



## 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 and AD&D 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.

Beazley Accidental Death & Dismemberment (AD&D) insurance provides employees 24-hour coverage for a critical or fatal accidental injury that may occur on or off the job. The benefit amount paid varies based on the loss incurred.

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
- GLI is not available in HI, MN, NM, NY, OR and VT, and the plan with AD&D insurance is not available in CA, GA, MD.
- Alternative GLI plan designs available for groups situated in CA, CT, DC, ID, KS, ME, ND, NH, NJ, PA and UT.

Group Limited Indemnity and Accidental Death & Dismemberment 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. The Accidental Death & Dismemberment policy is offered under Policy Form Series AHPAC0001. 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)<sup>1</sup> Plans



	7 EE minimum Employer must fund 50% of the premium	7 EE minimum	7 EE minimum
<b>PREVENTIVE BENEFITS*</b> MEC benefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider in your plan's network. See page 5 for a list of covered preventive health services, or visit <a href="http://www.HealthCare.gov/center/regulations/prevention.html">www.HealthCare.gov/center/regulations/prevention.html</a>	<b>MEC BASIC WITH BEAZLEY GLI<sup>1</sup> &amp; AD&amp;D</b>	<b>MEC WITH BEAZLEY GLI<sup>1</sup></b>	<b>MEC PLUS ADVANTAGE WITH BEAZLEY GLI<sup>1</sup></b>
	<b>FREE</b> 1 preventive visit per plan year	<b>FREE</b> 1 preventive visit per plan year	<b>FREE</b> 1 preventive visit per plan year
<b>TELADOC 24/7 (Multilingual)<sup>2</sup></b>	<b>FREE (unlimited)</b>	<b>FREE (unlimited)</b>	<b>FREE (unlimited)</b>
<b>PPO NETWORK SERVICES<sup>2</sup></b>	<b>See Beazley GLI Benefits Below</b>	<b>\$20 Copay</b> max 3 visits per plan year	<b>\$20 Copay</b> max 3 visits per plan year
Primary Care Physician Visits		<b>Not Covered</b>	<b>\$50 Copay</b> max 3 visits per plan year
Specialist Office Visits		<b>\$50 Copay</b> max 2 visits per plan year	<b>\$50 Copay</b> max 3 visits per plan year
Urgent Care		<b>See Beazley GLI Benefits Below</b>	<b>\$50 Copay</b> in offices, max 5 services per plan year
Diagnostic X-ray and Lab		<b>\$200 Copay</b> max 1 CT Scan or 1 MRI per plan year	
CT Scan/MRI (outpatient only)			
<b>PRESCRIPTION BENEFITS<sup>2</sup></b>	<b>Discount Card</b> Up to 75% Discount on FDA Approved Medications	<b>\$1 Copay</b>	<b>\$1 Copay</b>
Tier 1 - Low Cost		<b>10% Coinsurance</b>	<b>10% Coinsurance</b>
Tier 2 - Generics		<b>20% Coinsurance</b>	<b>20% Coinsurance</b>
Tier 3 - Preferred		<b>40% Coinsurance</b>	<b>40% Coinsurance</b>
Tier 4 - Non-Preferred		<b>10% Coinsurance</b>	<b>10% Coinsurance</b>
Tier 5 - Generic & Preferred Specialty		<b>20% Coinsurance</b>	<b>20% Coinsurance</b>
Tier 6 - Non-Preferred			
<b>LIMITED INDEMNITY BENEFITS</b>	<b>GLI Underwritten by Beazley Insurance Company, Inc.</b>	<b>GLI Underwritten by Beazley Insurance Company, Inc.</b>	<b>GLI Underwritten by Beazley Insurance Company, Inc.</b>
<b>Hospital Indemnity Benefits</b>	<b>\$400 per day</b> 30 days per plan year	<b>\$500 per day</b> 10 days per plan year	<b>\$1,000 per day</b> 30 days per plan year
<b>Hospital Confinement</b> 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	<b>\$1,000 per day</b> 10 days per plan year	<b>\$1,000 per day</b> 10 days per plan year	<b>\$1,250 per day</b> 10 days per plan year
<b>Hospital Intensive Care Unit</b> For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	<b>None</b>	<b>None</b>	<b>\$2,000 per day</b> 1 day per plan year
<b>Hospital Admission</b> 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			
<b>Surgery/Anesthesia Benefits</b>	<b>\$750 per day</b> 1 day per plan year	<b>\$500 per day</b> 1 day per plan year	<b>\$1,000 per day</b> 2 days per plan year
<b>Inpatient Surgery</b> For inpatient surgery in hospital due to sickness or injury	<b>\$300 per day</b> 1 day per plan year	<b>\$300 per day</b> 1 day per plan year	<b>\$500 per day</b> 1 day per plan year
<b>Outpatient Major Surgery</b> For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury	<b>\$75 per day</b> 1 day per plan year	<b>\$100 per day</b> 1 day per plan year	<b>\$100 per day</b> 1 day per plan year
<b>Outpatient Minor Surgery</b> For outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury	<b>\$300 per day</b> 2 days per plan year	<b>\$300 per day</b> 1 day per plan year	<b>\$300 per day</b> 1 day per plan year
<b>Anesthesia</b> For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)			
<b>Emergency Room Benefits</b>	<b>\$150 per day</b> 1 day per plan year	<b>\$50 per day</b> 2 days per plan year	<b>\$50 per day</b> 2 days per plan year
<b>Emergency Room for Sickness</b> For treatment in an ER due to sickness	<b>None</b>	<b>\$150 per day</b> 2 days per plan year	<b>\$150 per day</b> 2 days per plan year
<b>Emergency Room for Accidental Injury</b> For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)			
<b>Outpatient &amp; Other Benefits</b>	<b>\$50 per day</b> 3 days per plan year	<b>See MEC Benefits Above</b>	<b>See MEC Plus Advantage Benefits Above</b>
<b>Physician Office Visit/Urgent Care</b> For services rendered by a physician at physician's office or urgent care facility	<b>\$50 per day</b> 3 days per plan year	<b>\$25 per day</b> 3 days per plan year	
<b>Outpatient Diagnostic Lab</b> For lab test, ordered by a physician	<b>\$50 per day</b> 2 days per plan year	<b>\$75 per day</b> 1 day per plan year	
<b>Outpatient Diagnostic X-ray</b> For X-ray, ordered by a physician	<b>None</b>	<b>\$250 per day</b> 1 day per plan year	
<b>Outpatient Major Diagnostic Testing</b> For major diagnostic testing, ordered by a physician	<b>\$150 per day</b> 10 days per plan year	<b>None</b>	<b>None</b>
<b>Skilled Nursing Care Facility</b> For confinement in a Skilled Nursing Care Facility within 14 days of a hospital confinement of at least 3 days			
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D) INSURANCE</b> Underwritten by Beazley Insurance Company Inc. Pays a benefit up to a maximum amount for critical or fatal accidental injuries; benefit payable varies based on the loss incurred.	<b>\$15,000 Employee, \$7,500 Spouse, \$3,000 Child</b>	<b>None</b>	<b>None</b>
<b>MONTHLY PREMIUMS [PAID BY EMPLOYEE]</b>	<b>1-YEAR RATE CAP<sup>3</sup></b>	<b>1-YEAR RATE CAP<sup>3</sup></b>	<b>1-YEAR RATE CAP<sup>3</sup></b>
Employee only	\$52.00 + \$ 37.75 = <b>\$ 89.75</b>	\$ 98.00 + \$38.00 = <b>\$136.00</b>	\$133.75 + \$ 63.69 = <b>\$197.44</b>
Employee & Spouse only	\$79.25 + \$ 76.13 = <b>\$155.38</b>	\$181.24 + \$74.00 = <b>\$255.24</b>	\$218.24 + \$130.57 = <b>\$348.81</b>
Employee & Children only	\$79.25 + \$ 66.90 = <b>\$146.15</b>	\$165.24 + \$60.00 = <b>\$225.24</b>	\$202.24 + \$114.53 = <b>\$316.77</b>
Family	\$79.25 + \$107.28 = <b>\$186.53</b>	\$256.30 + \$96.00 = <b>\$352.30</b>	\$293.30 + \$190.26 = <b>\$483.56</b>

\* 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.

<sup>1</sup> Group Limited Indemnity and Accidental Death & Dismemberment are not major medical insurance. GLI and AD&D are not PPACA compliant and do not satisfy any PPACA penalties.

<sup>2</sup> Non-insurance benefits are included with Apex MEC plans.

<sup>3</sup> Beazley premium is illustrated in pink and is offered with a 1-year rate guarantee. Coverage is not available in all states. Benefits may vary by state. Minimum participation requirements apply.

GLI and AD&D 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.

# Apex MEC Plans

4 EE minimum

4 EE minimum

4 EE minimum

	MEC BASIC	MEC	MEC PLUS ADVANTAGE
<b>PREVENTIVE BENEFITS</b> MEC benefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider in your plan's network. See page 5 for a list of covered preventive health services, or visit <a href="http://www.HealthCare.gov/center/regulations/prevention.html">www.HealthCare.gov/center/regulations/prevention.html</a>	<b>FREE</b> 1 preventive visit per plan year	<b>FREE</b> 1 preventive visit per plan year	<b>FREE</b> 1 preventive visit per plan year
 <b>TELADOC 24/7 (Multilingual)</b>	<b>FREE (unlimited)</b>	<b>FREE (unlimited)</b>	<b>FREE (unlimited)</b>
 <b>PPO NETWORK SERVICES</b>	<b>Not Covered</b>	<b>Not Covered</b>	<b>\$20 Copay</b> max 3 visits per plan year
Primary Care Physician Visits			<b>\$50 Copay</b> max 3 visits per plan year
Specialist Office Visits			<b>\$50 Copay</b> max 3 visits per plan year
Urgent Care			<b>\$50 Copay</b> in offices, max 5 services per plan year
Diagnostic X-ray and Lab			<b>\$200 Copay</b> max 1 CT Scan or 1 MRI per plan year
CT Scan/MRI (outpatient only)			
 <b>PRESCRIPTION BENEFITS</b>	<b>Discount Card</b> Up to 75% Discount on FDA Approved Medications	<b>Discount Card</b> Up to 75% Discount on FDA Approved Medications	<b>\$1 Copay</b>
Tier 1 - Low Cost			<b>10% Coinsurance</b>
Tier 2 - Generics			<b>20% Coinsurance</b>
Tier 3 - Preferred			<b>40% Coinsurance</b>
Tier 4 - Non-Preferred			<b>10% Coinsurance</b>
Tier 5 - Generic & Preferred Specialty			<b>20% Coinsurance</b>
Tier 6 - Non-Preferred			
<b>MONTHLY PREMIUMS [PAID BY EMPLOYEE]</b>	<b>4-YEAR RATE CAP</b>	<b>4-YEAR RATE CAP</b>	<b>4-YEAR RATE CAP</b>
Employee only	<b>\$58.75</b>	<b>\$ 70.00</b>	<b>\$133.75</b>
Employee & Spouse only	<b>\$86.00</b>	<b>\$ 90.00</b>	<b>\$218.24</b>
Employee & Children only	<b>\$86.00</b>	<b>\$ 90.00</b>	<b>\$202.24</b>
Family	<b>\$86.00</b>	<b>\$ 90.00</b>	<b>\$293.30</b>

## 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](http://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.