

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

THIS PLAN INCLUDES:

| | |
|--|------------------|
| Minimum Essential Coverage | ✓ |
| NEW! Network | AXA Open Access |
| Out of Network Coverage | N/A |
| Individual Medical Deductible/Out-of-Pocket Limit | \$0/None |
| Family Medical Deductible/Out-of-Pocket Limit | \$0/None |
| Individual/Family Pharmacy Out-of-Pocket Limit | \$5,000/\$10,000 |
| Preventive & Wellness <i>Covered with no out-of-pocket expenses.</i> | 100% |
| Physician and Office Utilizations | N/A |
| Primary Care Visit | Not Included |
| Specialist Visit | Not Included |
| Urgent Care Visit | Not Included |
| Maternity Pre/Post Natal | Not Included |
| Mental/Behavioral Health | Not Included |
| X-Rays & Lab | Not Included |
| Imaging | Not Included |
| Emergency Room | Not Included |
| Emergency Transport | Not Included |
| Outpatient/In-Patient Services Hospital Admission | Not Included |
| Rideshare Transport <i>Allows reimbursement for any rideshare, cab or other transportation to and from medical treatments and appointments.</i> | Not Included |
| Enhanced Rx Discount Program <i>(Powered by Shield PBM)</i> | Included |
| Acute Drug Formulary <i>(Shield PBM)</i> | Included |
| Virtual Urgent Care <i>(Powered by MeMD)</i> | Included |

PLAN FEATURES

- ◆ Covers preventive and wellness services at no cost including: Annual Wellness Exam, Immunizations, and STI Screenings.
- ◆ This plan has an Open Network provided by AXA Assistance USA. Choose your own provider without the limitations of Network Restrictions.
- ◆ No waiting periods.
- ◆ Enhanced Rx Program featuring deeply discounted medications. *(Powered by Shield PBM, see insert)*
- ◆ Acute Drug Formulary includes 37 medications *(Powered by Shield PBM, see insert)*
- ◆ Included 24/7 Virtual Urgent Care. *(Powered by MeMD, see insert)*

Please see plan specification document for more details.

| | Employee Only | Employee + Child(ren) | Employee + Spouse | Employee + Family |
|----------------|---------------|-----------------------|-------------------|-------------------|
| WEEKLY PRICING | | | | |

MEC PLAN BENEFITS SPECIFICATION

| Plan Features | Network Care | Out-Of-Network Care |
|---|---------------------------------------|---------------------|
| Primary Care Physician Selection | Not required | Not applicable |
| Deductible <i>(per plan year)</i> | \$0 Individual \$0 Family | Not applicable |
| Member Coinsurance <i>(applies to all expenses unless otherwise stated)</i> | 0% | Not applicable |
| Medical Out-of-Pocket (OOP) Maximum <i>(per plan year, includes deductible)</i> | Not applicable | Not applicable |
| Pharmacy Out-of-Pocket (OOP) Maximum | \$5,000 Individual \$10,000 Family | Not applicable |
| <i>All covered expenses accumulate separately toward the network and out-of-network OOP limit.</i> | | |
| <i>Pharmacy co-payment expenses apply towards the OOP limit. Only those OOP expenses resulting from the application of coinsurance percentage, deductibles, and co-pays may be used to satisfy the OOP maximum.</i> | | |
| <i>Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.</i> | | |
| Payment for Out-of-Network Care | Not applicable | Not applicable |
| Referral Requirement | Not required | Not applicable |
| Physician Services | Network Care | Out-Of-Network Care |
| Virtual Urgent Care <i>Powered by MeMD</i> | Covered in full | Not applicable |
| Office Visits to Non-Specialist | Not covered | Not applicable |
| Specialist Office Visits | Not covered | Not applicable |
| Prenatal Maternity and Post-Partum Care <i>(Office Visit)</i> | Not covered | Not applicable |
| Maternity - Delivery | Not covered | Not applicable |
| Preventive Care | Network Care | Out-Of-Network Care |
| <i>Preventive care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.</i> | | |
| Routine Adult Physical Exams and Immunizations <i>Includes routine tests and related lab fees. Limited to 1 exam every 12 months.</i> | Covered in full | Not applicable |
| Well Child Exams and Immunizations <i>Limited to 1 exam every 12 months. Immunizations will be subject to age and developmentally appropriate frequency limitations determined by ACIP.</i> | Covered in full | Not applicable |
| Routine Gynecological Exams <i>Includes routine tests and related lab fees. Limited to 1 exam every 12 months.</i> | Covered in full | Not applicable |
| Routine Mammograms <i>For covered females age 40 and over. Limited to 1 exam every 12 months. Complex imaging not covered.</i> | Covered in full | Not applicable |
| Women's Health <i>Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.</i> | Covered in full | Not applicable |
| Routine Digital Rectal Exam / Prostate-Specific Antigen Test <i>For covered males age 18 and over. Limited to 1 exam every 12 months.</i> | Covered in full | Not applicable |
| Colorectal Cancer Screening <i>For all members age 50 and over. Limited to 1 exam every 12 months.</i> | Covered in full | Not applicable |
| Routine Eye Exams (Refraction) <i>For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.</i> | Covered in full | Not applicable |
| Voluntary Sterilization - Tubal Ligation <i>Covered as a preventive care service in accordance with Health Care Reform.</i> | Covered in full | Not applicable |
| COVID-19 Testing <i>Swab only. Limited to 1 exam every 12 months.</i> | Covered in full | Not applicable |
| Diagnostic Procedures | Network Care | Out-Of-Network Care |
| Outpatient Diagnostic Laboratory | Not covered | Not applicable |
| Outpatient Diagnostic X-ray <i>(except for complex imaging services)</i> | Not covered | Not applicable |
| Outpatient Diagnostic X-ray for Complex Imaging Services <i>(Including, but not limited to, MRI, MRA, PET, and CT Scans)</i> | Not covered | Not applicable |

| Emergency Medical Care | Network Care | Out-Of-Network Care |
|--|---|---------------------|
| Urgent Care Provider | Not covered | Not applicable |
| Emergency Room | Not covered | Not applicable |
| Emergency Ambulance | Not covered | Not applicable |
| Non-Emergency Ambulance | Not covered | Not applicable |
| Other Services and Plan Details | Network Care | Out-Of-Network Care |
| Hospital Care | Not covered | Not applicable |
| Mental Health and Alcohol/Drug Abuse Services | Not covered | Not applicable |
| Skilled Nursing Facility | Not covered | Not applicable |
| Therapy and Rehabilitation Services | Not covered | Not applicable |
| Durable Medical Equipment | Not covered | Not applicable |
| Mouth, Jaws, and Teeth <i>Oral surgery procedures, medical in nature</i> | Not covered | Not applicable |
| Family Planning | Not covered | Not applicable |
| Pharmacy – Prescription Drug and Discount Benefits <i>Powered by Shield PBM</i> | Access & Discounts Available | |
| Retail <i>(Up to a 30-day supply)</i> | | |
| Preventative Drugs | Covered in Full | |
| Generic Drugs | Discounts Available | |
| Preferred Brand Drugs | Discounts Available | |
| Non-Preferred Brand Drugs | Discounts Available | |
| Specialty Drugs <i>(Up to a 30-day supply)</i> <i>Includes self-injectable, infused and oral specialty drugs, excludes insulin</i> | International & prescription assistance options - call customer care for additional information | |
| Mail Order Delivery <i>(for your refills for up to a 31-90 day supply)</i> | | |
| Generic Drugs | Discounts Available | |
| Preferred Brand Drugs | Discounts Available | |
| Non-Preferred Brand Drugs | Discounts Available | |
| <i>While this information is believed to be accurate as of the print date, it is subject to change. To receive full and up to date policy descriptions, please visit breckpoint.linked.exchange to log into our member portal.</i> | | |
| **Utilization <i>is the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis. Examples of Utilization are the number of office visits a person makes per year, the number of prescription drugs taken, or the number of testing a person receives by a provider.</i> | | |
| Claims Portal: <i>To register and view your claims status please go to portal.breckpoint.com</i> | | |

Pharmacy Plan includes:

Contraceptive drugs and devices obtainable from a pharmacy. Formulary generic FDA-approved women's contraceptives covered 100% in network. Not all drugs are covered.

What's Not Covered

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; cosmetic surgery, including breast reduction; custodial care; dental care and x-rays; donor egg retrieval; experimental and investigational procedures; hearing aids; immunizations for travel or work; infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan

documents; nonmedically necessary services or supplies; orthotics; over-the-counter medications and supplies; reversal of sterilization; services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.

MENTAL HEALTH TELE-THERAPY

Powered by  MeMD

FEEL LIKE YOURSELF AGAIN

Employees have **free access** to online therapy service MEMD. You can schedule up to 5 live 50-minute video or phone sessions per month, from wherever you're most comfortable. *(Services offered for anyone 18+)*

WHAT WE TREAT

- Addiction
- Anxiety
- Depression
- Divorce
- Eating Disorders
- Grief/Loss
- Mood Swings
- Panic Attacks
- Relationships
- And more!

SPEAK TO A THERAPIST FOR FREE



SET UP YOUR ACCOUNT

- Visit www.MeMD.me/group/breckpoint to set up your account, using dedicated plan code **RFTG638D**.



PERSONALIZE YOUR VISIT

- Review therapist bios (including licensure, training and areas of expertise) and pick the MeMD therapist who will be the best fit for you.
- Choose a preferred date and time to meet that fits your schedule.
- Decide if you'd like to speak by phone or video.



GET THE SUPPORT YOU NEED

- Meet with your chosen therapist and start making progress.
- Jointly develop a treatment plan to address your specific needs with mutually agreed upon goals. This may include short-term counseling, long-term therapy, or something in between.
- Schedule follow-up visits with your selected therapist.

(Scheduling is available 24/7 with up to 5 visits per month included).



For coverage assistance please contact our customer service at **855.636.3669** | www.memd.me/chat



INCLUDED BENEFIT!

VIRTUAL URGENT CARE

Powered by  MeMD

Sickness doesn't sleep. Get the care you need, when you need it, **at no cost to you!** With on-demand exams from MeMD, you, your spouse, and children can be treated 24/7 for routine health issues like:

- Cold, flu, sore throats, sinus infections
- Allergies, itchy eyes, pink eye
- Nausea, vomiting, diarrhea
- UTIs, abdominal pain
- Skin infections, rashes
- Travel medications
- Short-term prescription refills
- General advice and consultation



Our medical team includes MDs, DOs, NPs & PAs (US-licensed, board-certified medical providers) who average over 16 years of experience. They can give you a personalized treatment plan and send prescriptions right to your pharmacy.

GET MEDICAL CARE DAY OR NIGHT:

1

SIGN IN TO MEMD

Access your MeMD account by downloading the app and entering your plan code:

Visit: www.MeMD.me/app-store Plan Code: MQ967N4T

OR by visiting your MeMD website: www.MeMD.me/group/breckpoint

2

REQUEST AN EXAM

For non-emergency health issues, you can request an exam using your phone, tablet, or computer.

3

SPEAK WITH A PROVIDER AND GET TREATMENT

Your MeMD provider will review your chart, ask questions, and recommend a treatment plan.

855.636.3669 | www.memd.me/chat

INCLUDED BENEFIT!



ENHANCED RX PRESCRIPTION MEMBERSHIP WITH ACUTE DRUG FORMULARY *Powered by* SHIELD PBM

THE EASIEST WAY TO SAVE ON YOUR MEDICATIONS

Enhanced Rx provides access to a full PBM discount network and additional access to savings online and through concierge service. Discount can also be used at the local pharmacy and include 95 ACA medications and 37 commonly prescribed medications included at no cost!

Visit Breckpointrx.com to get started!

1. Pay Before you go



- Save up to 25% more BEFORE going to the pharmacy by pre-paying at www.breckpointrx.com.

2. Mail Order



- Secure home delivery options online with up to 50% savings and enjoy auto-refill.

3. Present your Rx card



- At any retail pharmacy and out of pocket cost is deeply discounted.

OR



NO COST ACUTE DRUG FORMULARY COVERS DRUGS LIKE:

- Amoxicillin
- Atorvastatin
- Azithromycin (Z-Pak)
- Bupropion
- Cholecalciferol
- Ciprofloxacin
- Hydrocortisone
- Junel
- Lovastatin
- Meclizine
- Naproxen
- Nonoxynol
- Prednisone
- Tamoxifen
- Tessalon
- Viorele
- And much more!

See the full list at breckpointrx.com



855.798.2538

www.breckpointrx.com