

ENROLLMENT KIT



PREPARED FOR

UNIVERSITY OF ILLINOIS
JANUARY, 1ST 2024

ELITECARE + NATIONAL VALUE

MINIMUM ESSENTIAL COVERAGE & HOSPITAL INDEMNITY

Monthly Rates	ELITECARE + NATIONAL VALUE
Employee Only	\$0
Employee + Spouse	\$153
Employee + Child(ren)	\$140
Family	\$288
Medical Benefits	
Wellness and Preventive	Covered at 100%
Primary Care Visits	\$15 copay Unlimited
Specialists Visits	\$15 copay Unlimited
Urgent Care Visits	\$50 copay Unlimited
Laboratory Services	\$50 copay Unlimited
X-Rays	\$50 copay Unlimited
Rx Benefits	
Copay Level by Tier	\$15/\$30/\$50/\$75
Virtual Health Benefits	
Telemedicine	\$0 Copay Unlimited
Virtual Behavioral Health	\$50 Copay 3x/year
MEC Companion Discount Card	
Discount Card	Dental, Vision, Durable Medical Equipment, Diabetic Supplies, Fitness, X-Rays & More
Hospital Indemnity	
Hospital Admission	\$2,000 1x/year
Hospital Confinement	\$50 per day 30x/year
Diagnostic Procedure	\$250 1x/year
Outpatient Surgery	\$250/\$500 1x/year

Hospital Indemnity benefits can help pay for out-of-pocket costs associated with being hospitalized in addition to your medical coverage and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. **Payments are made directly to you, even if you did not actually incur any out-of-pocket expenses.**

PROVIDER LOOKUP

1. Visit www.multiplan.com/sbmaspecificservices
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided



VIRTUAL HEALTH BENEFITS

Telehealth: Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary –at NO COST. To access your services, log in at freshbenies.com download the **freshbeniesapp** or call 1.855.373.7450



Rx INFORMATION

Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.





WELLNESS & PREVENTIVE SERVICES

100% COVERED SERVICES

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) 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
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal; Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

TELEMEDICINE



Our telemedicine benefit provides you and your family access to board certified physicians around the clock **(24/7/365)** via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000*. With this benefit, there is no cost to you or your family for a consultation.

COMMON CONDITIONS TREATED

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Headache
- Gastroenteritis
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

TALK TO A DOC TOR ANYTIME DAY OR NIGHT... FOR FREE.

MEC COMPANION CARD

When I show my
MEC COMPANION CARD...

my card
shows me the *savings!*



SEE THE SAVINGS!



Dental – save up to 50%

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.



Vision – save up to 50%

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.



MRI & Imaging – save up to 75%

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide.



Vitamins – save 5%

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.



Hearing – save up to 70%

Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.



Diabetic Care Services – save up to 70%

A full line of diabetes testing supplies are delivered directly to the member's home.



Lab – save up to 50%

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48–96 hours.



Daily Living Products – save up to 10%

A wide range of medical supplies, safety equipment, and health products are delivered directly to the member's home at discounted rates.

DISCOUNTS AT YOUR FINGERTIPS!

SAVING IS EASY!

REGISTER NOW

MEC COMPANION CARD

REGISTER NOW TO USE
YOUR MEC COMPANION
DISCOUNT CARD !



REGISTER

1. Visit www.WellCardSavings.com
2. Click: "Click Here to Register"
3. Group ID: **MECPLUS**
4. Fill out your information
5. Click Save, Text, or Email card or print the one below to use at participating providers.

BENEFITS & DISCOUNTS

- DENTAL
- PET CARE
- VISION
- EMOTIONAL WELLNESS
- HEARING
- FITNESS
- MRI & IMAGING
- LAB SAVINGS
- VITAMINS
- DURABLE MEDICAL EQUIPMENT
- DIABETIC SUPPLIES

YOUR CARD



This is NOT insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medical Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Savings will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard), 84 Villa Road, Greenville, SC 29615, <http://accessonedmpo.com/>. This program is not available to residence of Montana, but may be used at participating Montana providers. Other state residents: visit www.WellCardSavings.com for full disclosure.

ANCILLARY

DENTAL & VISION



Offered as an add-on to MEC or MV plan offerings.

PREVENTIVE DENTAL

DELTA DENTAL

Monthly Rates	Preventive	
Employee Only	\$19.80	
Employee + Spouse	\$37.53	
Employee + Child(ren)	\$35.28	
Family	\$58.86	
Benefits	In Network	Out Of Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	100%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	-	-
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	-	-
Annual Maximum (per person)	\$1,000	\$1,000
Annual Deductible		
Per Person	None	None
Family Maximum	None	None

DENTAL PROVIDER LOOKUP

1. Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>
2. Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO
3. Search by Current Location: No, Enter Zip Code | Find Dentists



PLAN NOTES

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

COMPREHENSIVE DENTAL

DELTA DENTAL

Monthly Rates	Comprehensive	
Employee Only	\$44.15	
Employee + Spouse	\$88.20	
Employee + Child(ren)	\$83.47	
Family	\$134.99	
Benefits	In Network	Out Of Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	80%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	80%	50%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%
Annual Maximum (per person)	\$1,500	\$1,500
Annual Deductible		
Per Person	\$50	\$100
Family Maximum	\$150	\$300

DENTAL PROVIDER LOOKUP

1. Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>
2. Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO
3. Search by Current Location: No, Enter Zip Code | Find Dentists



PLAN NOTES

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The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

VISION

VSP | POWERED BY DELTA VISION

Monthly Rates

VSP Vision

Employee Only	\$9.95
Employee + Spouse	\$19.90
Employee + Child(ren)	\$20.90
Family	\$34.85

Benefits

Exam/lens/frame frequency (months)	12/12/24
Contacts (in lieu of glasses)	12

In Network Coverage

Eye Exam Copay	\$10
Materials Copay	\$25
Frame allowance	\$130 \$70 Walmart/Sam's Club/Costco frame allowance
Elective contact lens allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/evaluation copay	\$60
Both frames and contacts in same year	No; allows contacts in lieu of frames

Out of Network Coverage

Examination, up to:	\$45
Single vision lenses, up to:	\$30
Bifocal lenses, up to:	\$50
Trifocal lenses, up to:	\$65
Progressive lenses, up to:	\$50
Lenticular lenses, up to:	\$100
Frames, up to:	\$70
Elective contact lenses, up to:	\$105
Necessary contact lenses, up to:	\$210

Lens Enhancements (Member Cost)*

Anti-glare coating	\$41 single/\$41 multifocal
Impact - resistant lenses - adult	\$31 single/\$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses	\$75 single vision/\$75 multifocal
Scratch resistant coating	\$17 single vision/\$17 multifocal

*Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network and are subject to change without notice.

VISION PROVIDER LOOKUP

1. Visit: <https://www.vsp.com/eye-doctor>
2. Search by Location, Office Name, or Doctor Name



DeltaVision® in partnership with VSP®