Minimum Essential Coverage (MEC)

Apex-MEC

PPO Network Physician Visits | 24/7 Telemedicine | Prescription Drug Benefits | Multilingual Behavioral Health

Apex-MEC	MEC BASIC	MEC PLUS	MEC PLUS ADVANTAGE
PREVENTIVE/WELLNESS 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 benefits.	Covered at 100%	Covered at 100%	Covered at 100%
MDLive - TELEMEDICINE 24/7 (Multilingual)[2]	FREE & Unlimited	FREE & Unlimited	FREE & Unlimited
MDLive - BEHAVIORAL HEALTH SERVICES (Multilingual)[2]	FREE & Unlimited	FREE & Unlimited	FREE & Unlimited
PHCS - PPO NETWORK SERVICES[2]			
Primary Care Physician Visits	Not Included	**$20 Copay** - 3 visits PPY	**$20 Copay** - 3 visits PPY
Specialist Office Visits		Not Included	**$50 Copay** - 3 visits PPY
Urgent Care		**$50 Copay** - 3 visits PPY	**$50 Copay** - 3 visits PPY
Diagnostic X-ray and Lab		Not Included	**$50 Copay** - in offices 5 services PPY
CT Scan/MRI (outpatient only)			**$200 Copay** - 1 CT Scan or 1 MRI PPY
Cigna Rx - PRESCRIPTION BENEFITS[2]			
Generic Medications	**Discount Card** Up to 75% Discount on FDA Approved Medications	**$0 Copay**	**$0 Copay**
Tier 1 Medications		**10% Co-Insurance**	**10% Co-Insurance**

MONTHLY PREMIUMS PAID BY EMPLOYEE	4-YEAR RATE CAP	4-YEAR RATE CAP	4-YEAR RATE CAP
Employee only	$ 45.00	$ 95.00	$118.75
Employee & Spouse only	$ 85.00	$180.00	$240.00
Employee & Children only	$ 85.00	$180.00	$240.00
Family	$125.00	$285.00	$355.00
	4 EE minimum	4 EE minimum	4 EE minimum

Additional Plan Information

1. The Apex-MEC (Minimum Essential Coverage) plans include coverage for all preventive care services recommended by the U.S. Preventive Services Task Force (USPSTF) and mandated by the Patient Protection and Affordable Care Act (ACA), including but not limited to routine physical exams, associated imaging and laboratory services (such as mammograms and PSA tests), well-child exams, and immunizations.
2. Apex-MEC covers preventive services as required under the ACA and are only covered at 100% when utilizing in-network providers.
3. MDLive 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.
4. MDLive is available to every enrolled employee, their spouse or domestic partner, and their children up to the age of 26.
5. MDLive is a better way to support mental wellness and is available to every enrolled employee.
6. NorthPoint Data Security includes: Identity Restoration, Lost Wallet Assistance, Up to $1MM Identity Theft Insurance, Stolen Funds (Cash Recovery) Replacement, Credit Monitoring Powered by Experian®.
7. All Apex-MEC plans do not meet the Minimum Creditable Coverage (MCC) standards in Massachusetts therefore they do not satisfy the Individual Mandate.
8. The Patient-Centered Outcomes Research Institute (PCORI) fees are the responsibility of the Employer.
9. An Employer can choose up to 2 of the 6 plan designs per plan year.
10. If a member exceeds 3 primary care, 3 specialists and/or 3 urgent care visits, the member will continue to receive the PHCS network discount.
11. Apex-MEC product offerings are not Major Medical plans, they are limited benefit plans.
12. Apex-MEC plans renew per plan year.
13. Apex-MEC plans have EDI capabilities (100 EE minimum) with Ease, Employee Navigator, ADP, and numerous payroll companies.
14. If any EE or their dependent is currently enrolled in any other health coverage (including Medicare or state-sponsored medical benefits), they are not eligible to enroll in a MEC, MVP, or PPO plan.
15. All plans are level-funded and include a self-funded stop-loss agreement.

Minimum Essential Coverage (MEC) with Group Limited Indemnity (GLI)

Apex-MEC

	MEC & GLOBE LIFE GLI[1]	MEC PLUS & GLOBE LIFE GLI[1]	MEC PLUS ADVANTAGE & GLOBE LIFE GLI[1]
PREVENTIVE/WELLNESS 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 benefits.	Covered at 100%	Covered at 100%	Covered at 100%
MDLive - TELEMEDICINE 24/7 (Multilingual)[2]	FREE & Unlimited	FREE & Unlimited	FREE & Unlimited
MDLive - BEHAVIORAL HEALTH SERVICES (Multilingual)[2]	FREE & Unlimited	FREE & Unlimited	FREE & Unlimited
PHCS - PPO NETWORK SERVICES[2]			
Primary Care Physician Visits	**$0 Copay** - 1 visit PPY	**$20 Copay** - 3 visits PPY	**$20 Copay** - 3 visits PPY
Specialist Office Visits	**Network Discount**	**Network Discount**	**$50 Copay** - 3 visits PPY
Urgent Care		**$50 Copay** - 3 visits PPY	**$50 Copay** - 3 visits PPY
Diagnostic X-ray and Lab	**See Globe Life GLI Benefits Below**	**See Globe Life GLI Benefits Below**	**$50 Copay** - in offices 5 services PPY
CT Scan/MRI (outpatient only)			**$200 Copay** - 1 CT Scan or 1 MRI PPY
Cigna Rx - PRESCRIPTION BENEFITS[2]			
Generic Medications	**Discount Card** Up to 75% Discount on FDA Approved Medications	**$0 Copay**	**$0 Copay**
Tier 1 Medications		**10% Co-Insurance**	**10% Co-Insurance**

Globe Life Group Benefits

LIMITED INDEMNITY BENEFITS Hospital Indemnity Benefits	GLI Underwritten by Globe Life	GLI Underwritten by Globe Life	GLI Underwritten by Globe Life
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	**$600 per day** - 10 days PPY	**$600 per day** - 10 days PPY	**$1,250 per day** - 30 days PPY
Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	**$1,000 per day** - 10 days PPY	**$1,000 per day** - 10 days PPY	**$1,500 per day** - 10 days PPY
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	**$1,000 per day** - 1 day PPY	**$1,000 per day** - 1 day PPY	**$2,750 per day** - 2 days PPY
Surgery/Anesthesia Benefits			
Inpatient Surgery For inpatient surgery in hospital due to sickness or injury	**$500 per day** - 1 day PPY	**$500 per day** - 1 day PPY	**$1,000 per day** - 2 days PPY
Outpatient Major Surgery For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury	**$500 per day** - 1 day PPY	**$300 per day** - 1 day PPY	**$1,000 per day** - 2 days PPY
Outpatient Minor Surgery For outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury	**$100 per day** - 1 day PPY	**$100 per day** - 1 day PPY	**$300 per day** - 1 day PPY
Anesthesia For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)	**$300 per day** - 1 day PPY	**$300 per day** - 1 day PPY	**$300 per day** - 1 day PPY
Emergency Room Benefits			
Emergency Room for Sickness For treatment in an ER due to sickness	**$50 per day** - 2 days PPY	**$50 per day** - 2 days PPY	**$50 per day** - 2 days PPY
Emergency Room for Injury For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)	**$250 per day** - 2 days PPY	**$200 per day** - 2 days PPY	**$400 per day** - 2 days PPY
Outpatient Benefits			
Outpatient Diagnostic Lab For lab test, ordered by a physician	**$75 per day** - 3 days PPY	**$50 per day** - 3 days PPY	**See MEC Plus Advantage Benefits Above**
Outpatient Diagnostic X-ray For X-ray, ordered by a physician	**$200 per day** - 1 day PPY	**$100 per day** - 1 day PPY	
Outpatient Major Diagnostic Testing For major diagnostic testing, ordered by a physician	**$400 per day** - 1 day PPY	**$300 per day** - 1 day PPY	

MONTHLY PREMIUMS PAID BY EMPLOYEE	1-YEAR RATE CAP	1-YEAR RATE CAP	1-YEAR RATE CAP
Employee only	$ 60.00 + $ 45.00 = **$105.00**	$ 95.00 + $38.00 = **$133.00**	$118.75 + $ 63.69 = **$182.44**
Employee & Spouse only	$115.00 + $ 87.60 = **$202.60**	$180.00 + $74.00 = **$254.00**	$240.00 + $130.57 = **$370.57**
Employee & Children only	$115.00 + $ 71.00 = **$186.00**	$180.00 + $60.00 = **$240.00**	$240.00 + $114.53 = **$354.53**
Family	$175.00 + $113.70 = **$288.70**	$285.00 + $96.00 = **$381.00**	$355.00 + $190.26 = **$545.26**
	7 EE minimum	7 EE minimum	7 EE minimum

The Apex-MEC plans are ACA compliant; they are offered by Apex Management Group and administered by Tres Health. Globe Life does not underwrite the Apex-MEC plans or the non-insurance benefits.
PPY: Per Plan Year

[1] GLI plans are not ACA compliant and do not satisfy any ACA penalties.
[2] Non-insurance benefits are included with Apex-MEC plans.
[3] Globe Life premium is illustrated in green and is offered to groups with a 1-year rate guarantee. Minimum participation requirements apply.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and R ider forms: GBLI, GBLIC, GBLITLR, GBLIABR, GBLIADR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Benefits may vary by state. Pre-existing condition limitations may apply. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third party administrators.