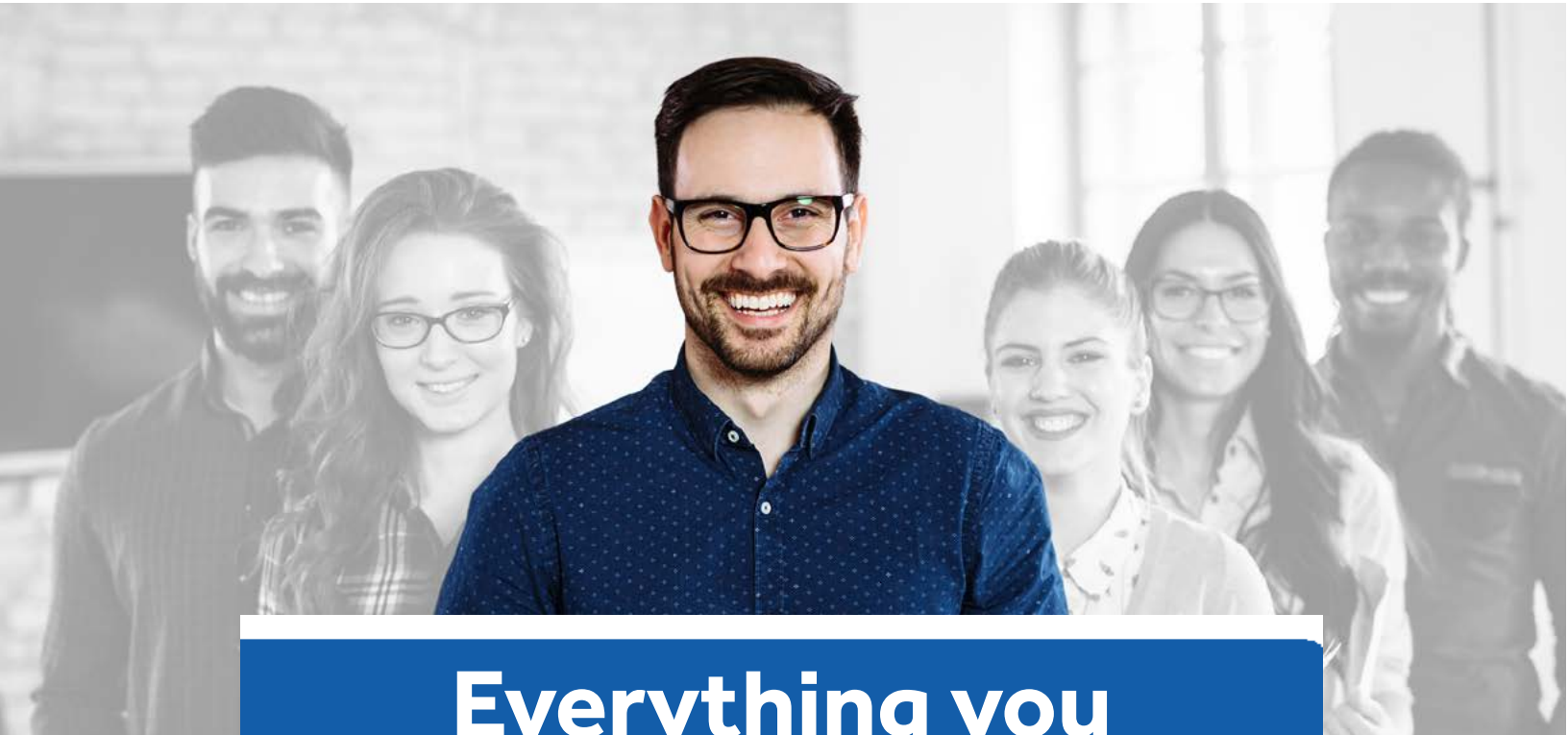




Plan Options & Enrollment Guide



**Everything you
need to know about
your Benefit Plan**

Administered by:

Regional Care Inc. (RCI) - 800.795.7772 or regionalcare.com

PPO Network:

PHCS/Multiplan - 888.342.7427



Introduction

Welcome to Your Benefit Plan

SF Essentials offers real benefits that assist in making healthcare work for you. You have chosen an affordable solution that provides a range of preventative and wellness care benefits. We have partnered with the PHCS/MultiPlan Network to ensure that your health is taken care of when and wherever you need care. Most importantly, our plans comply with the Patient Protection and Affordable Care Act (PPACA) and the San Francisco Health Care Security Ordinance (SFHCSO).

Plans feature TELADOC[®] a telemedicine network with access to physicians via phone or video, as well as, the WellDyne RX[®] prescription discount program.

SF Essentials works with Regional Care Inc. (RCI), a third-party administrator, in providing these plans. For online benefits and claims information, please go to regionalcare.com. For eligibility and benefits information, please call 1-800-795-7772.

Thank you for choosing our benefit plans.





Benefit Options

Intro to Your Plan

	SF Essentials #1	SF Essentials #2
Plan Design	Guaranteed Issue	
Benefit Year	Calendar Year 1/1 - 12/31	
Eligibility	Employee Status: All Permanent Employees Employee Hours: Actively at Work	
PREVENTATIVE BENEFITS MEC plans cover 100% of preventative benefits under PPACA		
TELADOC 24/7 (Multilingual)²	FREE (unlimited)	
PPO NETWORK SERVICES²		
Primary Care Physician Visits	\$0 Copay (max 1 visit per plan year)	\$0 Copay (max 1 visit per plan year)
PRESCRIPTION BENEFITS² Discount Card - Up to 75% Discount on FDA Approved Medications		
GLI Benefits Underwritten by Beazley Insurance Company, Inc.		
Physician Office/Urgent Care Facility Benefit Maximum per Benefit Year:	\$80 per Insured, per day 6 days per Insured	\$90 per Insured, per day 10 days per Insured
Outpatient Diagnostic Lab Benefit Maximum per Benefit Year:	\$25 per Insured, per day 3 days per Insured	\$25 per Insured, per day 7 days per Insured
Outpatient X-Ray Benefit Maximum per Benefit Year:	\$75 per Insured, per day 2 days per Insured	\$125 per Insured, per day 2 days per Insured
Outpatient Major Diagnostic Testing Benefit Maximum per Benefit Year:	\$300 per Insured, per day 2 days per Insured	\$500 per Insured, per day 2 days per Insured
Prescription Drug Benefit Maximum per Benefit Year:	\$30 per Insured, per day 50 days per Insured	\$40 per Insured, per day 50 days per Insured
Emergency Room-Sickness Benefit Maximum per Benefit Year:	Not Covered	\$225 per Insured, per day 3 days per Insured
Emergency Room-Injury Benefit Maximum per Benefit Year:	\$400 per Insured, per day 3 days per Insured	\$700 per Insured, per day 3 days per Insured
Hospital Confinement Benefit Maximum per Benefit Year:	\$450 per Insured, per day 30 days per Insured	\$1,450 per Insured, per day 30 days per Insured
Hospital Intensive Care Unit Confinement Benefit Maximum per Benefit Year:	\$800 per Insured, per day 30 days per Insured	\$1,800 per Insured, per day 30 days per Insured
Hospital Admission Benefit Maximum per Benefit Year:	\$1,000 per Insured, per day 1 day per Insured	\$1,500 per Insured, per day 1 day per Insured
Inpatient Surgery Benefit Maximum per Benefit Year:	\$300 per Insured, per day 1 day per Insured	\$1,000 per Insured, per day 1 day per Insured
Outpatient Surgery Benefit Maximum per Benefit Year:	\$150 per Insured, per day 1 day per Insured	\$500 per Insured, per day 1 day per Insured
Anesthesia Benefit Maximum per Benefit Year:	\$50 per Insured, per day 1 day per Insured	\$300 per Insured, per day 1 day per Insured
Ground or Water Ambulance Benefit Maximum per Benefit Year:	Not Covered	\$300 per Insured, per day 3 days per Insured
Air Ambulance Benefit Maximum per Benefit Year:	Not Covered	\$900 per Insured, per day 2 days per Insured
Mental or Nervous Disorders Confinement Benefit Maximum per Confinement: Maximum per Benefit Year:	Not Covered	\$300 per Insured, per day 30 days per Insured 1 Confinement per Insured
Substance Abuse Confinement Benefit Maximum per Confinement: Maximum per Benefit Year:	Not Covered	\$300 per Insured, per day 30 days per Insured 1 Confinement per Insured
TOTAL MONTHLY PREMIUMS		
Employee ³	MEC \$70.00 + GLI \$84.44 = \$154.44	MEC \$70.00 + GLI \$185.56 = \$255.56
HCSO Spend Requirement Balance: HRA • EMPLOYEES UNDER 20 Hours: HRA ONLY Any excess living wage per quarter, is always deposited into the HRA.		

Note: The MEC plans are PPACA compliant.

¹ GLI is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. GLI does not satisfy any PPACA penalties.

² Non-insurance benefits are included with the MEC plans.

³ Dependent rates available upon request.

⁴ Beazley GLI premium is illustrated in pink and is offered with a 1 year rate guarantee in Florida and a 2 year rate guarantee in other states.

Your MEC plan is ACA Compliant

The list below summarizes some but not all services. Please reference the US Preventive Services Task Force website for the entire list. www.HealthCare.gov/center/regulations/prevention.html

Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults starting at age 50 limited to one every 5 years
7. Depression screening
8. Type 2 Diabetes screening
9. Diet counseling
10. HIV screening
11. Obesity screening and counseling
12. Immunizations vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella)
13. Sexually Transmitted Infection (STI) prevention counseling
14. Tobacco Use screening and cessation interventions
15. Syphilis screening
16. Hepatitis B screening for non-pregnant adolescents and adults.
17. Lung Cancer screening-55-80 y/o who smoke 30 packs a year.
18. Fall Prevention –Physical therapy and vitamin D for 65 and older at risk for falling
19. Hepatitis C screening for high risk individuals and a onetime screening for HCV infection if born between 1945-1965.
20. Skin Cancer behavioral counseling for adults to age 24 with fair skin

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BRCA counseling and genetic testing for women at higher risk
4. Breast Cancer Mammography screenings every year for women age 40+
5. Breast Cancer Chemo Prevention counseling for women
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
7. Cervical Cancer screening
8. Chlamydia Infection screening
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
10. Domestic and interpersonal violence screening and counseling for all women
11. Folic Acid supplements for women who may become pregnant when prescribed by a physician
12. Gestational diabetes screening
13. Gonorrhea screening
14. Hepatitis B screening for pregnant women
15. Human Immunodeficiency Virus (HIV) screening and counseling
16. Human Papillomavirus (HPV) DNA Test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
17. Osteoporosis screening over age 60
18. Rh Incompatibility screening for all pregnant women and follow-up testing
19. Tobacco Use screening and interventions and expanded counseling for pregnant tobacco users
20. Sexually Transmitted Infections (STI) counseling
21. Syphilis screening
22. Well-woman visits to obtain recommended preventive services
23. Aspirin for Preeclampsia prevention
24. Routine prenatal visits for pregnant women

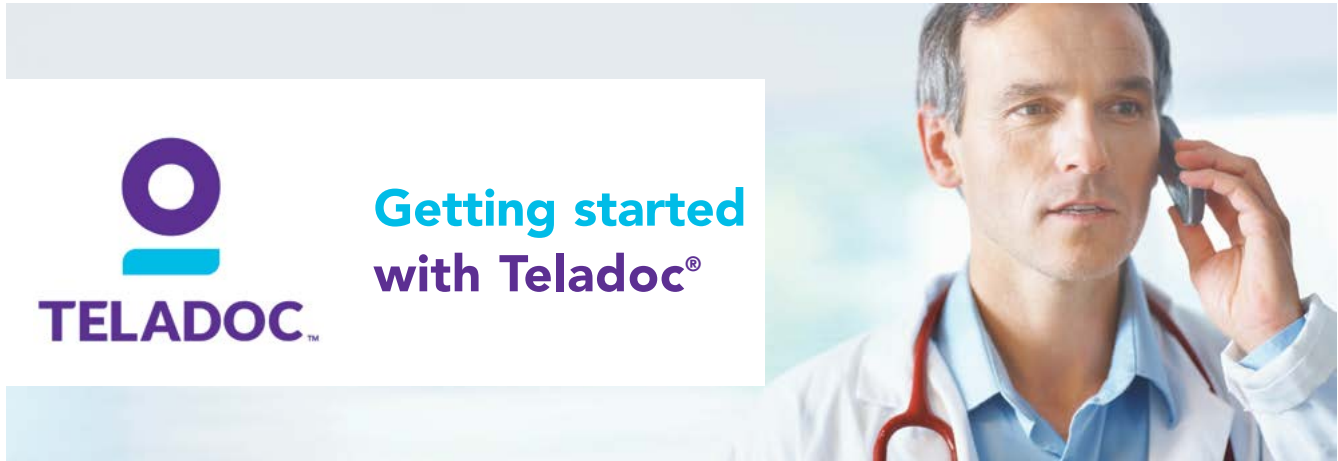
Covered Preventive Services for Children

1. Alcohol and Drug Use assessments
2. Autism screening for children limited to two screenings up to 24 months
3. Behavioral assessments for children limited to 5 assessments to age 17
4. Blood Pressure screening
5. Cervical Dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemo Prevention supplements for children without fluoride in their water source when prescribed by a physician
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body Mass Index measurements for children
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or sickle cell screening for newborns
16. HIV screening for adolescents
17. Lead screening for children
18. Immunization vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus influenza type b
19. Iron supplements for children up to 12 months when prescribed by a physician
20. Medical History for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
21. Obesity screening and counseling
22. Oral Health risk assessment for young children up to age 10
23. Phenylketonuria (PKU) screening in newborns
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
25. Tuberculin testing for children
26. Vision screening for all children under the age of 5
27. Skin Cancer Behavioral Counseling –age 10-24 for exposure to sun
28. Tobacco intervention and counseling for children



Free and Unlimited Teladoc Service!

Set Up a Teladoc Account



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at Teladoc.com, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into Teladoc.com and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for FREE

 Teladoc.com

 **1-800-835-2362**

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 Teladoc.com/mobile





Find a PHCS Provider...

Visit us at: **multiplan.com**

For
MEC Plus Advantage
with **Beazley GLI**
start here!

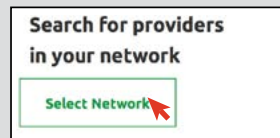
Click "**Find a Provider**"
in the top right corner



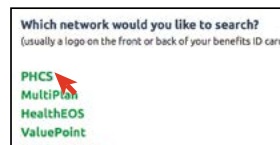
Click "**OK**" at the
bottom right corner



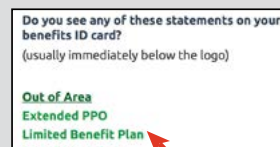
Click "**Select Network**"



Click "**PHCS**" inside
pop-up box



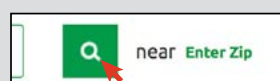
Click "**Limited Benefit Plan**" inside pop-up box



Enter type of provider
(urgent care, hospital,
primary care, etc...) in the search box



Enter zip code and click
the search icon



For additional help:

Call: 888.342.7427



Fast and Convenient

Fill a Prescription at a Pharmacy or Online

You can trust our high level of commitment in finding the right solution for you every time. Let WellDyneRx help you achieve your health care goals.

WellDyneRx is an innovative, full-service prescription benefit manager, servicing its health plan members through a retail network of over 65,000 pharmacies nationwide. Our full-service mail order facilities utilize advanced robotics to accurately fill more than 1-million prescriptions per year.

As an industry leader, WellDyneRx excels at developing innovative and integrated health care solutions that enhance value

for employers, health plans and members. Our unique approach to plan management enables us to provide our clients with the strategic business advantages they require to excel in today's dynamic health care environment.

We take an active interest in understanding our clients' and members' health care goals, anticipating their needs and exceeding their expectations.



Set Up Your Account at:

welldynrx.com

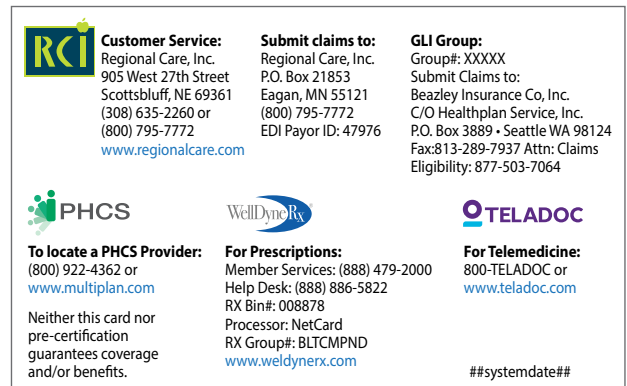


Sample ID Card

Be Prepared... Carry Your Card



Front of card



Back of card

About Beazley GLI Plan

Group Limited Indemnity insurance provides coverage for a select set of benefits, such as inpatient hospitalization and ER visits for injury. Benefits for each covered medical service are paid at a specified amount per day to a maximum number of days per year.

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
- Minimum group size of 5 employees for MEC Plus Advantage with Beazley GLI
- See Beazley proposal for product details and benefit definitions

Group Limited Indemnity Benefit Summary Definitions

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)

Hospital Admission: Lump sum benefit for a hospital admission, due to sickness or injury

Inpatient Surgery: For inpatient surgery in a hospital due to sickness or injury

Outpatient Major Surgery: For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury

Anesthesia: For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist

ER for Accidental Injury: For treatment in an ER due to injury, (treatment must occur within 72 hours of the accident)

The Beazley Group Limited Indemnity policy is offered under form number AHGLIMM001 102016 Ed. 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. Pre-existing condition limitations 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. The GLI product is not available in NY, VT or HI. Insurance is 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. For a current listing of product offerings and availability, visit <http://www.beazley.com/accident&health>. Beazley uses the services of a third party administrator.