

PanaBridge Minimum Essential Coverage (MEC) Medical Plan Options

The **PanaBridge Minimum Essential Coverage Options** gives you a choice of three lower cost “Minimum Essential Coverage” (MEC) options as provided by PanaBridge: PanaBridge MEC, PanaBridge MEC Plus, and PanaBridge MEC Premium.

The PanaBridge MEC options are limited medical plans that satisfy the coverage mandate under the Affordable Care Act (ACA). The ACA’s “individual mandate” requires most individuals to obtain and maintain “minimum essential coverage” or pay a tax. Because the PanaBridge coverage qualifies as “minimum essential coverage”, the PanaBridge plans satisfy an employee’s obligation to maintain coverage under the federal “individual mandate”.

In addition, both plans offer additional benefits not required by the ACA.

The plans include 100% coverage for preventative care benefits (such as wellness exams and routine medical care) that qualify as “minimum essential coverage”. The plans also reimburse fixed benefit amounts to help cover the cost of some common medical services and contain specific dollar limits that will be paid per day for certain medical events.

Please note: The PanaBridge plans are generally reimbursement plans, not major medical plans and are not designed to cover the costs of serious or chronic illness or provide major medical coverage.

The comparison chart on the following pages gives you a side-by-side look at the Blue Cross and PanaBridge plan provisions.

Accessing Your Benefits

For questions about the PanaBridge Minimum Essential Coverage plans, please call **1-877-385-3601**. You can also obtain a copy of the Summary of Benefits and Coverage and Benefit Guide for these plans by visiting the PanaBridge website at www.PanAmericanBenefitsEnrollment.com. Enter your group ID SE347 and select View Summary.

Note to employees in Massachusetts: The Commonwealth of Massachusetts has a law that generally requires all Massachusetts taxpayers to maintain health coverage that meets certain requirements or be subject to an individual tax penalty. Massachusetts has established Minimum Creditable Coverage (MCC) requirements for the lowest threshold health benefit plan that an individual must purchase to avoid paying a penalty to the Massachusetts Department of Revenue. These requirements are referred to as meeting “minimum creditable coverage” or MCC. MCC is the minimum level of health insurance benefits that adult tax filers need to be considered insured and avoid tax penalties in Massachusetts. Based on these requirements, please know that **the PanaBridge plans described in this summary do NOT meet MCC standards.**

Please refer to each plan’s Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC) for details of each plan including plan features, limitations and exclusions. SPDs and SBCs are available online at <https://G4S.BenefitsNow.com> or by request from the G4S Benefits Service Center.

PanaBridge Medical Plan Comparison Chart (1 of 2)

Plan Provisions	PanaBridge MEC	PanaBridge MEC Plus	PanaBridge MEC Premium
	Network Only	Network Only	Network Only
Annual Deductible	None	None	None
Out-of-Pocket Maximum	None	None	None
Annual Maximum	None	None	None
Lifetime Maximum	None	None	None
Office Visits - Primary Care Physician	\$50 fixed reimbursement to member per day 6 days per calendar year	\$75 fixed reimbursement to member per day 6 days per calendar year	\$100 fixed reimbursement to member per day 6 days per calendar year
Office Visits - Specialists			
Telemedicine	HEALTHIESTYOU - No Copay; available 24-7, available to entire household even if G4S member signs up as EE Only	HEALTHIESTYOU - No Copay; available 24-7, available to entire household even if G4S member signs up as EE Only	HEALTHIESTYOU - No Copay; available 24-7, available to entire household even if G4S member signs up as EE Only
Preventative Services	100% - if provided by an In-Network Provider/Not covered out of network. Routine Immunizations, wellness exams and including screenings for cholesterol, blood pressure, HIV and Colorectal cancer, Breast cancer and certain types of counseling.	100% - if provided by an In-Network Provider/Not covered out of network. Routine Immunizations, wellness exams and including screenings for cholesterol, blood pressure, HIV and Colorectal cancer, Breast cancer and certain types of counseling.	100% - if provided by an In-Network Provider/Not covered out of network. Routine Immunizations, wellness exams and including screenings for cholesterol, blood pressure, HIV and Colorectal cancer, Breast cancer and certain types of counseling.
Lab, Imaging, Advanced Imaging Services	PHCS Network Discount Only unless required as part of the 63 procedures required to be covered by the Affordable Care Act. If so, those are covered at 100% in Network.	\$25 / \$70 / \$300 per day 3 day(s) for labs 2 day(s) per Calendar year for x-ray and Advanced Radiology	\$35 / \$70 / \$300 per day 4 day(s) for labs 4 day(s) per Calendar year for x-ray and Advanced Radiology

PanaBridge Medical Plan Comparison Chart (2 of 2)

Plan Provisions	PanaBridge MEC	PanaBridge MEC Plus	PanaBridge MEC Premium
	Network Only	Network Only	Network Only
Outpatient Surgery	\$375 fixed reimbursement to member per day 1 day per calendar year	\$500 fixed reimbursement to member per day 1 day per calendar year	\$750 fixed reimbursement to member per day 1 day per calendar year
Inpatient Hospitalization (Indemnity, Surgical, Admission)	\$750 fixed reimbursement to member per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital Inpatient Surgery: \$750 fixed reimbursement to member per day 1 day per calendar year	\$800 fixed reimbursement to member per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital Inpatient Surgery: \$1,000 fixed reimbursement to member per day 1 day per calendar year	\$1,000 fixed reimbursement to member per day (\$500 upon admission with limitations) Overall calendar year max subject to 60 days total for any inpatient stay in a hospital Inpatient Surgery: \$1,500 fixed reimbursement to member per day 1 day per calendar year
Mental Health/Substance Abuse	\$375 fixed reimbursement to member per day Up to 60 days calendar year max for Mental Health; 30 days for Substance Abuse (applied to overall calendar year max)	\$400 fixed reimbursement to member per day Up to 60 days calendar year max for Mental Health; 30 days for Substance Abuse (applied to overall calendar year max)	\$500 fixed reimbursement to member per day Up to 60 days calendar year max for Mental Health; 30 days for Substance Abuse (applied to overall calendar year max)
Durable Medical Equipment	N/A	N/A	N/A
Emergency Benefits	N/A	N/A	N/A
Urgent Care	N/A	N/A	N/A
Most Other Covered Services	N/A	N/A	N/A
Prescription	The plan pays 100% of certain preventive drugs including aspirin, folic acid supplements, iron supplements, fluoridated drugs, tobacco cessation and contraceptives. All other Prescriptions are provided at a Discount	Generic - \$15 Reimbursement Brand Name - \$50 reimbursement 36 Reimbursements per Year (\$250 monthly maximum)	Generic - \$25 Reimbursement Brand Name - \$50 reimbursement 36 Reimbursements per year