

BENEFITS PROPOSAL

.....
AFFORDABLE | USABLE | ACA COMPLIANT

MEC PLANS

ACA COMPLIANT | MINIMUM ESSENTIAL COVERAGE

Monthly Rates	WELLCARE	PRIMECARE	ELITECARE
Employee Only	\$54	\$85	\$144
Employee + Spouse	\$94	\$165	\$265
Employee + Child(ren)	\$94	\$165	\$265
Family	\$124	\$245	\$380

Medical Benefits

Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	Use Telemedicine	\$15 copay 3x/year	\$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	Discount Rx Included	\$15/\$30/\$50/\$75	\$15/\$30/\$50/\$75
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Virtual Health Benefits

Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
Virtual Behavioral Health	-	\$50 Copay 3x/year	\$50 Copay 3x/year

MEC Companion Discount Card

Dental	Included	Included	Included
Vision	Included	Included	Included
Durable Medical Equipment	Included	Included	Included
Diabetic Supplies	Included	Included	Included
Fitness	Included	Included	Included
X-Rays	Included	Included	Included

⊕ Direct Virtual Primary Care (Add-On)

Add onto all MEC Plan offerings for +\$25 more per plan and tier. Must be added to all plans.

Benefits

Virtual Primary Care	Family coverage for \$0 consult Dedicated physician Annual at-home labs Comprehensive health risk assessment Genomic testing Prescriptions and refills Chronic disease care
Virtual Behavioral Health	\$0 Consult fee for therapy and counseling Medication management and PGx testing Integrated Psychiatry access Integrated Prescription Health risk assessment
Virtual Urgent Care	\$0 Consult fee Treatments for 50+ conditions Unlimited 24/7 access Family coverage Consult transcription Primary Care Coordination
AcuteCare Rx	Generic acute care prescriptions National pharmacy coverage Generics cost \$0 For cold, flu, infection, muscle pain and more Covers employee plus dependents

MEC MINIMUM PARTICIPATION REQUIREMENT OF 10 ENROLLED.

- Costs include plan documents, MultiPlan network, ID cards, enrollment guides, COBRA administration and claims management.
- Plans exclude out-of-network services and cover only the services listed above and on the Preventive Care Benefits page.
- Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.
- Rx Benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
- Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after). The WellCare plan does not include behavioral health services.
- This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).

MEC + HOSPITAL INDEMNITY PLANS

MINIMUM ESSENTIAL COVERAGE & HOSPITAL INDEMNITY

Monthly Rates	ELITECARE + NATIONAL BASE	ELITECARE + NATIONAL SELECT
Employee Only	\$177	\$194
Employee + Spouse	\$330	\$384
Employee + Child(ren)	\$317	\$359
Family	\$465	\$531
Medical Benefits		
Wellness and Preventive	Covered at 100%	Covered at 100%
Primary Care Visits	\$15 copay Unlimited	\$15 copay Unlimited
Specialists Visits	\$15 copay Unlimited	\$15 copay Unlimited
Urgent Care Visits	\$50 copay Unlimited	\$50 copay Unlimited
Laboratory Services	\$50 copay Unlimited	\$50 copay Unlimited
X-Rays	\$50 copay Unlimited	\$50 copay Unlimited
Rx Benefits		
Copay Level by Tier	\$15/\$30/\$50/\$75	\$15/\$30/\$50/\$75
Virtual Health Benefits		
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited
Virtual Behavioral Health	\$50 Copay 3x/year	\$50 Copay 3x/year
MEC Companion Discount Card		
Dental	Included	Included
Vision	Included	Included
Durable Medical Equipment	Included	Included
Diabetic Supplies	Included	Included
Fitness	Included	Included
X-Rays	Included	Included
Hospital Indemnity		
Hospital Admission	\$2,000 3x/year	\$2,500 3x/year
Hospital Confinement	\$50 per day 30x/year	\$200 per day 30x/year
Inpatient Surgery	\$1,000 1x/year	\$1,000 1x/year
Outpatient Surgery (Hospital/Physician)	\$250/\$75 1x/year	\$1,000/\$300 1x/year
Emergency Room	-	\$100 2x/year
Emergency Transportation (Ground/Air)	-	\$200/\$1,000 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.**

MEC MINIMUM PARTICIPATION REQUIREMENT OF 10 ENROLLED.

1. Costs include plan documents, MultiPlan network, ID cards, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services and cover only the services listed above and on the Preventive Care Benefits page.
3. Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.
4. Rx Benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
5. Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after). The WellCare plan does not include behavioral health services.
6. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).

MV PLANS

ACA COMPLIANT | MINIMUM VALUE PLANS

Monthly Rates	\$2,500 CORE MV	CORE MV
Employee Only	\$419	\$497
Employee + Spouse	\$735	\$786
Employee + Child(ren)	\$698	\$739
Family	\$935	\$988
Medical Benefits		
Deductible (Ind/Fam)	\$2,500/\$5,000	\$0
Out of Pocket Maximum (Ind/Fam)	\$9,100/\$18,200	\$9,100/\$18,200
Wellness and Preventive ⁺	Covered at 100% (Deductible Waived)	Covered at 100%
Primary Care Visits ⁺	\$25 Copay 8 per year	\$25 Copay 8 per year
Specialist Visits ⁺	\$50 Copay 8 per year	\$50 Copay 8 per year
Urgent Care Visits ⁺	\$75 Copay 2 per year	\$75 Copay 2 per year
Laboratory Services & Radiology ⁺	\$50 Copay 3 per year	\$50 Copay 3 per year
Advanced Imaging	\$350 Copay 1 per year	\$350 Copay 1 per year
Radiology & Advanced Imaging	Covered 100% through Medmo	Covered 100% through Medmo
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited
Rx Benefits		
Generic Rx	\$0 Copay Preventive, \$5 Copay Generic	\$0 Copay Preventive, \$5 Copay Generic
Preferred Brand/Non-Preferred Rx	-	-
Hospital Services		
Inpatient Hospitalization & Surgery	Ded then \$750 Copay 5 days & 2 Surgeries per year	\$750 Copay 5 days & 2 Surgeries per year
Outpatient Hospitalization & Surgery	Ded then \$350 Copay 1 per year	\$350 Copay 1 per year
Emergency Room Services	\$750 Copay 1 per year	\$750 Copay 1 per year
Other Services		
Chiropractic Services* ⁺	\$75 Copay 8 per year	\$75 Copay 8 per year
Home Health Care	\$50 Copay 10 per year	\$50 Copay 10 per year
Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient ⁺)	Ded then \$750 Copay 5 days a year / \$350 Copay 8 days a year	\$750 Copay 5 days a year / \$350 Copay 8 days a year
Emergency Ground Transportation	\$500 Copay 1 per year	\$500 Copay 1 per year
Applied Behavioral Analysis	\$75 Copay 8 per year	\$75 Copay 8 per year
Physical, Occupational & Speech Therapy*	\$75 Copay 8 per year	\$75 Copay 8 per year
Chemotherapy, Radiation & Dialysis	Not Covered	Not Covered
Pregnancy Services		
Professional Services	Not Covered	Not Covered
Inpatient/Facility Services	Not Covered	Not Covered
NICU Services	Not Covered	Not Covered

MV MINIMUM PARTICIPATION REQUIREMENT OF 5 ENROLLED.

* Pre Authorization Required | ⁺ 40% Co-insurance for Non-Network Provider

MV PLANS

ACA COMPLIANT | MINIMUM VALUE PLANS

Monthly Rates	CHOICE MV	PRIME MV
Employee Only	\$595	\$624
Employee + Spouse	\$975	\$1,105
Employee + Child(ren)	\$867	\$949
Family	\$1,119	\$1,460
Medical Benefits		
Deductible	\$0	\$0
Out of Pocket Maximum (Ind/Fam)	\$9,100/\$18,200	\$9,100/\$18,200
Wellness and Preventive ⁺	Covered at 100%	Covered at 100%
Primary Care Visits ⁺	\$25 Copay 10 per year	\$25 Copay 12 per year
Specialist Visits ⁺	\$50 Copay 10 per year	\$50 Copay 12 per year
Urgent Care Visits ⁺	\$75 Copay 3 per year	\$75 Copay 3 per year
Laboratory Services & Radiology ⁺	\$50 Copay 3 per year	\$50 Copay 4 per year
Advanced Imaging	\$350 Copay 2 per year	\$350 Copay 3 per year
Radiology & Advanced Imaging	Covered 100% through Medmo	Covered 100% through Medmo
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited
Rx Benefits		
Generic Rx	\$0 Copay Preventive, \$5 Copay Generic	\$0 Copay Preventive, \$5 Copay Generic
Preferred Brand/Non-Preferred Rx	\$75 Copay Preferred \$150 Copay Non-Preferred	\$75 Copay Preferred \$150 Copay Non-Preferred
Hospital Services		
Inpatient Hospitalization & Surgery	\$750 Copay 7 days & 3 Surgeries per year	\$750 Copay 10 days & 4 Surgeries per year
Outpatient Hospitalization & Surgery	\$350 Copay 2 per year	\$350 Copay 2 per year
Emergency Room Services	\$750 Copay 1 per year	\$750 Copay 2 per year
Other Services		
Chiropractic Services* ⁺	\$75 Copay 10 per year	\$75 Copay 10 per year
Home Health Care	\$50 Copay 15 per year	\$50 Copay 20 per year
Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient ⁺)	\$750 Copay 7 days a year / \$350 Copay 10 days a year	\$750 Copay 10 days a year / \$350 Copay 12 days a year
Emergency Ground Transportation	\$500 Copay 1 per year	\$500 Copay 2 per year
Applied Behavioral Analysis	\$75 Copay 10 per year	\$75 Copay 12 per year
Physical, Occupational & Speech Therapy*	\$75 Copay 10 per year	\$75 Copay 12 per year
Chemotherapy, Radiation & Dialysis	Not Covered	Not Covered
Pregnancy Services		
Professional Services	\$350 Copay	\$350 Copay
Inpatient/Facility Services	\$750 Copay 7 days per year	\$750 Copay
NICU Services	\$750 Copay 7 per year	\$750 Copay 10 per year

MV MINIMUM PARTICIPATION REQUIREMENT OF 5 ENROLLED.

* Pre Authorization Required | ⁺ 40% Co-insurance for Non-Network Provider

DENTAL PLANS

DELTA DENTAL

Monthly Rates	Preventive		Comprehensive	
Employee Only	\$19.80		\$44.15	
Employee + Spouse	\$37.53		\$88.20	
Employee + Child(ren)	\$35.28		\$83.47	
Family	\$58.86		\$134.99	
Benefits	In Network	Out Of Network	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%	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)	\$1,000	\$1,000	\$1,500	\$1,500
Annual Deductible				
Per Person	None	None	\$50	\$100
Family Maximum	None	None	\$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

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.

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



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PROVIDER LOOKUP

MEC PLANS

WELLCARE MEC

1. Visit www.multiplan.com/sbmapreventiveservices
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.

ALL OTHER MEC

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.

MV PLANS

1. Visit <https://www.hstconnect.com/PHCS>
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.

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



VISION PROVIDER LOOKUP

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



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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 influenzae 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

For the most up to date list, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>



TELEMEDICINE

HEALTH CARE MADE EASY

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
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

And many other non-emergency conditions...

1

ACTIVATE YOUR ACCOUNT

Activate online or by calling member services. Once activated, you will need to setup you member profile and complete your electronic health record.

2

REQUEST A CONSULT

Login to your account online or call member services to request a consult anytime 24/7.

3

RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and piece of mind where ever you are.

TALK TO A DOCTOR ANYTIME DAY OR NIGHT... FOR FREE.





BEHAVIORAL HEALTH

GETTING HELP JUST GOT EASIER.

Our Behavioral Health Benefit makes it easy to receive therapy and counseling from the comfort and privacy of your own home or office.

It can be difficult to wait days or weeks until your next appointment. Speak with one of our licensed psychiatrists or therapists online or by app.

WHAT WE TREAT:

We provide care for many of the most common behavioral health concerns with the added benefits of privacy and convenience.

- Abuse
- Codependency
- Domestic Violence
- OCD
- Addiction
- Conduct Disorder
- Eating Disorders
- Parenting Issues
- ADHD/ADD
- Cognitive Behavioral
- Grief & Loss
- Relationships
- Anger Management Therapy
- LGBT Issues
- Sexuality
- Anxiety & Stress
- Depression & Mood
- Med. Management
- Trauma & PTSD
- Bipolar Disorder
- Divorce
- Men's & Women's Issues
- And more

HOW IT WORKS:

1 LOG IN

LOG IN TO YOUR ACCOUNT

2 SCHEDULE AN APPOINTMENT

SCHEDULE AN APPOINTMENT WITH THE BEHAVIORAL HEALTH PROVIDER OF YOUR CHOICE

3 CHAT

VIDEO CHAT WITH YOUR PROVIDER AND RECEIVE A PERSONALIZED TREATMENT PLAN.



MEC COMPANION CARD

When I show my
MEC COMPANION
CARD...

my card
shows me 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.



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.



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.



Vitamins – save 5%

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



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.