

Chase Professionals 2019 Offering Medical Indemnity vs. Minimum Essential Coverage (MEC)

Medical Benefits	Medical Indemnity	MEC
Network Providers	Covered/Amount	Covered/Amount
Medical Network (First Health)	Yes	Yes
Prescription Network (Caremark)	Yes	No
Network Provider Must Accept Plan	Yes	Yes
Wellness Care (one per year)	\$100	Varies, see list
Inpatient Benefits (require 24 hour minimum stay)		
Standard Care per day	\$300	No
Intensive Care Unit Maximum per day ¹	\$400	No
Inpatient Surgery per day	\$2,000	No
Anesthesiology per day	\$400	No
Skilled Nursing per day ²	\$100	No
First Hospital Admission (1 per year)	\$250	No
Outpatient Benefits (all outpatient benefits are subject to outpatient maximum \$2,000)		
Physician Office Visit per day	\$100	No
Diagnostic (Lab) per day	\$75	No
Diagnostic (X-Ray) per day	\$200	No
Ambulance Services per day	\$300	No
Physical, Speech, or Occupational Therapy per day	\$50	No
Emergency Room Benefit—Sickness per day	\$200	No
Emergency Room Benefit—Accident per day ³	\$500	No
Outpatient Surgery per day	\$500	No
Anesthesiology per day	\$200	No
Prescription Drugs (reverse copay)⁴		
Annual Maximum	\$600	No
Generic/Brand Copay	\$10/\$50	No
Weekly Rates		
Employee Only	\$22.76	\$13.42
Employee + Child(ren)	\$37.78	\$15.18
Employee + Spouse	\$43.24	\$16.38
Employee + Family	\$57.58	\$18.66

¹ pays in addition to standard care benefit

² for stays in a skilled nursing facility after a hospital stay

³ covers treatment for off the job accidents only

⁴ when a member goes to a participating Caremark Pharmacy to fill their prescription they will be responsible for paying their copay (typically it is \$10 for generic and \$50 for brand name) up to the prescription drug annual maximum; the member does not have to complete any claim forms and PAI does not process any claims for these benefits

DENTAL BENEFIT				
Annual Maximum Benefit ¹		\$750	Deductible	\$50
	Waiting Period	Co-Insurance	Annual Maximum Benefit	
Coverage A	None	80%	Exams, Cleanings, Intraoral Films and Bitewings	
Coverage B	3 Months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures	
Coverage C	12 Months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures	

¹ Per insured, per covered year *

VISION BENEFIT	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay	Plan Pays
Eye Examination ² (including dilation)	\$10 Copay	100%	100%	\$35
Exam Options (Standard or Premium Contact Lens Fit)	Up to \$55 or 10% off Retail Price	\$0	100%	\$0
Frames ³	80%, after \$110 allowance	\$110, plus 20% of remaining	100%	\$55
Standard Plastic Lenses ² (single, bifocal, trifocal)	\$25 Copay	100%	100%	\$25-\$55
Lens Options	\$15-\$45 or 20% discount	100% or 20% off retail	100%	\$0
Contact Lenses (Conventional) ²	\$0 Copay, plus 85% of remaining	\$110, plus 15% of remaining	100%	\$88
Disposable Contact Lenses ²	\$0 Copay	\$110, plus balance	100%	\$88
Medically Necessary Contact Lenses ²	\$0 Copay	100%	\$0	\$200

² Once every 12 months; ³ Once every 24 months

TERM LIFE BENEFIT			
Employee Amount ⁴	\$10,000 (reduces to \$7,500 at 65; \$5,000 at age 70)	Child Amount (6 months to 26 years old)	\$5,000
Spouse Amount ⁵	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 months)	\$1,000

⁴ Amounts reduced by 75% at age 65, reduced to 50% at age 70; ⁵ Spouse coverage ends at age 70

SHORT TERM DISABILITY BENEFIT			
Benefit	60% of Salary up to \$150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks

ACCIDENTAL LOSS OF LIFE, LIMB & SIGHT INSURANCE			
Employee Amount	\$20,000	Child Amount (6 months to 26 years old)	\$5,000
Spouse Amount	\$20,000	Infant Amount (15 days to 6 months)	\$2,500

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit, except for the following states; FL, NC and CA where benefit is part of the Term Life Benefit as Accidental Death and Dismemberment.

WEEKLY RATES	DENTAL	VISION	TERM LIFE	STD
Employee Only	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Spouse	\$10.80	\$4.84	\$0.90	N/A
Employee + Child(ren)	\$14.58	\$6.54	\$0.90	N/A
Employee + Family	\$20.52	\$9.20	\$1.80	N/A



ESC Minimum Essential Coverage (MEC) Plan Design

Minimum Essential Coverage (MEC) Benefits	
Adults - The MEC Plan covers 100% of the allowed amount in network; 40% out of network	
Abdominal Aortic Aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol Misuse	Screening and counseling
Aspirin	Use for men and women of certain ages
Blood Pressure	Screening for all adults
Cholesterol	Screening for adults of certain ages or at higher risk
Colorectal Cancer	Screening for adults over 50
Depression	Screening for adults
Type 2 Diabetes	Screening for adults with high blood pressure
Diet	Counseling for adults at higher risk for chronic disease
HIV	Screening for all adults at higher risk
Immunization	Vaccines for adults' doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
Obesity	Screening and counseling for all adults
Sexually Transmitted Infection (STI)	Prevention counseling for adults at higher risk
Tobacco Use	Screening for all adults and cessation
Syphilis	Screening for all adults at higher risk
Women, Including Pregnant Women - The MEC Plan covers 100% of the allowed amount in network; 40% out of network	
Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Counseling about genetic testing for women at higher risk
Breast Cancer Mammography	Screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention	Counseling for women at higher risk
Breastfeeding	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical Cancer	Screening for sexually active women
Chlamydia Infection	Screening for younger women and other women at higher risk
Contraception	Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
Domestic and Interpersonal Violence	Screening and counseling for all women
Folic Acid	Supplements for women who may become pregnant
Gestational Diabetes	Screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea	Screening for all women at higher risk
Hepatitis B	Screening for pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV)	Screening and counseling for sexually active women
Human Papillomavirus (HPV) DNA Test	High risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
Osteoporosis	Screening for women over age 60 depending on risk factors
Rh Incompatibility	Screening for all pregnant women and follow-up testing for women at a higher risk
Tobacco Use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users
Sexually Transmitted Infections (STI)	Counseling for sexually active women
Syphilis	Screening for all pregnant women or other women at increased risk
Well-Woman Visits	To obtain recommended Preventive services for women under 65

Children - The MEC Plan covers 100% of the allowed amount in network; 40% out of network

Alcohol and Drug Use	Assessments for adolescents
Autism	Screening for children at 18 and 24 months
Behavioral	Assessments for children of all ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Blood Pressure	Screenings for children: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 yers; 15 to 17 years
Cervical Dysplasia	Screening for sexually active females
Congenital Hypothyroidism	Screening for newborns
Depression	Screening for adolescents
Developmental	Screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk of lipid disorders. Ages: 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Fluoride Chemoprevention	Supplements for children without fluoride in their water source
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing	Screening for all newborns
Height, Weight, and Body Mass Index	Measurements for children ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Hematocrit or Hemoglobin	Screening for children
Hemoglobinopathies	Or Sickle Cell screening for newborns
HIV	Screening for adolescents at higher risk
Immunization	Vaccines for children from birth to age 18-- doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
Iron	Supplements for children ages 6 to 12 months at risk for anemia
Lead	Screening for children at risk of exposure
Medical History	For all children throughout development: Ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Obesity	Screening and counseling
Oral Health	Risk assessment for young children: Ages: 0 to 11 months; 1 to 4 years; 5 to 10 years
Phenylketonuria (PKU)	Screening for this genetic disorder in newborns
Sexually Transmitted Infection (STI)	Prevention counseling and screening for adolescents at higher risk
Tuberculin	Testing for children at higher risk of tuberculosis: Ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Vision	Screening for all children