





2023 Health Plans for Large Businesses



The MediExcel Advantage

- CA Licensed & ACA Compliant HMO
- Meets Minimum Value Standards & Provides Minimum Essential Coverage
- Can Be Wrapped Alongside Your U.S. Carrier As A Lower Cost Benefit Option
- Can Write Down To 1 Employee On Most Plans
- Dependent Only Coverage Available
- Virtual/In-Person Care Accessible 7 days a Week
- Emergency & Urgent Care Coverage Worldwide
- 100+ U.S. In-Network Urgent Care Providers
- Excel Hospital in Tijuana is Open 24 hours for All Health Care Needs
- Patient Portal - Secure & Confidential Option To Manage Benefits & Appointments
- SENTRI Pass Fee Reimbursement Program
- Voluntary Dental & Vision Plans
- Mobile App Available on  

NRM 030123



2023 Large Group Summary of Benefits & Coverage

		VP-5 HMO	VP-10 HMO	VP-20 HMO
Individual/Family Overall Annual Deductible		\$0	\$0	\$0
Individual/Family Annual Out-of-Pocket Maximum		\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000
Medical Event	Service type	Copay	Copay	Copay
Health Care Provider's Office or Clinic Visit	Office Visits - Primary Care (incl. mental health)	\$5 per visit	\$10 per visit	\$20 per visit
	Office Visits - Specialist	\$10 per visit	\$15 per visit	\$20 per visit
	Office Visits - Other Healthcare Practitioners	\$5 per visit	\$10 per visit	\$20 per visit
	Preventive Care/Screening/Immunization	No Copay	No Copay	No Copay
	Primary Care Telemedicine Consultation	No Copay	No Copay	No Copay
	Dental Exam & Cleaning	No Copay	No Copay	No Copay
Tests	Laboratory Tests	No Copay	\$5 per visit	\$5 per visit
	X-rays & Diagnostic Imaging	No Copay	\$5 per visit	\$5 per visit
	Imaging - (CT/Pet Scans, MRIs)	No Copay	\$30 per visit	\$30 per visit
Outpatient Prescription Drug Coverage	Tier 1 - Generic/Low-cost brands	\$5 per drug	\$10 per drug	\$20 per drug
	Tier 2 - Brand Formulary	\$10 per drug	\$15 per drug	\$20 per drug
	Tier 3 - Brand Non-Formulary	\$15 per drug	\$20 per drug	\$30 per drug
	Tier 4 - Specialty Drugs	20%, up to \$250	25%, up to \$250	30%, up to \$250
Outpatient Services	Surgery Facility Fee	No Copay	\$50 per visit	\$100 per visit
	Physician/Surgeon Fee	No Copay	No Copay	No Copay
	Outpatient Visit	10%	10%	20%
Emergency & Urgent Care*	Emergency Room Facility Fee	15%, up to \$250	15%, up to \$250	20%, up to \$250
	Emergency Medical Transportation	\$100 Copay	\$150 copay	15%
	Urgent Care in Mexico	\$15 per visit	\$20 per visit	\$25 per visit
	Urgent Care in the US/Outside of Mexico	\$35 per visit	\$40 per visit	\$50 per visit
Hospital Stays	Inpatient Hospital Facility Fee	No Copay	\$50 per day	\$150 per day
	Inpatient Physician/Surgeon Fee	No Copay	No Copay	No Copay
Mental Health, Behavioral Health, or Substance Abuse Needs	Outpatient Office Visits	\$5 per visit	\$10 per visit	\$20 per visit
	Other Outpatient Items & Services	No Copay	No Copay	No Copay
	Inpatient Services (hospital room)	No Copay	\$50 per day	\$150 per day
	Inpatient Physician/Surgeon Fee	No Copay	No Copay	No Copay
Pregnancy	Preconception Care & Prenatal Visits	No Copay	No Copay	No Copay
	Delivery & All Inpatient Services (professional & hospital)	No Copay	\$50 per day	\$150 per day
Help Recovering or Other Special Health Needs	Home Health Care	No Copay	No Copay	No Copay
	Outpatient Rehabilitation/Habilitation Therapy	\$5 per visit	\$10 per visit	\$20 per visit
	Skilled Nursing Care	No Copay	\$25 per day	\$75 per day
	Durable Medical Equipment (incl. diabetic equip.)	10%	10%	20%
	Prosthetics/Orthotics	10%	10%	20%
	Hospice Services	No Copay	No Copay	No Copay

In regard to ACA Compliancy, please note that all of the above plan designs provide Minimum Essential Coverage (MEC) and have Minimal Value (MV). See 2023 specific plan design Summary of Benefits for all applicable notes, limitations and conditions.

*Coinsurance applies to the entire episode of emergency care services. Maximum cost will not exceed \$250 for outpatient emergency care services except where a copay amount is already indicated.



2023 MEP HMO & QEP HMO Summary of Benefits & Coverage

		MEP HMO	QEP HMO
Individual/Family Overall Annual Deductible		\$0	\$0
Individual/Family Annual Out-of-Pocket Maximum		\$4,500/\$9,000	\$6,250/\$12,500
Medical Event	Service Type	Copay	Copay
Healthcare Provider's Office or Clinic Visit	Office Visits - Primary Care (including mental health)	\$20 per visit	\$25 per visit
	Office Visits - Specialist	\$30 per visit	\$40 per visit
	Office Visits - Other Healthcare Practitioners	\$20 per visit	\$25 per visit
	Preventive Care/Screening/Immunization	No Copay	No Copay
	Primary Care Telemedicine Consultation	No Copay	No Copay
	Dental Exam & Cleaning	No Copay	No Copay
Tests	Laboratory Tests	\$20 per visit	\$30 per visit
	X-rays & Diagnostic Imaging	\$20 per visit	\$50 per visit
	Imaging (CT/Pet Scans, MRIs)	\$50 per visit	\$100 per visit
Outpatient Prescription Drug Coverage	Tier 1 - Generic/Low-Cost brands	\$20 per drug	\$20 per drug
	Tier 2 - Brand Formulary	\$35 per drug	\$50 per drug
	Tier 3 - Brand Non-Formulary	\$45 per drug	\$70 per drug
	Tier 4 - Specialty Drugs	30%, up to \$250	30%, up to \$250
Outpatient Services	Surgery Facility Fee	\$100 per visit	\$250 per visit
	Physician/Surgeon Fee	No Copay	No Copay
	Outpatient Visit	20%	30%
Emergency & Urgent care*	Emergency Room Facility Fee	20%, up to \$250	20%, up to \$250
	Emergency Medical Transportation	15%	15%
	Urgent Care in Mexico	\$25 per visit	\$30 per visit
	Urgent Care in the US/Outside of Mexico	\$50 per visit	\$50 per visit
Hospital Stays	Inpatient Hospital Facility Fee	\$150 per day	\$250 per day, 5 days max
	Inpatient Physician/Surgeon Fee	No Copay	No Copay
Mental Health, Behavioral Health, or Substance Abuse Needs	Outpatient Office Visits	\$20 per visit	\$25 per visit
	Other Outpatient Items & Services	No Copay	\$25 per visit
	Inpatient Services (hospital room)	\$150 per day	\$250 per day, 5 days max
	Inpatient Physician/Surgeon Fee	No Copay	No Copay
Pregnancy	Preconception Care & Prenatal Visits	No Copay	No Copay
	Delivery & All Inpatient Services (professional & hospital)	\$150 per day	\$250 per day, 5 days max
Help Recovering or Other Special Health Needs	Home Health Care	\$20 per visit	\$30 per visit
	Outpatient Rehabilitation/Habilitation Therapy Services	\$20 per visit	\$30 per visit
	Skilled Nursing Care	\$75 per day	\$125 per day, 5 days max
	Durable Medical Equipment (including diabetic equip.)	20%	20%
	Prosthetics/Orthotics	20%	20%
	Hospice Services	No Copay	No Copay

In regard to ACA Compliancy, please note that all of the above Plan Designs provide Minimum Essential Coverage (MEC) and have Minimum Value (MV.) See 2023 specific Plan Design Summary of Benefits for all applicable notes, limitations and conditions. *Coinsurance applies to the entire episode of emergency care services. Maximum cost will not exceed \$250 for outpatient emergency care services except where a copay amount is already indicated.

No Underwriting
Required

**Lower
Copays**

Rev. 121322 NRM

LARGE GROUP

MEP

3-Tier

EE

\$120

EE+1

\$300

EE+2

\$400

4-Tier

EE

\$120

ES

\$300

EC

\$270

EF

\$400

Mexico/U.S. HMO Delivers Great Value:

- Primary Care / Specialty Care Copay: \$20/\$30
- Lab / X-rays & Diagnostic Imaging Copay: \$20/\$20
- Emergency & Urgent Care Coverage in the U.S.
- U.S. Urgent Care: MinuteClinic® & AFC Urgent Care®

Ideal for Employers to Control Costs:

- No Contribution Required
- Can Be Selected as a Buy-Down Option
- Can Be Wrapped with Any Carrier
- Will Accept a Minimum of 1 Enrolled Employee

**No Underwriting
Required**

**NEW
Lower
Copays**

Rev. 121322 NRM

LARGE GROUP

QEP

3-Tier

4-Tier

EE

\$100

EE

\$100

EE+1

\$250

ES

\$250

EE+2

\$350

EC

\$230

EF

\$350

Mexico/U.S. HMO Delivers Great Value:

- Primary Care / Specialty Care Copay: \$25/\$40
- Lab / X-rays & Diagnostic Imaging Copay: \$30/\$50
- Emergency & Urgent Care Coverage in the U.S.
- U.S. Urgent Care: MinuteClinic® & AFC Urgent Care®

Ideal for Employers to Control Costs :

- No Contribution Required
- Can Be Selected as a Buy-Down Option
- Can Be Wrapped with Any Carrier
- Will Accept a Minimum of 1 Enrolled Employee



Dependent Only Coverage

MediExcel Health Plan's **Exclusive Dependent Only Coverage** allows employees enrolled in their employer-sponsored plan to cover their dependents with MediExcel.

We understand that even with generous employer benefit contributions, covering a family can be expensive. Our Dependent Only Coverage allows the employee to take advantage of employer-subsidized benefits and afford to pay for their families. Here is how it works:

1. Employee enrolls in both the U.S plan and MediExcel Health plan.
2. Employee enrolls their family in MediExcel Health Plan.
3. MediExcel provides immediate monthly credit to cover the premium cost of the primary.

The result is Dependent Only Coverage. It's that simple.

Affordable premiums with \$0 deductibles; available on all MediExcel plans, and we will accept one enrolled employee.

NRM 082522

(619) 421-1659 | sales@mediexcel.com





Voluntary Dental D200

MediExcel's D200 Dental Plan offers more benefits than typical DHMO's with low premiums and comprehensive treatment options for a wide range of dental needs.

	<i>3-Tier</i>	<i>4-Tier</i>
EE	\$18.00	EE \$18.00
EE+1	\$30.00	ES \$30.00
EE+2	\$48.00	EC \$40.00
		EF \$48.00

Effective October 2021

- Oral Exam/Digital Panoramic X-rays: \$0 Copay
every 12 months
- Resin-Based Composite 1 Surface: \$20 Copay
cavity filling
- Deep Cleaning: \$0 Copay
every 6 months
- Crown - Porcelain/Ceramic: \$50 Copay
- Orthodontics Coverage
- Root Canal Therapy - Molar: \$50 Copay
excludes crown \$50/core build up & pins \$35
- No Lifetime Maximum
- Removal of Impacted Tooth: \$50 Copay
wisdom teeth

090122 NRM



Voluntary Vision V100

MediExcel's V100 offers more benefits than typical vision plans, with low premiums and comprehensive treatment options for a wide range of vision needs.

	3-Tier	4-Tier
EE	\$10.00	EE \$10.00
EE+1	\$18.00	ES \$18.00
EE+2	\$25.00	EC \$20.00
		EF \$25.00

Effective January 2022

- 👁️ **Eye Exam: \$0 Copay**
every 12 months
- 👁️ **Frames: \$100 Retail Allowance**
member pays any amount over allowance, every 24 months
- 👁️ **Lenses: \$0 Copay for Single or Bifocal**
up to 61mm, includes pink/rose tint, every 12 months
- 👁️ **Contact Lenses: \$100 Retail Allowance**
in lieu of frames and lenses, member pays any amount over allowance, every 12 months
- 👁️ **Lasik: \$825 per eye**
-2/-5 refraction, age 20-50, 6 month no refraction change
- 👁️ **Active MediExcel Medical Coverage Required**



U.S. Urgent Care

MediExcel Health Plan has the largest U.S. urgent care provider network in San Diego and Imperial County. MediExcel members have access to numerous local clinics as well as the 77 MinuteClinic® locations throughout California, inside select CVS/Pharmacies®.



77 locations in select CVS/Pharmacies® in California. Visit cvs.com/minuteclinic for store locator.



13 locations in SD County. Visit <https://bit.ly/3wYTiis> for clinic locator.



6 locations in SD County. Visit afurgentcareclairmont.com/locations for clinic locator.



1628 Palm Avenue
San Diego, CA 92154
Mon-Fri: 9 AM - 8 PM
Sat-Sun: 10 AM - 6 PM
(619) 591-9999



SAN YSIDRO HEALTH

678 Third Ave.,
Chula Vista, CA 91910
Mon-Fri: 8 AM - 8 PM
Sat: 8 AM - 4 PM
(619) 662-4100



SAN YSIDRO HEALTH

333 H Street, Ste. 2080,
Chula Vista, CA 91910
Mon-Sun: 8 AM - 8 PM
(619) 662-4100



LA MAESTRA COMMUNITY HEALTH CENTERS
City Heights · El Cajon · National City · Lemon Grove

4060 Fairmount Ave.,
San Diego, CA 92105
Mon-Fri: 8:30 AM - 6 PM
Sat: 9 AM - 2 PM
(619) 255-9155



1000 Vale Terrace Drive,
Vista, CA 92084
Mon-Thu: 8 AM - 8 PM
Fri: 8 AM - 5 PM
Sat: 9 AM - 4 PM
(844) 308-5003



EasyAccess Urgent Care

222 E. Cole Blvd.,
Calexico, CA 92231
Mon-Fri: 8 AM - 5 PM
Sat: 10 AM - 12 PM
(760) 352-2551



2026 N. Imperial Ave.,
El Centro, CA 92243
Mon-Fri: 10 AM - 9 PM
Sat-Sun: 10 AM - 6 PM
(760) 592-4351



900 Main St.,
Brawley, CA 92227
Mon-Fri: 7 AM - 8:30 PM
Sat: 7 AM - 4 PM
(760) 344-6471



MediExcel Offers Members **Virtual Care** Services



Digital technology is making it easier for healthcare professionals to communicate with their patients, breaking down the barriers that can impede a patient's access to medical care. With MediExcel Health Plan you can schedule virtual care video or telephone consultations from the comfort of your home or office, accessing care where and when you need it.

Our new virtual services provide a direct connection to a primary care physician, a pediatrician, or an obstetrician. If medically necessary, you may also be referred for a virtual consultation with a specialist.

No traffic. No waiting rooms. No copay.

Virtual care appointments are available Monday through Sunday, from 8:00 a.m. to 8:00 p.m.

To schedule your consultation, please call the **Member Line** at **(619) 365-4346** option 3, or **(664) 633-8555** option 3 when dialing from Mexico.

Because Your Health is First


www.mediexcel.com

NRM 121622

MediExcel mobile app

- **Digital Member I.D.**
- **Member Video Guides**
- **Plan & Benefit Information**
- **Appointment Management**
- **NEW Dental & Vision Appointment Access**
- **NEW Connect with Member Services via WhatsApp**
- **US Urgent Care Provider Locations**

EASY ACCESS

Through MediExcel's mobile app you can manage your medical, dental and vision appointments, get answers to common benefit questions and connect with the member services team via  WhatsApp at (619) 565-2570, all in a matter of minutes.



Appointment Management

- Medical, Dental & Vision Appointments
- Schedule and/or Cancel
- View Upcoming Appointments
- Set up Reminders



Plan & Benefit Information

- Copay Summaries
- Covered Services



Member Videos

- How and Where to Access Care
- Facilities in Mexico
- Urgent & Emergency Care Information

DOWNLOAD OUR APP TODAY!





SENTRI Pass Reimbursement

Active MediExcel primary subscribers who obtain a **New SENTRI Pass** after their initial enrollment date can apply for 75% reimbursement.

Here is how it works:

1. Download our SENTRI reimbursement form from the MEMBERS tab at www.mediexcel.com
2. Provide a legible copy of the front and back of your SENTRI Pass with a visible issued date. The issued date must be after your enrollment date with MediExcel Health Plan.
3. Provide a legible copy of your SENTRI Pass fee receipts.

E-mail required documents to applications@mediexcel.com. You may also mail copies of your documents to 750 Medical Center Court, Suite 2, Chula Vista, CA 91911.*

Complimentary Medical Fastlane Pass


NRM 083121

MediExcel members are eligible to receive a complimentary medical fastlane pass with their service copay, reducing their wait time to return to the U.S.

The medical pass is for a single-use and gives the member access to a special lane designated for medical visits. The Medical Fastlane is not affiliated with U.S. authorities and the member will still need to provide required identification to U.S. Customs. A monthly limit for medical passes applies. The Fastlane program is run by Ayuntamiento de Tijuana and is available at both the San Ysidro and the Calexico West Port of Entry.

*Only active primary health plan subscribers are eligible. Please allow up to three weeks for processing. Reimbursement is for a SENTRI Pass acquired after your MediExcel Health Plan enrollment date. Renewal passes are not eligible. Reimbursement cannot exceed \$92 USD, and will be mailed to the address listed on the reimbursement form.

Request for Proposal Form Large Groups (101+ Employees)

Broker Information		Business/Group Information	
Broker Name		Company Name	
Agency Name		DBA	
Telephone	Fax	Effective Date Requested	Proposal Due Date
Address		City/Zip Code	
E-mail Address		Does the group offer cross-border insurance? <input type="checkbox"/> Yes (<i>please identify in census</i>) <input type="checkbox"/> No	
Broker License Number		Current carrier(s) (<i>please attach renewal rates</i>)	
Commission Requested		Medical: _____	
Broker of Record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental: _____	
Reason for Shopping: <input type="checkbox"/> Unhappy w/rates <input type="checkbox"/> Unhappy w/benefits <input type="checkbox"/> Market check <input type="checkbox"/> Other: _____		# of Eligible EE's _____ # of Enrolled EE's _____ Eligible employees are permanent, active, full-time employees working a minimum of 30 hours per week. The following classifications are not eligible: Employees working less than 30 hours per week, leased, seasonal, 1099, union, board members, retirees, COBRA participants or surviving spouses.	
How did you hear about us?		Employer medical contribution for employee : _____% OR \$ Employer medical contribution for dependents: _____% OR \$ Employer dental contribution for employee : _____% OR \$ Employer dental contribution for dependents: _____% OR \$	
 GO PAPERLESS!		Thank you for helping MediExcel Health Plan continue its effort in reducing waste and helping our environment. By selecting this option, you will receive all Plan documents via e-mail, including contracts. NOTE: ALL invoices are sent electronically via e-mail.	

Please return completed form with census and current carrier rates attached to: rpf@mediexcel.com

Documentation Checklist

New Group

- Group Master Application
- Signed Enrollment Form from each Employee
- DE9C - Small Group Only; please indicate the appropriate code next to each employee's name
 - **E** - eligible and enrolling
 - **W** - eligible and waiving for other group or individual coverage
- Proof of Ownership (*only if business owner is enrolling in the Plan(s)*)
- Deposit Check (*or ACH Direct Deposit Form*) made out to MediExcel Health Plan for the first month's premium.

Quote

- Completed Request for Proposal Form (*RFP*)
 - Small Group RFP for 100 employees or less
 - Large Group RFP for 101+ employees
- Employee Census in Excel. Please include:
 - Last Name, First Name
 - Date of Birth
 - Dependents if Available
 - Relationship to EE

New Broker

- Copy of CA Broker License
- Broker Agreement
- W9
- E&O Certificate of Liability

MediExcel is Ready to Help!

NRM 033023

- Sales Assistance or to Schedule Enrollment Support, e-mail sales@mediexcel.com
- Requests for Proposals or New Case Submission, e-mail rfp@mediexcel.com
- To Add, Terminate or Change Enrollees, e-mail applications@mediexcel.com
- Invoices, Billing Questions or Schedule A's, e-mail billing@mediexcel.com
- 24 Hour Member Service, e-mail memberservices@mediexcel.com



Laura Ayala
Sales Manager

layala@mediexcel.com

C: (619) 519-9916

- Sales Development /GA Support
- Broker Training



Erick Posada
Sales Manager

eposada@mediexcel.com

C: (619) 305-9831

- Sales Development /GA Support
- Broker Training



Clementina Arriaga
Sales Support Supervisor

carriaga@mediexcel.com

O: (619) 421-1659 x 2025

- Sales Support/Sales Events
- Bilingual Enrollment Support



Cristina Mendiola
Sales Support & Enrollment Spc.

cmendiola@mediexcel.com

O: (619) 421-1659 x 2031

- Sales Support/Sales Events
- Bilingual Enrollment Support



Ernesto Padilla
Sales Support & Enrollment Spc.

epadilla@mediexcel.com

O: (619) 421-1659 x 2032

- Sales Support/Sales Events
- Bilingual Enrollment Support



Mario Grajales, Senior Manager
Member Experience & Client Service

mgrajales@mediexcel.com

C: (619) 305-9813

- Member & Client Service Experience
- Large Group Client Management



Alfonso Castaneda
Implementation & Billing Manager

acastaneda@mediexcel.com

O: (619) 421-1659 x 2024

- Invoices/Billing Statements
- Schedule A's