

# MyMD Connect

## "MEC" Plans

- Direct Primary Care
- Preventive Care
- Generic Prescriptions
- Basic Lab and Radiology
- Physician Office Visits
- Urgent Care
- In-Office Surgery and Testing
- MRI, CT, PET

	<u>PLAN 1</u>	<u>PLAN 2</u>	<u>PLAN 3</u>
	"MEC" w/Rx	"MEC" w/ DOC & Rx	"MEC" Plus
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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# Plan 1

<b>Plan Description</b>	<b>DPC "MEC" w/Rx</b>
<b>Preventive Care Services</b> <i>Pursuant to ACA Requirements</i>	<b>Covered at 100%</b>
<b>DPC Medicine</b>	<b>MyMD Connect</b>
<b><u>DPC Physician Services:</u></b> Initial Intake Visit Virtual Visit In-Office Visit (Complete DPC) At-Home Visit ( <i>Where available</i> )	Covered at 100% Covered at 100% Covered at 100% Not Covered
<b><u>DPC Facilitated Services:</u></b> Lab & Radiology Diagnostic Testing & Home Sleep Studies Imaging (CT/MRI/PET)	<i>(Discounted Pricing Available)</i> Not Covered Not Covered Not Covered
<b>Routine Medical Care</b>	<b>Any Choice of Provider</b>
Convenience Care Clinic	Not Covered
Primary/Specialist Office Visit	Not Covered
Free-Standing Lab & Radiology	Not Covered
Urgent Care Facility	Not Covered
In-Office Surgery & Diagnostic Testing	Not Covered
Speech/Occupational/Physical Therapy	Not Covered
<b>Prescription Benefits</b>	
ACA Preventive Prescriptions	Covered at 100%
Generic Prescriptions	\$20 Copay
<b>Monthly Plan Funding</b>	<b>Plan 1</b>
<b><u>DPC Option:</u></b> Employee Only Employee & Spouse Employee & Children Employee & Family	<b>Complete</b> \$148.10 \$275.20 \$254.00 \$325.40

\*Access to in-office visit to concierge physician care may be limited when selecting the virtual care



# Plan 2

<b>Plan Description</b>	<b>DPC "MEC" w/ DOC &amp; Rx</b>
<b>Preventive Care Services</b> <i>Pursuant to ACA Requirements</i>	<b>Covered at 100%</b>
<b>DPC Medicine</b>	<b>MyMD Connect</b>
<b><u>DPC Physician Services:</u></b> Initial Intake Visit Virtual Visit In-Office Visit (Complete DPC) At-Home Visit ( <i>Where available</i> )	Covered at 100% Covered at 100% Covered at 100% \$50 Copay
<b><u>DPC Facilitated Services:</u></b> Lab & Radiology Diagnostic Testing & Home Sleep Studies Imaging (CT/MRI/PET)	<i>(Discounted Pricing Available)</i> Covered at 100% Not Covered Not Covered
<b>Routine Medical Care</b>	<b>Any Choice of Provider</b>
Convenience Care Clinic	\$35 Copay
Primary/Specialist Visit	\$35 Copay
Free-Standing Lab & Radiology	\$50 Copay
Urgent Care Facility	\$75 Copay
In-Office Surgery & Diagnostic Testing	Not Covered
Speech/Occupational/Physical Therapy	Not Covered
<b>Prescription Benefits</b>	
ACA Preventive Prescriptions	Covered at 100%
Generic Prescriptions	\$20 Copay
<b>Monthly Plan Funding</b>	<b>Plan 2</b>
<b><u>DPC Option:</u></b> Employee Only Employee & Spouse Employee & Children Employee & Family	<b>Complete</b> \$195.60 \$378.20 \$340.00 \$464.40

\*Access to in-office visit to concierge physician care may be limited when selecting the virtual care



# Plan 3

<b>Plan Description</b>	<b>DPC "MEC" Plus</b>
<b>Preventive Care Services</b> <i>Pursuant to ACA Requirements</i>	<b>Covered at 100%</b>
<b>DPC Medicine</b>	<b>MyMD Connect</b>
<b><u>DPC Physician Services:</u></b> Initial Intake Visit Virtual Visit In-Office Visit (Complete DPC) At-Home Visit ( <i>Where available</i> )	Covered at 100% Covered at 100% Covered at 100% \$50 Copay
<b><u>DPC Facilitated Services:</u></b> Lab & Radiology Diagnostic Testing & Home Sleep Studies Imaging (CT/MRI/PET)	<i>(Discounted Pricing Available)</i> Covered at 100% Covered at 50% Covered at 50%
<b>Routine Medical Care</b>	<b>Any Choice of Provider</b>
Convenience Care Clinic	\$35 Copay
Primary/Specialist Visit	\$35 Copay
Free-Standing Lab & Radiology	\$50 Copay
Urgent Care Facility	\$75 Copay
In-Office Surgery & Diagnostic Testing	Covered at 50%
Speech/Occupational/Physical Therapy	Covered at 50%
<b>Prescription Benefits</b>	
<b>ACA Preventive Prescriptions</b>	Covered at 100%
<b>Generic Prescriptions</b>	\$20 Copay
<b>Monthly Plan Funding</b>	<b>Plan 3</b>
<b>DPC Options:</b> Employee Only Employee & Spouse Employee & Children Employee & Family	<b>Complete</b> \$237.15 \$465.65 \$415.65 \$582.65

\*Access to in-office visit to concierge physician care may be limited when selecting the virtual care



## Legal Disclaimer

### Pricing Assumption:

1. The Monthly Plan Funding illustrated above includes
  - a. Plan Administration
  - b. Vendors Costs
  - c. Excess Loss Coverage
  - d. Variable Claims Exposure
  - e. Maximum Monthly Funding Amounts Required
2. To meet "Minimum" Stop-Loss Requirements, a Pre-Determined set of "Unit Measurements" has been established to calculate the Required Minimum Monthly Enrollment by Plan.
  - a. Minimum Monthly Enrollment Requirement Units (MMERU):
    - i. Plan 1 @ 35 Units
    - ii. Plans 2 & 3 @ 15 Units.
  - b. Tiers are calculated using:
    - i. Employee only (EE) @ 1.0
    - ii. EE & Spouse @ 2.2
    - iii. EE & Children @ 1.8
    - iv. EE & Family @ 3.1.
  - c. Example Group: 4 Family's + 1 Employee Only + 1 Employee Spouse = 15.6 units.  
(Therefore, that group can enroll in plans 2 or 3 but not large enough for plan 1)
3. Group Minimum Monthly Funding will be based on the Non-Adjusted "Actual" enrollment by Tiers times the Individual Tier Funding Rates.
4. Physicians may agree to offer On-site Visits (if available) at an Additional Cost. The minimum fee will vary based on Site Location on Desired Services (i.e. Flu Shots).
5. On-Site Visits may not be available in all locations. Travel expenses may apply. Availability and related expenses will be discussed in advance of the actual visit.
6. Plans may incur Additional Expenses for:
  - a. Plan Implementation
  - b. Enrollment
  - c. ACA Reporting
  - d. Taxes
  - e. Annual Fee:
    - Below 25 EE's = \$750
    - 25 to 50 EE's = \$1,000
    - 50+ EE's = \$1,500

*\*Refer to the Financial Section of the proposal for Detail*