

# Medical Coverage - All Group Sizes

This program is offered to all SMVCA members and is NOT an ACA qualifying plan but does satisfy the individual mandate that California has enacted for your employees. You must enroll at least 7 employees to qualify for this program. Please see contract information for more details.



TELADOC 24/7 (Multilingual)



**PPO NETWORK SERVICES**

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)



**PRESCRIPTION BENEFITS**

Tier 1 - Low Cost

Tier 2 - Generics

Tier 3 - Preferred

Tier 4 - Non-Preferred

Tier 5 - Generic & Preferred Specialty

Tier 6 - Non-Preferred



**LIMITED INDEMNITY BENEFITS**

**Hospital Indemnity Benefits**

**Hospital Confinement**

For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)  
 Note: Maternity benefit is payable as any other illness for both mother and child

**Hospital Intensive Care Unit**

For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)

**Hospital Admission**

Lump sum benefit for a hospital admission, due to sickness or injury  
 Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU

**Surgery/Anesthesia Benefits**

**Inpatient Surgery**

For inpatient surgery in hospital due to sickness or injury

**Outpatient Surgery**

For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury

**Anesthesia**

For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)

**Emergency Room Benefits**

**Emergency Room for Sickness**

For treatment in an ER due to sickness

**Emergency Room for Accidental Injury**

For treatment in an ER due to injury (treatment must occur within 72 hours of the

**WEEKLY PREMIUMS PAID BY EMPLOYEE**

Employee only

Employee & Spouse only

Employee & Children only

Family

**Contractor's Association Health Plans**

FREE  
1 preventive visit per plan year

FREE (unlimited)

\$20 Copay  
max 3 visits per plan year

\$50 Copay  
max 3 visits per plan year

\$50 Copay  
max 3 visits per plan year

\$50 Copay  
in offices, max 5 services per plan year

\$200 Copay  
max 1 CT Scan or 1 MRI per plan year

\$1 Copay

10% Coinsurance

20% Coinsurance

40% Coinsurance

10% Coinsurance  
Plan pays 90%

20% Coinsurance  
Plan pays 80%

**GLI Underwritten by Beazley Insurance Company, Inc.**

\$1,000 per day  
30 days per plan year

\$1,250 per day  
10 days per plan year

\$2,000 per day  
1 day per plan year

\$1,000 per day  
2 days per plan year

\$500 per day  
1 day per plan year

\$300 per day  
1 day per plan year

\$50 per day  
2 days per plan year

\$150 per day  
2 days per plan year

**1-YEAR RATE CAP**

\$ 45.56

\$ 80.49

\$ 73.10

\$111.59



See Benefit Summary for full explanation of benefits/fees

