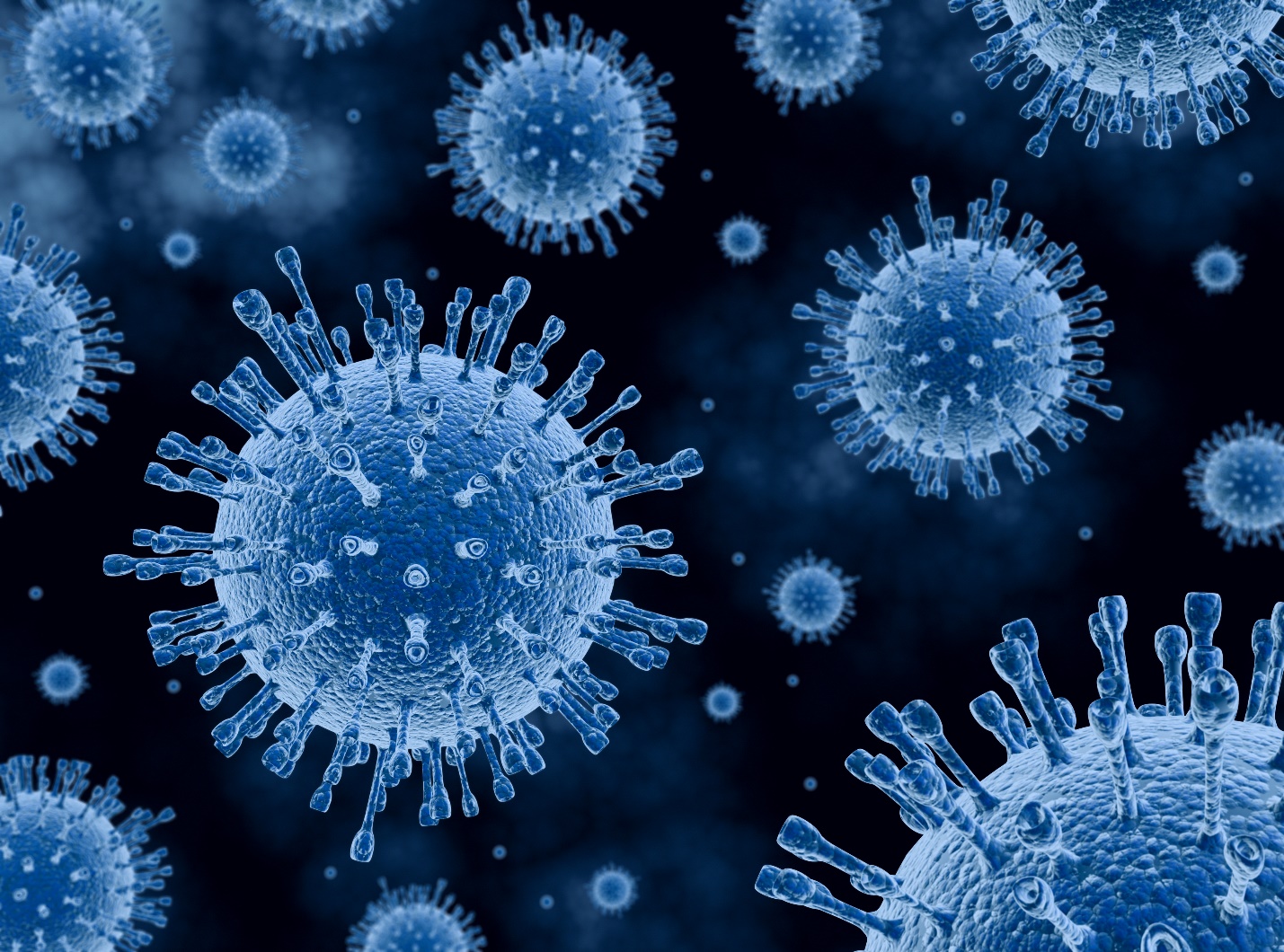
**ACCU STAFFING SERVICES 2023 COPPER PLAN**

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***A healthcare plan for healthy employees who do not see a need for complete coverage***

***A healthcare plan for those employees worried coverage is unaffordable***

***A healthcare plan which provides co-pays and coverage for the most common claims***

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| --- | --- | --- |
| **ACCU Staffing Services** | **2023 Copper Plan Services** | |
| **Covered Benefits** |  | |
| Deductible (single/family) | No Deductible | |
| Coinsurance | 100% | |
| MOOP (single/family) |  | |
| PPO Network | First Health | |
| **MEC Plan with Preventive**  **Services** | **Included with the ACCU Corporate Copper Plan** | |
| Primary Care Visits | $30 co-pay, than plan pays 100% excluding other services | |
| Specialist Visit | $50 co-pay than plan pays 100^ excluding other services | |
| Laboratory Outpatient and Professional Services | $50 co-pay than plan pays 100% up to $500/year | |
| X-rays and Diagnostic Imaging | $50 co-pay than plan pays 100% up to $500/year | |
| Imaging (CT, PET scans, MRI) | $400 co-pay, than plan pays 100% up to $1,000/year | |
| Inpatient Hospital Services | Not Covered | |
| Outpatient Facility Fee | Not Covered | |
| Outpatient Surgery Physician/Surgical Services | Not Covered | |
| Emergency Room Services | Not Covered | |
| ER Facility Charges | Not Covered | |
| ER Physician Charges | Not Covered | |
| Urgent Care | $75 co-pay, than plan pays 100% up to $2,400/year | |
| Mental/Behavioral Health | Not Covered | |
| Rehabilitation Therapies | Not Covered | |
| Flu Vaccination, Covid Testing | 100% Covered | |
| Chronic Disease Management | 100% Covered | |
| **TelaDoc** | **24/7 phone availability to a qualified physician, can diagnose and write basic prescriptions** | |
| **RX (CVS/Caremark PBM)** | **Prescription Drugs** | |
| Generic Drugs | Generics $15 co-pay plan pays 100% to maximum $50/script | |
| Preferred Brand Drugs | Preferred drugs $50 co-pay, plan pays 100% maximum to $250/script, 12 scripts/year | |
| Coverage Tier | Weekly Premium | Monthly Premium |
| Employee Only | $15.00 | $65.00 |
| Employee & Spouse | $35.00 | $151.66 |
| Parent/Child(ren) | $30.00 | $130.00 |
| Family | $72.00 | $312.00 |

Employees who enroll in the “Copper” plan will not need to pay the New Jersey individual mandate of $695 which replaces the repealed Affordable Care Act mandate