



# HealthyEssentials

## Minimum Essential Coverage Plans

Proposal Designed For: SAMPLE GROUP ABC

Effective Date: JANUARY 1, 2017

*Prepared By:* My Favorite Broker

*Proposal Date:* 12/09/16

Our HealthyEssentials program provides a broad array of plans meet the requirements of Minimum Essential Coverage (MEC), while delivering tangible benefits designed to promote the health and well-being of your employees and their families.

### OUR MEC PLANS INCLUDE:

- ◆ HealthyEssentials
- ◆ HealthyEssentials +
- ◆ HealthyEssentials PREMIUM
- ◆ HealthyEssentials PREMIUM Care
- ◆ HealthyEssentials PREMIUM +

## Down to the Essentials...

Lifestyle Health's HealthyEssentials plan designs are designed to serve employers and their employees as minimum essential benefit plans. Minimum Essential Coverage (MEC) Plans are designed to provide 100% coverage for the 64 preventive and wellness services as designated by Centers for Medicare and Medicaid Services (CMS).

In addition, HealthyEssentials plans also take member health and well-being in mind by providing tangible benefits including concierge telemedicine and care coordination designed to equip members to become wise and informed healthcare consumers.



## ACA Compliance Advantages

Employers that employ 50 or more full-time (or full-time equivalent) employees are required as of January 1, 2016 to provide at least a Minimum Essential Coverage group health benefit plan to avoid the \$2,000 per employee tax for non-compliance.

The Lifestyle HealthyEssentials benefit program provides coverage for the minimum essential coverage required services and offers an affordable ACA-compliant solution for employers.

While our HealthyEssentials plan designs do not remove the possibility of the \$3,000 tax penalty in the event that an eligible employee purchases insurance through the Marketplace, these plans are designed to be offered with other affordable Lifestyle Health major medical products to offer a turn-key program of compliant plan designs that will eliminate this ACA tax as well.



## Basic Features of each HealthyEssentials Plan

- Provides coverage for the 64 preventive and wellness services needed to provide Minimum Essential Coverage.
- 24/7/365 telephonic doctor consultation services at no cost to members.
- No medical underwriting required.
- No pre-existing condition limitations.
- No waiting periods.
- Access to discounted service options for lab, pharmacy, and other health related products and services.
- Ability to add limited benefits for emergency services, outpatient surgery and inpatient hospitalization.



### Integrated Concierge Telemedicine

24/7 365 at \$0 Copay!

All HealthyEssentials participants enjoy knowledgeable, on-demand, access to telemedicine consultations at no additional cost through our **LifestyleMD** concierge telemed program.



***DESIGNED to be offered alongside Lifestyle Health medical plans***



***VARIETY of compliant benefits to meet your group's needs***

## COVERED SERVICES

**HealthyEssentials Plans** offer the following covered benefits to provide the Minimum Essential Coverage critical for ACA compliance for large employers.

### 15 COVERED PREVENTIVE SERVICES FOR ADULTS (AGES 18 AND OLDER)

- |                              |  |
|------------------------------|--|
| 1. Abdominal Aortic Aneurysm | 9. Diet Counseling   |
| 2. Alcohol Misuse            | 10. HIV Screening  |
| 3. Aspirin for CVD           | 11. Immunizations  |
| 4. Blood Pressure            | 12. Obesity Screening  |
| 5. Cholesterol               | 13. Sexually Transmitted Infection (STI) Prevention Counseling |
| 6. Colorectal Cancer         | 14. Tobacco Use Screening                                      |
| 7. Depression Screening      | 15. Syphilis Screening   |
| 8. Type 2 Diabetes Screening |  |

### 23 COVERED PREVENTIVE SERVICES FOR WOMEN (INCLUDING PREGNANT WOMEN)

- |  |   |  |
|--|---|--|
| 1. Anemia Screening                              | 8. Chlamydia Infection Screening                  | 16. Human Papillomavirus (HPV) DNA Test              |
| 2. Bacteriuria urinary tract infection screening | 9. Contraception (FDA Approved)                   | 17. Osteoporosis Screening                           |
| 3. BRCA Counseling                               | 10. Domestic and interpersonal violence screening | 18. Routine prenatal visits                          |
| 4. Breast Cancer Mammography                     | 11. Folic Acid Supplements                        | 19. Rh Incompatibility Screening                     |
| 5. Breast Cancer Chemoprevention Counseling      | 12. Gestational diabetes screening                | 20. Tobacco Use Screening                            |
| 6. Breastfeeding Support / Counseling            | 13. Gonorrhea Screening                           | 21. Sexually Transmitted Infections (STI) Counseling |
| 7. Cervical Cancer Screening                     | 14. Hepatitis B Screening                         | 22. Syphilis Screening                               |
|  | 15. Human Immunodeficiency Virus (HIV) Screening  | 23. Well-woman visits                                |

### 26 COVERED SERVICES FOR CHILDREN

- |   |   |  |
|---|---|--|
| 1. Alcohol and Drug Use Assessments       | 11. Gonorrhea Preventative Medication               | 20. Medical History through Developmental Ages                 |
| 2. Autism Screening                       | 12. Hearing Screening for Newborns                  | 21. Obesity screening and Counseling                           |
| 3. Behavioral Assessments                 | 13. Height, Weight and Body Mass Index Measurements | 22. Oral Health Risk Assessment                                |
| 4. Blood Pressure Screening               | 14. Hematocrit or Hemoglobin Screening              | 23. Phenylketonuria (PKU) Screening                            |
| 5. Cervical Dysplasia Screening           | 15. Hemoglobinopathies or Sickle-Cell Screening     | 24. Sexually Transmitted Infection (STI) prevention counseling |
| 6. Congenital Hypothyroidism Screening    | 16. HIV Screening                                   | 25. Tuberculin Testing   |
| 7. Depression screening                   | 17. Immunizations                                   | 26. Vision Screening   |
| 8. Developmental Screening / Surveillance | 18. Iron supplements                                |  |
| 9. Dyslipidemia Screening                 | 19. Lead Screening                                  |  |
| 10. Fluoride Chemoprevention Supplements  |   |  |

#### IMPORTANT NOTES:

1) Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the preventive services listed as part of the covered benefits summary.

2) All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Care Coordinator at: 1-844-643-5104.

3) All preventive services lab MUST be provided through LabCorp only in order to be covered under the HealthyEssentials Plan. If there are no LabCorp facilities within 50 miles, please contact a Care Coordinator at: 1-844-643-5104 to discuss other options.



## MEC PLAN COMPARISON

Healthy  
Essentials

Healthy  
Essentials+

HealthyEssentials  
Premium

HealthyEssentials  
PremiumCare

HealthyEssentials  
Premium+

|                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| Meets ACA Requirements             |  |  |  |  |  |
| 64 Preventive & Wellness Services  |  |  |  |  |  |
| Telemedicine Services<br>\$0 Copay |  |  |  |  |  |
| Primary Care<br>Office Visit Copay |  |  |  |  |  |
| Specialist Office<br>Visit Copay   |  |  |  |  |  |
| Outpatient Services                |  |  |  |  |  |
| Emergency Services                 |  |  |  |  |  |
| Inpatient Services                 |  |  |  |  |  |
| Rx Drug Benefits                   |  |  |  |  |  |

NOTE: The outlines represented herewithin are intended as a brief overview of the actual plan and represent in-network benefit levels. No benefits are payable for non-network services. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations and exclusions. If there is any inconsistency between the outlines shown and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Many benefits have per procedure or annual maximums. These are separate from any annual maximum out-of-pocket limitations. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non-coverage of services.



## 2017 MEC PRICING OVERVIEW



| Region   | Voluntary |          |          |          |          | Employer Contribution<br>0 - 50% |          |          |          |          | Employer Contribution<br>Above 50% |          |          |          |          |
|--|-----------|----------|----------|----------|----------|----------------------------------|----------|----------|----------|----------|------------------------------------|----------|----------|----------|----------|
| <b>Region A</b><br><i>AK, CT, NJ, NY, PA</i>   |           |          |          |          |          |                                  |          |          |          |          |                                    |          |          |          |          |
| Employee   | \$73.30   | \$98.88  | \$164.12 | \$203.73 | \$282.96 | \$68.64                          | \$94.46  | \$150.44 | \$186.75 | \$259.38 | \$64.57                            | \$90.60  | \$136.76 | \$169.78 | \$235.80 |
| Employee + Spouse  | \$132.23  | \$175.24 | \$307.73 | \$382.01 | \$530.57 | \$122.55                         | \$166.06 | \$282.09 | \$350.17 | \$486.35 | \$113.94                           | \$157.90 | \$256.44 | \$318.34 | \$442.14 |
| Employee + Child(ren)  | \$185.60  | \$205.72 | \$285.09 | \$353.90 | \$491.53 | \$171.92                         | \$192.76 | \$261.33 | \$324.41 | \$450.57 | \$158.25                           | \$179.80 | \$237.57 | \$294.92 | \$409.61 |
| Employee + Family  | \$241.81  | \$273.85 | \$472.68 | \$586.78 | \$814.97 | \$222.18                         | \$255.25 | \$433.29 | \$537.88 | \$747.05 | \$202.56                           | \$236.65 | \$393.90 | \$488.98 | \$679.14 |
| <b>Region B</b><br><i>AZ, CO, MI, OH</i>   |           |          |          |          |          |                                  |          |          |          |          |                                    |          |          |          |          |
| Employee   | \$64.94   | \$90.95  | \$143.60 | \$178.26 | \$247.59 | \$60.85                          | \$87.08  | \$131.64 | \$163.41 | \$226.96 | \$57.29                            | \$83.70  | \$119.67 | \$148.55 | \$206.33 |
| Employee + Spouse  | \$116.49  | \$160.32 | \$269.26 | \$334.26 | \$464.25 | \$108.02                         | \$152.29 | \$246.82 | \$306.40 | \$425.56 | \$100.49                           | \$145.15 | \$224.39 | \$278.55 | \$386.87 |
| Employee + Child(ren)  | \$163.19  | \$184.48 | \$249.45 | \$309.66 | \$430.09 | \$151.22                         | \$173.14 | \$228.66 | \$283.86 | \$394.25 | \$139.26                           | \$161.80 | \$207.88 | \$258.05 | \$358.41 |
| Employee + Family  | \$212.37  | \$245.95 | \$413.60 | \$513.43 | \$713.10 | \$195.21                         | \$229.68 | \$379.13 | \$470.64 | \$653.67 | \$178.03                           | \$213.40 | \$344.66 | \$427.86 | \$594.25 |
| <b>Region C</b><br><i>AL, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, NE, NC, OK, SC, TN, TX, WA, WI</i> |           |          |          |          |          |                                  |          |          |          |          |                                    |          |          |          |          |
| Employee   | \$62.14   | \$88.30  | \$136.76 | \$169.78 | \$235.80 | \$58.26                          | \$84.62  | \$125.37 | \$155.63 | \$216.15 | \$54.86                            | \$81.40  | \$133.97 | \$141.48 | \$196.50 |
| Employee + Spouse  | \$111.25  | \$155.35 | \$256.44 | \$318.34 | \$442.14 | \$103.20                         | \$147.72 | \$235.07 | \$291.81 | \$405.30 | \$96.01                            | \$140.90 | \$213.70 | \$265.28 | \$368.45 |
| Employee + Child(ren)  | \$155.72  | \$177.40 | \$237.57 | \$294.92 | \$409.61 | \$144.32                         | \$166.60 | \$217.77 | \$270.34 | \$375.47 | \$132.93                           | \$155.80 | \$197.98 | \$245.76 | \$341.34 |
| Employee + Family  | \$202.56  | \$236.65 | \$393.90 | \$488.98 | \$679.14 | \$186.21                         | \$221.15 | \$361.08 | \$448.23 | \$622.55 | \$169.86                           | \$205.65 | \$328.25 | \$407.48 | \$565.95 |
| <b>Region D</b><br><i>IL, NV, UT, WV, WY</i>   |           |          |          |          |          |                                  |          |          |          |          |                                    |          |          |          |          |
| Employee   | \$70.52   | \$96.24  | \$157.28 | \$195.24 | \$271.17 | \$67.72                          | \$93.59  | \$144.17 | \$178.97 | \$248.57 | \$62.14                            | \$88.30  | \$131.07 | \$162.70 | \$225.98 |
| Employee + Spouse  | \$126.96  | \$170.27 | \$294.91 | \$366.09 | \$508.46 | \$116.67                         | \$160.49 | \$270.33 | \$355.58 | \$466.09 | \$109.46                           | \$153.65 | \$245.76 | \$305.08 | \$423.72 |
| Employee + Child(ren)  | \$178.13  | \$198.64 | \$273.21 | \$339.16 | \$471.05 | \$163.57                         | \$184.84 | \$250.44 | \$310.89 | \$431.80 | \$151.92                           | \$173.80 | \$227.67 | \$282.63 | \$392.54 |
| Employee + Family  | \$231.99  | \$264.55 | \$452.99 | \$562.33 | \$781.01 | \$211.31                         | \$244.94 | \$415.24 | \$515.47 | \$715.93 | \$194.38                           | \$228.90 | \$337.49 | \$468.61 | \$650.84 |
|  | Voluntary |          |          |          |          | Employer Contribution<br>0 - 50% |          |          |          |          | Employer Contribution<br>Above 50% |          |          |          |          |



|  |                     |
|--|---------------------|
| <b>Deductible</b>                              | Not Applicable      |
| <b>Co-insurance</b>                            | Not Applicable      |
| <b>PPO Network</b>                             | PHCS                |
| <b>Preventive Services</b>                     | 100% Coverage * **  |
| <b>Physician Services</b>                      |                     |
| - Primary Care Office Visit                    | Not Covered         |
| - Specialist Office Visit                      | Not Covered         |
| - Physician & Surgeon Professional Services    | Not Covered         |
| - Anesthesia Services (Physician / CRNA)       | Not Covered         |
| <b>Telephonic Physician Consults</b>           | Included, \$0 Copay |
| <b>Outpatient Lab</b>                          | ***                 |
| <b>Outpatient Radiology and Imaging</b>        |                     |
| - Physician Office / Freestanding Imaging Ctr. | Not Covered         |
| - Hospital Outpatient                          | Not Covered         |
| <b>Outpatient Rehab &amp; Therapy</b>          | Not Covered         |
| <b>Allergy Treatment</b>                       | Not Covered         |

|  |  |
|--|--|
| <b>Emergency Services</b>                      |  |
| - Hospital ER (Facility Charge Only)           | Not Covered  |
| - Urgent Care / ER Professional Services       | Not Covered  |
| - Ambulance                                    | Not Covered  |
| - Air Ambulance                                | Not Covered  |
| <b>Outpatient Surgical Procedures</b>          |  |
| - Physician Office / Freestanding Surgery Ctr. | Not Covered  |
| - Hospital Outpatient                          | Not Covered  |
| <b>Inpatient Hospitalization</b>               | Not Covered  |
| - Medical Facility Services                    | Not Covered  |
| - Anesthesiologist & Surgeon Fees              |  |
| <b>Critical Illness Benefit</b>                | Not Covered  |
| <b>Accident Benefit</b>                        | Not Covered  |
| <b>Prescription Drug Benefits</b>              | Rx Discount Card available through DirectHealth Mall |

\*(Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the preventive services listed as part of the covered benefits summary.)

\*\* (All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Lifestyle Care Coordinator at: 1-844-643-5104.)

\*\*\* (All preventive services lab MUST be provided through LabCorp only in order to be covered under the HealthyEssentials Plan. If there are no LabCorp facilities within 50 miles, please contact a Lifestyle Care Coordinator at: 1-844-643-5104 to discuss other options.)

| <b>Plan Pricing</b>                  | <b>Voluntary</b> | <b>Employer Contribution 0 - 50%</b> | <b>Employer Contribution Above 50%</b> |
|--------------------------------------|------------------|--------------------------------------|--|
| <b>Region A</b> (AK, CT, NJ, NY, PA) |                  |                                      |  |
| Employee                             | \$73.30          | \$68.64                              | \$64.57                                |
| Employee + Spouse                    | \$132.23         | \$122.55                             | \$113.94                               |
| Employee + Child(ren)                | \$185.60         | \$171.92                             | \$158.25                               |
| Employee + Family                    | \$241.81         | \$222.18                             | \$202.56                               |
| <b>Region B</b> (AZ, CO, MI, OH)     |                  |                                      |  |
| Employee                             | \$64.94          | \$60.85                              | \$57.29                                |
| Employee + Spouse                    | \$116.49         | \$108.02                             | \$100.49                               |
| Employee + Child(ren)                | \$163.19         | \$151.22                             | \$139.26                               |
| Employee + Family                    | \$212.37         | \$195.21                             | \$178.03                               |

| <b>Plan Pricing</b>  | <b>Voluntary</b> | <b>Employer Contribution 0 - 50%</b> | <b>Employer Contribution Above 50%</b> |
|--|------------------|--------------------------------------|--|
| <b>Region C</b> (AL, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, NE, NC, OK, SC, TN, TX, WA, WI) |                  |                                      |  |
| Employee   | \$62.14          | \$58.26                              | \$54.86                                |
| Employee + Spouse  | \$111.25         | \$103.20                             | \$96.01                                |
| Employee + Child(ren)  | \$155.72         | \$144.32                             | \$132.93                               |
| Employee + Family  | \$202.56         | \$186.21                             | \$169.86                               |
| <b>Region D</b> (IL, NV, UT, WV, WY)   |                  |                                      |  |
| Employee   | \$70.52          | \$67.72                              | \$62.14                                |
| Employee + Spouse  | \$126.96         | \$116.67                             | \$109.46                               |
| Employee + Child(ren)  | \$178.13         | \$163.57                             | \$151.92                               |
| Employee + Family  | \$231.99         | \$211.31                             | \$194.38                               |



|  |  |
|--|--|
| <b>Deductible</b>                              | Not Applicable                               |
| <b>Co-insurance</b>                            | Not Applicable                               |
| <b>PPO Network</b>                             | PHCS   |
| <b>Preventive Services</b>                     | 100% Coverage * **                           |
| <b>Physician Services</b>                      |  |
| - Primary Care Office Visit                    | \$20 Copay, Max 6 visits per person per year |
| - Specialist Office Visit                      | Not Covered                                  |
| - Physician & Surgeon Professional Services    | Not Covered                                  |
| - Anesthesia Services (Physician / CRNA)       | Not Covered                                  |
| <b>Telephonic Physician Consults</b>           | Included, \$0 Copay                          |
| <b>Outpatient Lab</b>                          | ***  |
| <b>Outpatient Radiology and Imaging</b>        |  |
| - Physician Office / Freestanding Imaging Ctr. | Not Covered                                  |
| - Hospital Outpatient                          | Not Covered                                  |
| <b>Outpatient Rehab &amp; Therapy</b>          | Not Covered                                  |
| <b>Allergy Treatment</b>                       | Not Covered                                  |

|  |  |
|--|--|
| <b>Emergency Services</b>                      |  |
| - Hospital ER (Facility Charge Only)           | Not Covered                                |
| - Urgent Care / ER Professional Services       | Not Covered                                |
| - Ambulance                                    | Not Covered                                |
| - Air Ambulance                                | Not Covered                                |
| <b>Outpatient Surgical Procedures</b>          |  |
| - Physician Office / Freestanding Surgery Ctr. | Not Covered                                |
| - Hospital Outpatient                          | Not Covered                                |
| <b>Inpatient Hospitalization</b>               | Not Covered                                |
| - Medical Facility Services                    | Not Covered                                |
| - Anesthesiologist & Surgeon Fees              |  |
| <b>Critical Illness Benefit</b>                | Not Covered                                |
| <b>Accident Benefit</b>                        | Not Covered                                |
| <b>Prescription Drug Benefits</b>              | Rx Discount Card through DirectHealth Mall |

\*(Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the preventive services listed as part of the covered benefits summary.)

\*\* (All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Lifestyle Care Coordinator at: 1-844-643-5104.)

\*\*\* (All preventive services lab MUST be provided through LabCorp only in order to be covered under the HealthyEssentials Plan. If there are no LabCorp facilities within 50 miles, please contact a Lifestyle Care Coordinator at: 1-844-643-5104 to discuss other options.)

| Plan Pricing                         | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|--------------------------------------|-----------|-------------------------------|---------------------------------|
| <b>Region A</b> (AK, CT, NJ, NY, PA) |           |                               |                                 |
| Employee                             | \$98.88   | \$94.46                       | \$90.60                         |
| Employee + Spouse                    | \$175.24  | \$166.06                      | \$157.90                        |
| Employee + Child(ren)                | \$205.72  | \$192.76                      | \$179.80                        |
| Employee + Family                    | \$273.85  | \$255.25                      | \$236.65                        |
| <b>Region B</b> (AZ, CO, MI, OH)     |           |                               |                                 |
| Employee                             | \$90.95   | \$87.08                       | \$83.70                         |
| Employee + Spouse                    | \$160.32  | \$152.29                      | \$145.15                        |
| Employee + Child(ren)                | \$184.48  | \$173.14                      | \$161.80                        |
| Employee + Family                    | \$245.95  | \$229.68                      | \$213.40                        |

| Plan Pricing   | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|--|-----------|-------------------------------|---------------------------------|
| <b>Region C</b> (AL, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, NE, NC, OK, SC, TN, TX, WA, WI) |           |                               |                                 |
| Employee   | \$88.30   | \$84.62                       | \$81.40                         |
| Employee + Spouse  | \$155.35  | \$147.72                      | \$140.90                        |
| Employee + Child(ren)  | \$177.40  | \$166.60                      | \$155.80                        |
| Employee + Family  | \$236.65  | \$221.15                      | \$205.65                        |
| <b>Region D</b> (IL, NV, UT, WV, WY)   |           |                               |                                 |
| Employee   | \$96.24   | \$93.59                       | \$88.30                         |
| Employee + Spouse  | \$170.27  | \$160.49                      | \$153.65                        |
| Employee + Child(ren)  | \$198.64  | \$184.84                      | \$173.80                        |
| Employee + Family  | \$264.55  | \$244.94                      | \$228.90                        |





# HealthyEssentials PREMIUM

|  |  |
|--|--|
| <b>Deductible</b>                              | Not Applicable   |
| <b>Co-insurance</b>                            | Not Applicable   |
| <b>PPO Network</b>                             | PHCS   |
| <b>Preventive Services</b>                     | 100% Coverage * **   |
| <b>Physician Services</b>                      |  |
| - Primary Care Office Visit                    | \$30 Copay, then 100% to \$300 per visit, 6 visits/year person covered max |
| - Specialist Office Visit                      | \$50 Copay, then 100% to \$300 per visit, 6 visits/year person covered max |
| - Physician & Surgeon Professional Services    | \$150 Copay, then 100% to \$500 max per day                                |
| - Anesthesia Services (Physician / CRNA)       | \$150 Copay, then 100% to \$250 max per day                                |
| <b>Telephonic Physician Consults</b>           | Included, \$0 Copay  |
| <b>Outpatient Lab</b>                          | \$25 per test, preferred lab only  |
| <b>Outpatient Radiology and Imaging</b>        | (Pre-certification required prior to scheduling)                           |
| - Physician Office / Freestanding Imaging Ctr. | \$50 Copay, then 100% to \$300 max/year                                    |
| - Hospital Outpatient                          | \$250 Copay, then 100% to \$300 max/year                                   |
| <b>Outpatient Rehab &amp; Therapy</b>          | \$50 Copay, then 100% to \$100 per visit, 10 visits/year max               |

## Plan Pricing

### Region A (AK, CT, NJ, NY, PA)

|                       | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|-----------------------|-----------|-------------------------------|---------------------------------|
| Employee              | \$164.12  | \$150.44                      | \$136.76                        |
| Employee + Spouse     | \$307.73  | \$282.09                      | \$256.44                        |
| Employee + Child(ren) | \$285.09  | \$261.33                      | \$237.57                        |
| Employee + Family     | \$472.68  | \$433.29                      | \$393.90                        |

### Region B (AZ, CO, MI, OH)

|                       | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|-----------------------|-----------|-------------------------------|---------------------------------|
| Employee              | \$143.60  | \$131.64                      | \$119.67                        |
| Employee + Spouse     | \$269.26  | \$246.82                      | \$224.39                        |
| Employee + Child(ren) | \$249.45  | \$228.66                      | \$207.88                        |
| Employee + Family     | \$413.60  | \$379.13                      | \$344.66                        |

|  |   |
|--|---|
| <b>Allergy Treatment</b>                       | \$50 Copay, then 100% to \$100 per visit, 6 visits/year max |
| <b>Emergency Services</b>                      |   |
| - Hospital ER (Facility Charge Only)           | \$250 Copay, then 100% to \$1,000 max/year                  |
| - Urgent Care / ER Professional Services       | \$75 Copay, then 100% to \$500/visit, 2 visits/year max     |
| - Ambulance                                    | Not Covered   |
| - Air Ambulance                                | Not Covered   |
| <b>Outpatient Surgical Procedures</b>          | (Pre-certification required prior to scheduling)            |
| - Physician Office / Freestanding Surgery Ctr. | \$250 Copay, then 100% to \$500/day, 1 day per year max     |
| - Hospital Outpatient                          | \$500 Copay, then 100% to \$500/day, 1 day per year max     |
| <b>Inpatient Hospitalization</b>               |   |
| - Medical Facility Services                    | \$150 per day benefit, up to 31 days per year               |
| - Anesthesiologist & Surgeon Fees              | \$150 Copay, then 100% to \$500 per visit per provider      |
| <b>Critical Illness Benefit</b>                | \$2,000   |
| <b>Accident Benefit</b>                        | Up to \$1,500 per accident                                  |
| <b>Cobra Benefits</b>                          | Included  |
| <b>Prescription Drug Benefits</b>              | Rx Discount Card through DirectHealth Mall                  |

## Plan Pricing

### Region C (AL, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, NE, NC, OK, SC, TN, TX, WA, WI)

|                       | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|-----------------------|-----------|-------------------------------|---------------------------------|
| Employee              | \$136.76  | \$125.37                      | \$113.97                        |
| Employee + Spouse     | \$256.44  | \$235.07                      | \$213.70                        |
| Employee + Child(ren) | \$237.57  | \$217.77                      | \$197.98                        |
| Employee + Family     | \$393.90  | \$361.08                      | \$328.25                        |

### Region D (IL, NV, UT, WV, WY)

|                       | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|-----------------------|-----------|-------------------------------|---------------------------------|
| Employee              | \$157.28  | \$144.17                      | \$131.07                        |
| Employee + Spouse     | \$294.91  | \$270.33                      | \$245.76                        |
| Employee + Child(ren) | \$273.21  | \$250.44                      | \$227.67                        |
| Employee + Family     | \$452.99  | \$415.24                      | \$377.49                        |

\*[Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the preventive services listed as part of the covered benefits summary.]  
\*\*[All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Care Coordinator at: 1-844-643-5104.]  
\*\*\*[All preventive services lab MUST be provided through LabCorp only in order to be covered under the HealthyEssentials Plan. If there are no LabCorp facilities within 50 miles, please contact a Care Coordinator at: 1-844-643-5104 to discuss other options.]



## HealthyEssentials PREMIUM Care

|   |  |
|---|--|
| <b>Deductible</b>   | Not Applicable   |
| <b>Co-insurance</b>   | 50%  |
| <b>Co-insurance Maximum</b>   | \$2,500 Single / \$5,000 Family                                    |
| <b>Out-of-Pocket Maximum</b><br>(OOP Max includes copays and Rx copays) | \$5,000 Single / \$10,000 Family                                   |
| <b>PPO Network</b>  | PHCS   |
| <b>Preventive Services</b>  | 100% Coverage * **   |
| <b>Physician Services</b>   |  |
| - Primary Care Office Visit   | \$30 Copay then, 100% to \$300 per visit, 8 visits/year/person max |
| - Specialist Office Visit   | \$50 Copay, then 100% to \$300 per visit, 8 visits/year/person max |
| - Physician & Surgeon Professional Services                             | \$150 Copay, then Co-insurance to \$750 max per day                |
| - Anesthesia Services (Physician / CRNA)                                | \$150 Copay, then Co-insurance to \$350 max per day                |
| <b>Telephonic Physician Consults</b>                                    | Included, \$0 Copay  |
| <b>Outpatient Lab</b>   | 100% if preferred vendor, otherwise \$50 Copay, then 100%          |
| <b>Outpatient Radiology and Imaging</b>                                 | (Pre-certification required prior to scheduling)                   |
| - Physician Office / Freestanding Imaging Ctr.                          | \$50 Copay, then 100% to \$400 max/ procedure                      |
| - Hospital Outpatient   | \$250 Copay, then 100% to \$400 max/ procedure                     |

|  |  |
|--|--|
| <b>Outpatient Rehab &amp; Therapy</b>          | \$50 Copay, then 100% to \$100 per visit, 15 visits/year max                       |
| <b>Allergy Treatment</b>                       | \$50 Copay, then 100% to \$100 per visit, 12 visits/year max                       |
| <b>Emergency Services</b>                      |  |
| - Hospital ER (Facility Charge Only)           | \$250 Copay, then 100% to \$1,000/visit, max benefit per visit of \$2,500 per year |
| - Urgent Care / ER Prof. Services              | \$75 Copay, then 100% to \$500/visit, 2 visits/year max                            |
| - Ambulance                                    | Not Covered  |
| - Air Ambulance                                | Not Covered  |
| <b>Outpatient Surgical Procedures</b>          | (Pre-certification required prior to scheduling)                                   |
| - Physician Office / Freestanding Surgery Ctr. | \$250 Copay, then 100% to \$750 per day, 1 day/year max                            |
| - Hospital Outpatient                          | \$500 Copay/visit, then 100% to \$750 per day, 1 day/year max                      |
| <b>Inpatient Hospitalization</b>               |  |
| - Medical Facility Services                    | \$350 per day benefit, up to 31 days/year  |
| - Anesthesiologist & Surgeon Fees              | \$150 Copay, then 100% to \$500 per visit per provider                             |
| <b>Critical Illness Benefit</b>                | \$3,500  |
| <b>Accident Benefit</b>                        | Up to \$2,500 per accident   |
| <b>Cobra Benefits</b>                          | Included   |
| <b>Prescription Drug Benefits</b>              |  |
| - Preferred Align Network                      | \$20 Copay, Generic Only to \$100/script   |
| - Standard National Network                    | \$25 Copay, Generic Only to \$100/script   |

| Plan Pricing                         | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|--------------------------------------|-----------|-------------------------------|---------------------------------|
| <b>Region A</b> (AK, CT, NJ, NY, PA) |           |                               |                                 |
| Employee                             | \$203.73  | \$186.75                      | \$169.78                        |
| Employee + Spouse                    | \$382.01  | \$350.17                      | \$318.34                        |
| Employee + Child(ren)                | \$353.90  | \$324.41                      | \$294.92                        |
| Employee + Family                    | \$586.78  | \$537.88                      | \$488.98                        |
| <b>Region B</b> (AZ, CO, MI, OH)     |           |                               |                                 |
| Employee                             | \$178.26  | \$163.41                      | \$148.55                        |
| Employee + Spouse                    | \$334.26  | \$306.40                      | \$278.55                        |
| Employee + Child(ren)                | \$309.66  | \$283.86                      | \$258.05                        |
| Employee + Family                    | \$513.43  | \$470.64                      | \$427.86                        |

| Plan Pricing   | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|--|-----------|-------------------------------|---------------------------------|
| <b>Region C</b> (AL, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, NE, NC, OK, SC, TN, TX, WA, WI) |           |                               |                                 |
| Employee   | \$169.78  | \$155.63                      | \$141.48                        |
| Employee + Spouse  | \$318.34  | \$291.81                      | \$265.28                        |
| Employee + Child(ren)  | \$294.92  | \$270.34                      | \$245.76                        |
| Employee + Family  | \$488.98  | \$448.23                      | \$407.48                        |
| <b>Region D</b> (IL, NV, UT, WV, WY)   |           |                               |                                 |
| Employee   | \$195.24  | \$178.97                      | \$162.70                        |
| Employee + Spouse  | \$366.09  | \$335.58                      | \$305.08                        |
| Employee + Child(ren)  | \$339.16  | \$310.89                      | \$282.63                        |
| Employee + Family  | \$562.33  | \$515.47                      | \$468.61                        |

\* (Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the preventive services listed as part of the covered benefits summary)  
 \*\* (All Mammography and Colonoscopy Screening require pre-certification. For pre-certification, please call a Care Coordinator at: 1-844-643-5104.)  
 \*\*\* (All preventive services lab MUST be provided through LabCorp only in order to be covered under the HealthyEssentials Plan. If there are no LabCorp facilities within 50 miles, please contact a Care Coordinator at: 1-844-643-5104 to discuss other options.)

# HealthyEssentials PREMIUM +



|   |   |
|---|---|
| <b>Deductible</b>   | Not Applicable  |
| <b>Co-insurance</b>   | 30%   |
| <b>Co-insurance Maximum</b>   | \$2,000 Single / \$4,000 Family                                 |
| <b>Out-of-Pocket Maximum</b><br>(OOP Max includes copays and Rx copays) | \$3,500 Single / \$7,000 Family                                 |
| <b>PPO Network</b>  | PHCS  |
| <b>Preventive Services</b>  | 100% Coverage * **  |
| <b>Physician Services</b>   |   |
| - Primary Care Office Visit   | \$30 Copay, then 100% to \$300/visit, max 12 visits/person/year |
| - Specialist Office Visit   | \$50 Copay, then 100% to \$300/visit, max 12 visits/person/year |
| - Physician & Surgeon Professional Services                             | \$150 Copay, then Co-insurance to \$1,000 max per day           |
| - Anesthesia Services (Physician / CRNA)                                | \$150 Copay, then Co-insurance to \$500 max per day             |
| <b>Telephonic Physician Consults</b>                                    | Included, \$0 Copay   |
| <b>Outpatient Lab</b>   | 100% if preferred vendor, otherwise \$50 Copay, then 100%       |
| <b>Outpatient Radiology &amp; Imaging</b>                               | (Pre-certification required prior to scheduling)                |
| - Physician Office / Freestanding Imaging Ctr.                          | \$50 Copay, then 100% to \$500 max/ procedure                   |
| - Hospital Outpatient   | \$250 Copay, then 100% to \$500 max/ procedure                  |

|  |  |
|--|--|
| <b>Allergy Treatment</b>                       | \$50 Copay, then 100% to \$100 per visit, 12 visits/year max                               |
| <b>Emergency Services</b>                      |  |
| - Hospital ER (Facility Charge Only)           | \$250 Copay, then Co-insurance to \$1,000/visit, max benefit per visit of \$7,500 per year |
| - Urgent Care/ER Prof. Services                | \$150 Copay, then 100% to \$500 per visit  |
| - Ambulance                                    | Not Covered  |
| - Air Ambulance                                | Not Covered  |
| <b>Outpatient Surgical Procedures</b>          | (Pre-certification required prior to scheduling)   |
| - Physician Office / Freestanding Surgery Ctr. | \$250 Copay per visit, then 100% to \$1,000 per day, 1 day per year max                    |
| - Hospital Outpatient                          | \$500 Copay per visit, then 100% to \$1,000 per day, 1 day per year max                    |
| <b>Inpatient Hospitalization</b>               | (Pre-certification required prior to scheduling)   |
| - Medical Facility Services                    | \$500 per day benefit, up to 31 days/year  |
| - Anesthesiologist & Surgeon Fees              | \$150 Copay, then 100% to \$500 per visit/ per provider                                    |
| <b>Critical Illness Benefit</b>                | \$5,000  |
| <b>Accident Benefit</b>                        | Up to \$5,000 per accident   |
| <b>Cobra Benefits</b>                          | Included   |
| <b>Prescription Drug Benefits</b>              |  |
| - Preferred Align Network                      | \$20 Copay, Generic Only to \$250/script   |
| - Standard National Network                    | \$25 Copay, Generic Only to \$250/script   |

| Plan Pricing                         | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|--------------------------------------|-----------|-------------------------------|---------------------------------|
| <b>Region A</b> (AK, CT, NJ, NY, PA) |           |                               |                                 |
| Employee                             | \$282.96  | \$259.38                      | \$235.80                        |
| Employee + Spouse                    | \$530.57  | \$486.35                      | \$442.14                        |
| Employee + Child(ren)                | \$491.53  | \$450.57                      | \$409.61                        |
| Employee + Family                    | \$814.97  | \$747.05                      | \$679.14                        |
| <b>Region B</b> (AZ, CO, MI, OH)     |           |                               |                                 |
| Employee                             | \$247.59  | \$226.96                      | \$206.33                        |
| Employee + Spouse                    | \$464.25  | \$425.56                      | \$386.87                        |
| Employee + Child(ren)                | \$430.09  | \$394.25                      | \$358.41                        |
| Employee + Family                    | \$713.10  | \$653.67                      | \$594.25                        |

| Plan Pricing   | Voluntary | Employer Contribution 0 - 50% | Employer Contribution Above 50% |
|--|-----------|-------------------------------|---------------------------------|
| <b>Region C</b> (AL, AR, GA, ID, IN, IA, KS, KY, LA, MS, MO, NE, NC, OK, SC, TN, TX, WA, WI) |           |                               |                                 |
| Employee   | \$235.80  | \$216.15                      | \$196.50                        |
| Employee + Spouse  | \$442.14  | \$405.30                      | \$368.45                        |
| Employee + Child(ren)  | \$409.61  | \$375.47                      | \$341.34                        |
| Employee + Family  | \$679.14  | \$622.55                      | \$565.95                        |
| <b>Region D</b> (IL, NV, UT, WV, WY)   |           |                               |                                 |
| Employee   | \$271.17  | \$248.57                      | \$225.98                        |
| Employee + Spouse  | \$508.46  | \$466.09                      | \$423.72                        |
| Employee + Child(ren)  | \$471.05  | \$431.80                      | \$392.54                        |
| Employee + Family  | \$781.01  | \$715.93                      | \$650.84                        |

\* (Plan participants must see a doctor within the PHCS PPO Network in order to be covered for the preventive services listed as part of the covered benefits summary.)  
 \*\* (All Mammography and Colonoscopy Screening require pre-certification.)  
 \*\*\* (All preventive services lab MUST be provided through LabCorp only in order to be covered under the HealthyEssentials Plan; if there are no LabCorp facilities within 50 miles, please contact a Care Coordinator at: 1-844-643-5104 to discuss other options.)



## MEC PLAN SELECTION

Available for groups of 50 or more, up to two HealthyEssential Plans can be offered in combination with other Lifestyle Health major medical plan options.

### STEP 1: Please select your plan.

(MAX LIMIT OF 2 PLANS PER GROUP)

- ☐ HealthyEssentials
- ☐ HealthyEssentials +
- ☐ HealthyEssentials PREMIUM
- ☐ HealthyEssentials PREMIUM Care
- ☐ HealthyEssentials PREMIUM +

### STEP 2: Select your pricing structure:

Voluntary

Employer Contribution  
0 - 50%

Employer Contribution  
Above 50%



### STEP 3: Please select your region:



Region A



Region B



Region C



Region D

#### PLAN NOTES:

- 1) Claims paid on an incurred basis with 3 months run out included after plan year termination.
- 2) The HealthyEssentials product is only available to employer groups of 50 full-time eligible employees or greater.
- 3) Minimum participation level of at least 50% in combination of all Lifestyle Health Plans offered.

The outlines represented herewithin are intended as a brief overview of the actual plan and represent in-network benefit levels. No benefits are payable for non-network services. Please refer to the Plan Summary Document (SPD) for the actual benefits, limitations and exclusions. Many benefits have per procedure or annual maximums. These are separate from any annual maximum out-of-pocket limitations. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non-coverage of services.

Select, Sign, & Date

SAMPLE GROUP ABC

Company Name

Print Name

Signature

Date