



KEY SOLUTION™

Enrollment Guide



Medical Plan Options and Enrollment Information

Administered by Key Benefit Administrators, Inc.



PLANS DESIGNED FOR
THE EMPLOYEES OF

**Snider Blake Business
Service, Inc.**

Minimum Essential Coverage (MEC)



Minimum Essential Coverage covers 100% of the government's listed Preventive and Wellness Benefits when you visit a network provider (40% out-of-network). Self-Insured by your employer, this coverage is required to satisfy your individual mandate under the new healthcare law.

As outlined under the new healthcare law, ACA, all individuals must have Minimum Essential Coverage (MEC) beginning January 1, 2014, or pay a penalty tax. Employees can prevent being taxed the "Individual Mandate" penalty tax by purchasing Minimum Essential Coverage through their employer.

If you don't purchase Minimum Essential Coverage (MEC), beginning January 1, 2014, you will face a tax of the greater of 1% of adjusted household income or \$95 per adult plus \$47.50 per child. In 2015, you will have to pay the greater of 2% of adjusted household income or \$325 per adult plus \$162.50 per child. Thereafter, the tax will be the greater of 2.5% of adjusted household income or \$695 per adult plus \$347.50 per child.

There are preventive services covered at 100% under the required government list of Preventive and Wellness Benefits when you visit a network provider. The benefits drop to 40% if you use an out-of-network provider. Services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, prenatal visits for pregnant women and more. A full list of the covered services is included in this information.

Minimum Essential Coverage (MEC) provides first dollar coverage with access to one of the largest national preferred provider organizations (PPO) available with great discount savings for MEC benefits. The network savings can also be used for services not covered by the MEC. You will have access to a simple-to-use web portal for your local or out-of-town provider look up to be sure your provider is in the PPO Network.

The MEC comes with a medical ID Card that needs to be presented to your medical provider at your time of service.

Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults starting at age 50 limited to one every 5 years
7. Depression screening
8. Type 2 Diabetes screening
9. Diet Counseling
10. HIV Screening
11. Immunizations vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella)
12. Obesity screening and counseling
13. Sexually Transmitted Infection (STI) prevention counseling
14. Tobacco Use screening and cessation interventions
15. Syphilis screening
16. Hepatitis B screening for non-pregnant adolescents and adults .
17. Lung Cancer screening- 55-80 years old who smoke 30 packs a year.
18. Fall Prevention – Physical therapy and vitamin D for 65 and older at risk for falling
19. Hepatitis C screening for high risk individuals and a onetime screening for HCV infection if born between 1945-1965.

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
 2. Bacteriuria urinary tract or other infection screening for pregnant women
 3. BRCA counseling and genetic testing for women at higher risk
 4. Breast Cancer Mammography screenings every year for women age 40 and over
 5. Breast Cancer Chemo Prevention counseling for women
 6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
 7. Cervical Cancer screening
 8. Chlamydia Infection screening
 9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
 10. Domestic and interpersonal violence screening and counseling for all women
 11. Folic Acid supplements for women who may become pregnant when prescribed by a physician
 12. Gestational diabetes screening
 13. Gonorrhea screening
 14. Hepatitis B screening for pregnant women
 15. Human Immunodeficiency Virus (HIV) screening and counseling
 16. Human Papillomavirus (HPV) DNA Test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
 17. Osteoporosis screening over age 60
 18. Rh Incompatibility screening for all pregnant women and follow-up testing
 19. Tobacco Use screening and interventions and expanded counseling for pregnant tobacco users
 20. Sexually Transmitted Infections (STI) counseling
 21. Syphilis screening
 22. Well-woman visits to obtain recommended preventive services
 23. Aspirin for Preeclampsia prevention
- *Includes routine prenatal visits for pregnant women

Covered Services for Children

1. Alcohol and Drug Use assessments
2. Autism screening for children limited to two screenings up to 24 months
3. Behavioral assessments for children limited to 5 assessments up to age 17
4. Blood Pressure screening
5. Cervical Dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemo Prevention supplements for children without fluoride in their water source when prescribed by a physician
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body Mass Index measurements for children
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or sickle cell screening for newborns
16. HIV screening for adolescents
17. Immunization vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus influenzae type b
18. Iron supplements for children up to 12 months when prescribed by a physician
19. Lead screening for children
20. Medical History for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
21. Obesity screening and counseling
22. Oral Health risk assessment for young children up to age 10
23. Phenylketonuria (PKU) screening in newborns
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
25. Tuberculin testing for children
26. Vision screening for all children under the age of 5
27. Skin Cancer Behavioral Counseling – age 10-24 for exposure to sun
28. Tobacco intervention and counseling for children
29. Fluoride varnish for primary teeth through age 5.

This list above summarizes some but not all services. Please reference the US Preventative Service Task Force website for the entire list.

MEC Heavy™

As outlined under the new healthcare law, ACA, all individuals must have Minimum Essential Coverage (MEC) beginning January 1, 2014, or pay a penalty tax. Employees can prevent being taxed the “Individual Mandate” penalty tax by purchasing Minimum Essential Coverage through their employer. Because the MEC plan covers specific preventative services we also offer the MEC Heavy™ plan that provides meaningful benefits for those looking for a more encompassing MEC plan. The MEC Heavy™ plan covers the required MEC preventative services in addition to Emergency Room Services, Primary Care and Specialist visits, Imaging (CT, PET Scans, MRI’s), Laboratory Services, X-Ray and Diagnostic Imaging and Prescription Drugs. The MEC Heavy™ includes our acclaimed Chronic Disease management program along with the RealTime Health Diabetic Program and the RealTime Choices Price Transparency tool. The MEC Heavy™ Preferred and Preferred Plus plan offers fully insured indemnity benefits that provide indemnity benefits for the services not covered under the underlying MEC Heavy™ plan. The MEC Heavy™, MEC Heavy™ Preferred and Preferred Plus plans offer meaningful benefits at an affordable price.



Covered Benefit Categories for the MEC Heavy™ Plans:

- Emergency Room Services
- Primary Care Visit to Treat an Injury or Illness
- Specialist Visit
- Imaging (CT, PET Scans, MRIs)
- Preventative Care/Screening/Immunization (MEC Services)
- Laboratory Outpatient and Professional Services
- X-Rays and Diagnostic Imaging
- Prescription Drugs
- Chronic Disease Services under the AHD CDM Benefit

The MEC Heavy™ offers a Co-Pay plan design with a \$2,500 single Out-of-Pocket Maximum. Out-of-Network benefits are covered with a \$500 single/\$1,000 family deductible with a 40% coinsurance and no out of pocket maximum.

As a MEC Heavy™ member, you will receive a medical ID Card that needs to be presented to your medical provider at your time of service.

	MEC
Covered Benefits	In-Network
Deductible (single/family)	You pay \$0/\$0
Coinsurance (employee portion)	You pay 0%
Out-of-Pocket Maximum	You pay \$0/\$0
PPO Network	Multiplan Network
Emergency Room Services	N/A
Inpatient Hospital Services	N/A
Primary Care Visit to Treat an Injury or Illness	N/A
Specialist Visit	N/A
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N/A
Imaging (CT, PET Scans, MRIs)	N/A
Rehabilitative Speech Therapy	N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy	N/A
Preventive Care/ Screening/Immunization (MEC)	100% covered
Laboratory Outpatient and Professional Services	N/A
X-rays and Diagnostic Imaging	N/A
Outpatient Facility Fee	N/A
Outpatient Surgery Physician/Surgical Services	N/A
Chronic Disease Management (CDM) Benefit	N/A
Life AD&D Benefit	N/A
	* Out of network benefits include a \$500 single \$1,000 family deductible with a 40% coinsurance and no out of pocket maximum.

	MEC Heavy™
Covered Benefits	In-Network
Deductible (single/family)	You pay \$0/\$0
Coinsurance (employee portion)	You pay 0%
Out-of-Pocket Maximum	You pay \$2,500/\$13,200
PPO Network	Multiplan Network
Emergency Room Services	Facility Charges: \$400 copay then plan pays 100% of daily benefit up to \$7,500. Physician Charges: \$400 copay then plan pays 100% of daily benefit up to \$2,500.
Inpatient Hospital Services	NOT COVERED
Primary Care Visit to Treat an Injury or Illness	You pay first \$15 then plan pays 100%
Specialist Visit	You pay first \$25 then plan pays 100%
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	NOT COVERED
Imaging (CT, PET Scans, MRIs)	You pay first \$400 then plan pays 100%
Rehabilitative Speech Therapy	NOT COVERED
Rehabilitative Occupational and Rehabilitative Physical Therapy	NOT COVERED
Preventive Care/ Screening/Immunization (MEC)	100% covered
Laboratory Outpatient and Professional Services	You pay first \$50 then plan pays 100%
X-rays and Diagnostic Imaging	You pay first \$50 then plan pays 100%
Outpatient Facility Fee	NOT COVERED
Outpatient Surgery Physician/Surgical Services	NOT COVERED
Chronic Disease Management (CDM) Benefit	100% covered
Life AD&D Benefit	\$10,000
Certain Generics	You pay first \$15 then plan pays 100%
Certain Preferred Brand Drugs	You pay first \$25 then plan pays 100%
Certain Non-Preferred Brand Drugs	You pay first \$75 then plan pays 100%
Specialty Drugs & Compounds	NOT COVERED
* The MEC Heavy™ out of network benefits include a \$500 single \$1,000 family deductible with a 40% coinsurance and \$0 out of pocket maximum. The MVP plan does not cover out of network benefits.	

Terms and Conditions

- Specialty drugs and Compound drugs are excluded from coverage under the MEC Heavy™ plans. This includes the exclusion of all drugs related to the treatment of mental and nervous conditions and alcohol and drug abuse.
- Enrollees who reside in the state of MA will not have access to the fully insured limited medical plans offered with the MEC Preferred, MEC preferred plus, MEC Heavy™ preferred and MEC Heavy™ preferred plus.
- All plans are setup on a calendar year.
- This plan does prevent an otherwise qualified individual from obtaining a premium tax credit through the HealthCare Marketplace.





KEYSOLUTION™

Customer Service Contacts

KEYSOLUTION™ MEC AND MVP

Administered by KBA

Claims: Key Benefit Administrators, Inc.

PO BOX 129, Fort Mill, SC, 29716

PPO NETWORK

Offered through Key Benefit Administrators, Inc.

Multiplan PPO Network

1.888.342.7427 or www.multipan.com

