

Attachment 2: Plan Design Summaries
FlexWork "Standard" Limited Medical MEC Plan Package*

Benefit Category	The FlexWork "Standard" Limited Medical MEC Plan with RX		The "Preferred" Enhanced Hospital/Fixed Indemnity Plan	
	Plan Limits	Copayment	Days per year limit	Cash benefit per day
Policy type	Group health insurance policy		Group hospital indemnity policy	
Deductibles	None	N/A	None	N/A
Coinsurance	None	N/A	None	N/A
Annual out-of-pocket max	Network Providers: \$9,100 individual / \$18,200 family		N/A	
Non-hospital services	You have a pre-set number of annual visits. For each visit, you pay your copay, and the plan pays the rest.		The plan pays a fixed cash benefit for each covered non-hospital service without regard to the actual expense of the service.	
Hospital services	Not covered		The plan pays a fixed cash benefit for each covered hospital service without regard to the actual expense of the service.	
Healthcare reform preventive medical services	No visit limits	\$0 copay	N/A	N/A
Healthcare reform preventive medications	No script limits	\$0 copay	N/A	N/A
Healthiestyou™ virtual care	No visit limits	\$0 copay	N/A	N/A
Physician office / Online visits	4 combined visits / year	\$25 PCP \$50 Specialist	6 days/plan year	\$70 cash benefit per day
Chiropractor / Acupuncture	10 combined visits / year	\$15	Covered under Physician visits	
Minor diagnostic labs and imaging - (lab, X-ray, etc.)	1 testing day / year No limit on # of tests ordered per day	Freestanding center or doctor office \$50; OP facility \$150	1 day/per year	10% of the Invasive daily benefit amount
Major diagnostic labs and imaging: major (PET, CT, MRI)	1 testing day / year No limit on # of tests ordered per day	Freestanding center or doctor office \$50; OP facility \$150	1 day/per year	20% of the Invasive daily benefit amount
Invasive diagnostic tests (i.e., colonoscopy, laparoscopy)	Not covered		1 day/per year	\$500 cash benefit per day
Urgent care	2 visits per year	\$150 copay	Covered under Physician visits	
Outpatient surgery	Not covered		2 days/year	\$1,000 cash benefit / day
Emergency room	Not covered		2 days/per year	\$100 cash benefit per day
Hospital	Not covered		See Hospital Benefits Below	
• Admissions	Not covered		2 days/year	\$1,500 cash benefit / day
• Hospital Confinement	Not covered		364 days/year	\$200 cash benefit / day
• ICU Confinement	Not covered		364 days/year	\$200 cash benefit / day
• Surgery	Not covered		2 days/year	\$1,000 cash benefit / day
FlexWork Limited Pharmacy Benefit	No limits + includes Optum Perks	Tier 1, \$15; Tier 2, \$30; Tier 3 & 4, 50% coinsurance	12 days/year	\$10 cash benefit / day
Employee assistance/mental health	Members can access related services via the HealthiestYou virtual care benefit, the physician office visit benefit or the EAP support line		Not covered	

*Standard MEC plan includes a 110% Aggregate Stoploss corridor

Attachment 2: Plan Design Summaries
FlexWork "Standard" Limited Medical MEC Plan with Pharmacy*

Benefit Category	The FlexWork "Standard" Limited Medical MEC Plan with RX	
	Plan Limits	Copayment
Policy type	Group health insurance policy	
Deductibles	None	N/A
Coinsurance	None	N/A
Annual out-of-pocket max	Network Providers: \$9,100 individual / \$18,200 family	
Non-hospital services	You have a pre-set number of annual visits. For each visit, you pay your copay, and the plan pays the rest.	
Hospital Services	Not covered	
Healthcare reform preventive medical services	No visit limits	\$0 copay
Healthcare reform preventive medications	No script limits	\$0 copay
Healthiestyou™ virtual care	No visit limits	\$0 copay
Physician office / Online visits	4 combined visits / year	\$25 PCP \$50 Specialist
Chiropractor / Acupuncture	10 combined visits / year	\$15 per visit
Minor diagnostic labs and imaging - (lab, X-ray, etc.)	1 testing day / year No limit on # of tests ordered per day	Freestanding center or doctor office \$50; OP facility \$150
Major diagnostic labs and imaging: major (PET, CT, MRI)	1 testing day / year No limit on # of tests ordered per day	Freestanding center or doctor office \$50; OP facility \$150
Invasive diagnostic tests (i.e., colonoscopy, laparoscopy)	Not covered	
Urgent care	2 visits per year	\$150 copay
Outpatient surgery	Not covered	
Emergency room	Not covered	
Hospital	Not covered	
• Admissions	Not covered	
• Hospital Confinement	Not covered	
• ICU Confinement	Not covered	
• Surgery	Not covered	
Flexwork Limited Pharmacy Benefit	No limits + includes Optum Perks	Tier 1 \$15; Tier 2 \$30; Tier 3 and 4: 50% coinsurance
Employee assistance/mental health	Members can access related services via the HealthiestYou virtual care benefit, the physician office visit benefit or the EAP support line	

*Standard MEC plan includes a 110% Aggregate Stoploss corridor