



WellMEC+™ Plan Rate Option Form

For a Plan Year Commencing: April 1, 2014

Account ID: 44203

WellMEC+™ Rates and Coverage

Group Rate (per employee per month):	<u>\$408.47</u>
Participant Maximum Out of Pocket (Medical):	<u>\$6,350.00</u>
Participant Maximum Out of Pocket (Pharmaceutical):	<u>\$6,350.00</u>
Participant Deductible (Medical):	<u>\$6,350.00</u>
Participant Deductible (Pharmaceutical):	<u>\$6,350.00</u>
Coinsurance:	<u>0%</u>
Preventive and Wellness Coverage:	<u>100%</u>

Notes WellMEC+™ contain no participation requirements. WellMEC+™ contain no

minimum employer contribution requirements.

Excepted benefits are subject to different terms and conditions and are separate, uncoordinated plans. This plan is not dependent on or interactive with plans not subject to the Patient Protection and Affordable Care Act.

COBRA Administration included in each plan as provided by Third Party Administrator.

Mental health benefits are offered in parity with non-mental health benefits.

Pro forma based on rate and projected group size provided on following page. Pro forma is an estimate only and may vary based on monthly eligibility reporting received by Providence Insurance Partners, LLC.

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