



MID-AMERICA

FULLY FUNDED SELF INSURED
HEALTH PLANS



by **MID**  **AMERICA**
EMPLOYEE BENEFIT ADMINISTRATION

Patient Protection & Affordable
Care Act Employer Health Plan
Options for Small Businesses

Mid-America Fully Funded Self Insured Plans. The Simple, Easy Solution to Your Benefit Needs.

Mid-America Fully Funded Self Insured Plans are innovative health plans designed for today's changing environment. These plans combine the best aspects of traditional Fully Insured Coverage with all the positives of Self Funded Plans. We call this design a Fully Funded Self Insured Plan. With a Fully Funded Self Insured Plan, your business will benefit from flexible plan designs, low administration costs, the opportunity to get money back, and one fixed easy monthly payment. The Fully Funded Self Insured Plans operate seamlessly and will provide worry free coverage for your business and your employees. You can have peace of mind knowing that the Fully Funded Self Insured Plans are provided to you by a company serving small businesses for over 50 years. We have the knowledge and expertise to meet all your benefit needs.



A Fixed Monthly Payment

Your fixed monthly payment includes stop loss premiums, administration fees and level claim fund costs. We make it simple and easy with an all inclusive single payment.

12 Month Rate and Fee Guarantee

Rates and fees are fixed and are guaranteed for the first 12 months at which point they will renew annually.

Competitive Provider Networks

Mid-America uses the strongest and most competitive provider networks. By linking our Mid-America plans with these provider networks we are able to offer your company.

- ✓ Outstanding Cost Containment
- ✓ An Incredibly Large List of Providers
- ✓ Extensive Choice of Excellent Hospitals



Designing Your Fully Funded Plan Is As Easy As 1-2-3

Pick One From Each Category

- ✓ Pick Your In-Network Deductible - 2x Family

\$1,000 \$1,500 \$2,000 \$3,000 \$4,000 \$5,000 \$7,000

- ✓ Pick Your In-Network Coinsurance (Out-of-Network In Parenthesis)

100%(50%) 90%(50%) 80%(50%)

- ✓ Pick Your In-Network Stop Loss – 2x Family (Out-of-Network In Parenthesis)

\$5,000 (\$40,000) \$15,000 (\$40,000) None * (\$40,000)

- ✓ Pick Your Doctor's Office Co-Pay (In-Network Only)

\$10 \$30

- ✓ Pick Your Drug Card Co-Pay

\$15/\$30/\$50/20% \$20/\$40/\$80/20% \$30/\$60/\$120/20%

Out-of-Network Deductible is 2x In-Network Deductible. Stop Loss is 2x for family. The Medical Stop Loss amounts of \$15,000 do not include the deductible, medical co-pay amounts, Specialty Drug co-insurance or the Prescription Drug Card co-payment maximum out-of-pocket. *If "NONE" is elected, the individual and family maximum out of pocket expenses { deductible plus co-insurance } and co-pays { including Prescription Drug Card } will not exceed PPACA limitations.

Plan Benefits and Maximums

Preventive and Wellness Services

Network Providers Only

>> 100% - Deductible waived for eligible expenses.

Office Visits

>> Doctors office visits
Doctor's office co-pay then 100%

>> Specialist Visits
Doctor's office co-pay then 100%

>> Urgent Care Physician
Doctor's office co-pay then 100%

>> Telemedicine Consultation
Doctor's office co-pay then 100%

Ambulatory Patient Services

>> Allergy Testing & Therapy
Deductible and Co-Insurance then 100%

>> Radiation & Chemotherapy (excluding specialty drugs)
Deductible and Co-Insurance then 100%

>> Hospice Care Facility
Deductible and Co-Insurance then 100%

>> Hospice Home Care
Deductible and Co-Insurance then 100%

Emergency Services

>> Hospital Emergency Room
Deductible and Co-Insurance then 100%

>> Urgent Care Facility
Deductible and Co-Insurance then 100%

>> Ambulance
Deductible and Co-Insurance then 100%
Medically Necessary Only

Diagnostic / X-Ray / Laboratory Services

>> X-Ray / Lab / Testing
Deductible and Co-Insurance then 100%

Maternity & Newborn Care

>> Routine Prenatal & Postnatal Care
100% - Deductible and Co-Insurance Waived

>> Maternity Delivery, Complications of pregnancy
and Non-Network Pre & Postnatal Care
Deductible & Co-Insurance then 100%

Pediatrics Services

Network Providers Only

>> Pediatric Dental Benefits (Optional Benefit): Dental coverage may be included under Medical Plan for children to age 19

>> Pediatric Vision: Includes Vision Exams, Lenses and Frames for Children to Age 19
100% Deductible Waived for Eligible Expenses

Hospitalization

>> Hospital Room & Board
Deductible and Co-Insurance then 100%

>> Physician's Hospital Visits
Deductible and Co-Insurance then 100%

>> Ancillary Diagnostics & Pathology
Deductible and Co-Insurance then 100%

Prescription Drugs

>> Drug Card Co-Pay then 100%

>> Specialty Drugs -
Deductible 80% Co-insurance - Maximum out-of-pocket
= annual ACA maximum out-of-pocket limit

Surgical Services

>> Inpatient Surgery - Deductible and Co-Insurance then 100%

>> Outpatient Surgery - Deductible and Co-Insurance then 100%

Mental Health & Substance Use Disorder Services

>> Psychiatric Inpatient - Deductible and Co-Insurance then 100%

>> Psychiatric Outpatient - Deductible and Co-Insurance then 100%

>> Substance Abuse Inpatient -
Deductible and Co-Insurance then 100%

>> Substance Abuse Outpatient -
Deductible and Co-Insurance then 100%

Rehabilitative and Habilitative Services and Devices

Deductible and Co-Insurance then 100%

- > Outpatient Chiropractic, Physical & Occupational Therapy
- > Outpatient Speech Therapy
- > Outpatient Cardiac & Pulmonary Rehabilitation
- > Autism Spectrum Disorders
- > Durable Medical Equipment

Other Maximums

>> Coverage Period Maximum - Unlimited

>> Psychiatric Coverage Period Maximum - Unlimited

>> Substance Abuse Coverage Period Maximum - Unlimited

>> Pediatric Dental - Annual and Lifetime limits apply

All plans are PPACA compliant to cover all mandated essential health benefits. (EHB)

Here's how Mid-America Fully Funded Plan takes care of business

Easy service access. Easy administration. Mid-America coverage is easy to use. Our PPO providers honor the Mid-America identification card. NO claim forms are needed for care received through their network facilities.

Follows the Michigan Benchmark Plan Design.

Claims management is handled by a highly experienced staff of professionals. Processing is prompt and efficient. Most importantly, if questions arise, employers and covered employees have easy access to our member service representatives. All personnel with Mid-America are ready to assist with any questions you may have.

Eligibility Requirements

Group size: All groups must have a minimum of two full-time eligible employees covered under the medical plan

Group Participation

An employer may participate in the benefit program only if a certain percentage of its employees enroll in the plan.

- > Employers with two or more employees must enroll 75% of their medically eligible employees.
- > All groups must complete applications for all eligible employees and all covered dependents.
- > All employees must apply if the employer pays the entire employee cost.

Employees

Full-time employees are active, permanent employees who regularly work 30 or more hours per week.

Dependents

Eligible dependents include the lawful spouse and children from birth to the attainment of age 26.

Group Effective Dates

Coverage for new groups will become effective on the first of the month as requested and approved by Underwriting. Mid-America reserves the right to rate coverage for the appropriate medical risk or decline coverage if all enrollment, participation or contribution requirements are not met.

Individual Effective Dates

Newly hired, full-time employees are effective the first of the month following the waiting period; but, not later than the exact date following the maximum waiting period of 90 days.



MID AMERICA

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Mid-America is a Third-Party Administrator
servicing Small Businesses for over 50 years.