

# 2021

## Benefits at a Glance



### Contents:

- Eligibility & Enrollment
- Medical & Rx
- Dental
- Vision
- Cost of Coverage
- Directory



# Eligibility & Enrollment

You are eligible to enroll in the Greater Los Angeles Realtors' Association plan at any time.

Initial Open Enrollment begins on January 1, 2021.

You are permitted to make changes to your benefits outside of the Open Enrollment period as these benefits are 100% voluntary and member paid. Therefore, if your coverage needs change during the year, you have the ability to enroll or cancel coverage at any time. While you may cancel at any time, you are not able to re-enroll in the plan until the following open enrollment period.





If you do have a status change, please make sure you update your coverage as soon as possible.

You may elect to "waive" medical/dental/and/or vision coverage if you have access to coverage through another plan.

After you have reviewed the *Benefits at a Glance* guide, and the coverage documents available on the member portal, you can utilize the [Employee Self-Service Portal](#) to enroll.

# Medical / Prescription Drugs

Greater Los Angeles Realtors Association offers a Minimum Essential Coverage plan managed by RCI. This minimum essential coverage plan has 4 components comprised of Preventive Care/Office Visits, Hospital Indemnity, Virtual Health and Prescription Drugs.

Minimum Essential Coverage	MEC Plus Advantage	Telehealth	Limited Indemnity
			
Covers preventive services and health screenings for adults and children using the <b>PHCS network</b> .	Outpatient physician visits, Diagnostic X-Ray, labs and imaging using the <b>PHCS network</b> .	Virtual / Phone Health visits at your fingertips for your urgent health needs such as:  Colds / Flus /Bronchitis  Pink Eye  Sinus Infections	Reimburses you for hospital admissions, surgery and emergencies



**Don't forget to take advantage of the free preventive care and medical screenings available through the health plan this year!**

## Prescription Drug Benefits (Rx)




Many FDA-approved prescription medications are covered through the benefits program. Regardless of the plan you have, you may save money by filling prescription requests at participating pharmacies.


Tiered prescription drug plans require varying levels of payment depending on the drug's tier and your copayment or coinsurance will be higher with a higher tier number.

Provided by CitizensRx, this plan has 6 tiers with Tier 1 covering low cost medications, Tier 2 covering generic drugs, Tier 3 covering preferred brand medications and Tier 4 covering Non-Preferred Brand medications, Tier 5 covering Generic and Preferred Specialty medications and Tier 6 covering Non-Preferred Specialty medications.

For more information on how to find a pharmacy or information on your prescription drugs, please visit [www.citizensrx.com](http://www.citizensrx.com).

## Finding a Provider:


		
<p>Teladoc's board-certified physicians have expertise in primary care, pediatrics and family medicine.. You can contact Teladoc when you prefer to see a doctor from the comfort of home or when you're on vacation. Learn more at: <a href="http://www.teladoc.com">www.teladoc.com</a></p>	<p>PHCS is a comprehensive network of more than 900,000 in-network providers around the U.S. To find a provider visit: <a href="http://www.multiplan.com">www.multiplan.com</a></p>	<p>Citizen Rx is a full-service prescription benefit manager with a retail network of 65,000 pharmacies nationwide. Citizens Rx manages your pharmacy benefits, enabling you to receive discounts on your prescriptions. Learn more at: <a href="http://www.citizensrx.com">www.citizensrx.com</a></p>




### HOW TO LOCATE A NETWORK PROVIDER

PHCS is a comprehensive network of more than 900,000 in-network providers around the U.S. To find a provider visit: [www.multiplan.com](http://www.multiplan.com)


Click "Find a Provider" in the top right corner




Click "OK" at the bottom right corner




Click "Select Network"




Click "PHCS" inside pop-up box




Click "Limited Benefit Plan" inside pop-up box



Enter type of provider (urgent care, primary care, etc...) in the search box



Enter zip code and click the search icon



For additional help call: 888-371-7427

**Filing a Claim:**

When you go to a provider, present your ID card to show you have coverage. At that time, you can also assign benefits to the provider, authorizing them to submit the claim on your behalf. NOTE: You should make sure all your claims are filed with BOTH plan administrators.

**For MEC claims:**

To receive the services included with the MEC plan, you must use a network provider who will file the claim.

**For GLI claims:**

If you assign benefits to the provider:

- Provider submits the claim to the address on your ID card.
- Claim is processed and payment is sent to the provider.

If you do not assign benefits to the provider:

- You request an itemized bill from the provider.
- You submit the itemized bill to the address on your ID card or via email at [beazleyclaims@healthplan.com](mailto:beazleyclaims@healthplan.com) (no claim form required).
- Claim is processed and payment is sent to you.
- You pay the provider.

Note: Once you exceed the specified number of primary care visits and services, or you use up the Group Limited Indemnity benefit amounts and maximums, you are still eligible for network discounts from the PHCS PPO network.

## Plan Highlights

## MEC Plus Advantage Plan w/ Group Limited Indemnity Benefits

	In-Network Only
<b>Professional Services</b>	
Primary Care Physician (PCP)	\$20 Copay; three visits per plan year
Specialist	\$50 Copay; three visits per plan year
Preventive Care Exam (Screenings for blood pressure, cholesterol, cancer and immunizations)	MEC Benefits cover 100% of the cost for Preventive Services for Adults and Children. For a full list of covered services, please visit <a href="http://www.healthcare.gov/center/regulations/prevention.html">www.healthcare.gov/center/regulations/prevention.html</a>
Teladoc 24/7 (multi lingual)	100%
Diagnostic X-ray and Lab	\$50 Copay; five visits per plan year
Imaging (CT, PET and MRI)	\$200 Copay; one scan per plan year
<b>Hospital Services*</b>	<b>Plan reimburses:</b>
Admission	\$2,000 per day
Confinement	\$1,000 per day; up to 30 days per plan year
ICU Confinement	\$1,250 per day; up to 10 days per plan year
Outpatient Surgery	Major: \$500 per day / Minor \$100 per day; one day per plan year
Anesthesia	\$300 per day; one day per plan year
Emergency Room	Sickness: \$50 per day / Injury: \$150 ; one day per plan year
Urgent Care	\$50 Copay; five visits per plan year
<b>Retail Prescription Drugs (30-day supply)</b>	
Tier 1: Lowest Cost	\$1 Copay
Tier 2: Generic	10% Coinsurance
Tier 3: Preferred (Brand)	20% Coinsurance
Tier 4: Non-Preferred (Brand)	40% Coinsurance
Tier 5: Generic & Preferred Specialty	10% Coinsurance
Tier 6: Non-Preferred Specialty	20% Coinsurance

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

\*Group Limited Indemnity is not major medical insurance. GLI is not PPACA compliant. A 6 month pre-existing condition limitation applies. Pre-existing condition means any sickness, disease, or physical condition for which the insured 1) had treatment, or 2) received a diagnosis or advice from a physician, during the pre-existing condition period. Once the insured has been covered under the plan for 6 months, pre-existing conditions will be covered as any other sickness.

# Dental

Provided by Aetna. You and your eligible dependents have the opportunity to enroll in a Dental in network only plan. The Dental PPO plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice, as long as they are part of Aetna's contracted panel of dentists.



**Take advantage of your semi-annual Dental Cleanings! This is a great way to maintain your smile and lifelong health!**

## Plan Highlights

	In-network
Calendar Year Deductible	
Per Individual	\$50
Calendar Year Annual Maximum	\$1,000
Preventive	0%
Basic Services	30%
Major Services	50%
Orthodontia Services	\$1,500
Adult / Child	Covered at 50%

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Find a Provider: [www.aetna.com/docfind/custom/aetnadentalaccess](http://www.aetna.com/docfind/custom/aetnadentalaccess)

# Vision

Vision coverage is offered by VSP as a Preferred Provider Organization (PPO) plan.

As with a traditional PPO, you may take advantage of the highest level of benefits by receiving services from in-network vision providers and doctors. You would be responsible for a copayment at the time of your service. However, if you receive services from an out-of-network doctor, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowed amount.

## Plan Highlights

## VSP Choice PPO

	In-network	Out-of-network
Exam – Every 12 months	\$20 Copay	Up to \$45
Lenses – Every 12 months	\$20 Copay	
Single	\$20 Copay	Up to \$30
Bifocal	\$20 Copay	Up to \$50
Trifocal	\$20 Copay	Up to \$65
Frames – Every 24 months	\$20 Copay; Covered in full up to \$130	Up to \$105
Contacts Every 12 months, in lieu of lenses & frames		
Medically Necessary	\$20 Copay	Up to \$210
Cosmetic	\$20 Copay; Covered in full up to \$130	Up to \$105

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

Find a Provider: [www.vsp.com](http://www.vsp.com)



# The Cost of Coverage

The rates below are effective January 1, 2021 - December 31, 2021

<b>Coverage Level</b>	<b>Contribution</b>
	<b>Los Angeles Realtors Monthly</b>
<b>MEC Plan Cost</b>	
Employee Only	\$217.44
Employee and Spouse / Registered Domestic Partner	\$368.81
Employee and Child(ren)	\$336.77
Employee and Family	\$503.56
<b>Aetna Dental Plan</b>	
Employee Only	\$30.50
Employee and Spouse / Registered Domestic Partner	\$61.50
Employee and Child(ren)	\$65.00
Employee and Family	\$95.00
<b>VSP Vision</b>	
Employee Only	\$8.74
Employee and Spouse / Registered Domestic Partner	\$13.99
Employee and Child(ren)	\$14.28
Employee and Family	\$23.02

# Directory

## Information Regarding

## Contact Information

---

RCI Online Enrollment / Claims / Service:	800.795.7772	<a href="#">ENROLL HERE</a>
MEC Plans		
RCI	800.795.7772	<a href="#">ENROLL HERE</a>
Teladoc	800.TELADOC	<a href="http://www.teladoc.com">www.teladoc.com</a>
	888.371.7427	<a href="http://www.multiplan.com">www.multiplan.com</a>
PHCS	888.545.1120	<a href="http://www.citizensrx.com">www.citizensrx.com</a>
Citizen's Rx		
Aetna Dental	800.872.3862	<a href="http://www.aetna.com">www.aetna.com</a>
Vision Carrier	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Marsh & McLennan Insurance Agency LLC		<a href="http://www.MarshMMA.com">www.MarshMMA.com</a>
<b>PLEASE CONTACT OUR BENEFITS BROKERS BELOW FOR ANY QUESTIONS</b>		
Benet Heames Client Sales Executive	213-237-8013	<a href="mailto:Benet.Heames@MarshMMA.com">Benet.Heames@MarshMMA.com</a>
Sheila De La Cruz Client Service Executive	213-237-8026	<a href="mailto:Sheila.DeLaCruz@MarshMMA.com">Sheila.DeLaCruz@MarshMMA.com</a>

---



# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission of Marsh & McLennan Insurance Agency LLC.

The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. 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 the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.