

BayBridge Minimum Essential Coverage (MEC) for Part-time Employees		
PLANS TO CHOOSE FROM	Minimum Essential Coverage <b>without</b> Direct Primary Care (DCP)	Minimum Essential Coverage with Direct Primary Care (DPC)
Plan Name Abbreviation	MEC Only	MEC + DCP
	<i>Difference between plan benefits highlighted in green.</i>	
Inpatient Benefits	Pays You:	Pays You:
Daily Hosiptal Room Benefits	\$500 Day 1 then \$300 Days 2 & 3, \$100/day after (max 60 days per year)	\$500 Day 1 then \$300 Days 2 & 3, \$100/day after (max 60 days per year)
Inpatient Surgery	\$500 (max 1 day per year)	\$500 (max 1 day per year)
Outpatient Benefits		
m	\$25 benefit (max 3 days per year)	\$25 benefit (max 3 days per year)
Physician Office Visit (for non-preventive services, i.e. acute illness, condition management)	<b>\$25 benefit reimbursement payable (max 2 days per year, 4 per family)</b>	<b>\$10 copay (unlimited visits within HC2U network)</b>
Urgent Care Visits	<b>Not Covered</b>	<b>\$25 copay (unlimited visits within HC2U network)</b>
Emergency Room - Illness	\$100 Benefit (2 days per year)	\$100 Benefit (2 days per year)
Emergency Room - Injury		
Preventive Services		
In-Network Preventive Services	Covered at 100% in-network	Covered at 100% in-network
Out-of-Network Preventive Services	Not Covered	Not Covered
Additional Benefits		
Telemedicine	No copay, unlimited visits	No copay, unlimited visits
Prescription Benefits	3-tier formulary	3-tier formulary
Tier 1: Generic	\$10 max	\$10 max
Tier 2: Brand, formulary	\$20 max	\$20 max
Tier 3: Brand, non-formulary	\$40 max	\$40 max
Speciality Drugs	No coverage	No coverage
2026 Employee Monthly Rates		
Employee Only	<b>\$75.31</b>	<b>\$121.01</b>
Employee + Spouse	<b>\$117.19</b>	<b>\$205.89</b>
Employee + Child(ren)	<b>\$118.45</b>	<b>\$252.15</b>
Family	<b>\$160.33</b>	<b>\$337.03</b>