = \$146.15 \$79.25 + \$107.28 = \$186.53	1-YEAR RATE CAP³ \$ 98.00 + \$38.00 = \$136.00 \$181.24 + \$74.00 = \$255.24 \$165.24 + \$60.00 = \$225.24 \$256.30 + \$96.00 = \$352.30	1-YEAR RATE CAP³ \$133.75 + \$ 63.69 = \$197.44 \$218.24 + \$130.57 = \$348.81 \$202.24 + \$114.53 = \$316.77 \$293.30 + \$190.26 = \$483.56

* 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 and does not satisfy any PPACA penalties.




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

³ Beazley premium is illustrated in pink and is offered to groups situated in CA with a 1-year rate guarantee. Coverage is not available in all states. Benefits may vary by state. Minimum participation requirements apply.

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

Apex MEC Plans

	4 EE minimum	4 EE minimum	4 EE minimum
	MEC BASIC	MEC	MEC PLUS ADVANTAGE
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.	FREE 1 preventive visit per plan year	FREE 1 preventive visit per plan year	FREE 1 preventive visit per plan year
 TELADOC 24/7 (Multilingual)	FREE (unlimited)	FREE (unlimited)	FREE (unlimited)
 PPO NETWORK SERVICES	Not Covered	\$0 Copay max 1 visit per plan year	\$20 Copay max 3 visits per plan year
Primary Care Physician Visits			\$50 Copay max 3 visits per plan year
Specialist Office Visits			\$50 Copay max 3 visits per plan year
Urgent Care			\$50 Copay in offices, max 5 services per plan year
Diagnostic X-ray and Lab			\$200 Copay max 1 CT Scan or 1 MRI per plan year
CT Scan/MRI (outpatient only)			
 PRESCRIPTION BENEFITS	Discount Card Up to 75% Discount on FDA Approved Medications	Discount Card Up to 75% Discount on FDA Approved Medications	\$1 Copay
Tier 1 - Low Cost			10% Coinsurance
Tier 2 - Generics			20% Coinsurance
Tier 3 - Preferred			40% Coinsurance
Tier 4 - Non-Preferred			10% Coinsurance Plan pays 90%
Tier 5 - Generic & Preferred Specialty			20% Coinsurance Plan pays 80%
Tier 6 - Non-Preferred			
TOTAL MONTHLY PREMIUMS	4-YEAR RATE CAP	4-YEAR RATE CAP	4-YEAR RATE CAP
Employee only	\$ 58.75	\$ 70.00	\$133.75
Employee & Spouse only	\$ 86.00	\$ 90.00	\$218.24
Employee & Children only	\$ 86.00	\$ 90.00	\$202.24
Family	\$ 86.00	\$ 90.00	\$293.30

ADDITIONAL INFORMATION

- This MEC (Minimum Essential Coverage) plan includes coverage for all preventive care services recommended by the U.S. Preventive Services Task Force (USPTF) and mandated by the Patient Protection and Affordable Care Act (PPACA), including but not limited to routine physical exams, associated imaging and laboratory services (such as mammograms and PSA tests), well-child exams, and immunizations. For complete details, exclusions and limitations on PPACA required coverage, visit www.healthcare.gov.
- Apex covers preventive services as required under the PPACA and are only covered at 100% when utilizing in-network providers.
- TELADOC 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. TELADOC also provides access to mental health benefits.
- TELADOC is available to every enrolled employee, their spouse or domestic partner, and their children up to the age of 26.
- All Apex plans comply with State Individual Mandate laws including California, District of Columbia, New Jersey, Rhode Island and Vermont. These 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.
- The Apex MEC product offerings are **not** Major Medical plans, they are limited benefit plans.