

Providing PPACA Tax and Benefit  
Compliance Plans  
At Surprisingly Affordable Costs For  
Pearson and Company

Effective Date: 1/1/2015

This proposal is only available under a signed Non-Disclosure Agreement (NDA) and any unauthorized use without a signed NDA makes this proposal null and void.

# **BENEFITS OF >> KBA ADMINISTRATION**

## **Who is Key Benefit Administrators (KBA)?**

Key Benefit Administrators is the largest privately-held TPA in the United States providing self-funded administration and Fully-Insured Limited Medical. KBA offers through this plan design, ACA tax and benefit compliant plans at **SURPRISINGLY AFFORDABLE COSTS**.

## **What services does KBA offer your company?**

KBA is uniquely positioned with over 12 years of experience administering fully-insured Limited Medical Plans, Gap Plans, and all other voluntary fully-insured plans along with over 35 years of experience administering self-funded plans. KBA administers more Limited Medical Plans and Gap Plans than any other TPA in the United States. KBA offers a large variety of services, including creative, patented and proven processes that will allow you to reach your financial goals.

-  One integrated Stop-Loss Policy covering all Self-Funded plans.
-  Monthly Aggregate Accommodation available to enhance cash flow.
-  Integrating all administrative functions for all Benefit Plans including Limited Medical resulting in "EZ Administration."
-  A single 800 number to the KBA Customer Care Team where the member will find answers to all questions about all benefit offerings from the same Customer Service Representative.
-  Consolidated billing and eligibility for all Benefit Plans.
-  Provider network administration for all networks associated with all Benefit Plans.
-  E-Z Benefits™ member, provider and employer portal for online Explanation of Benefits, Plan Information, Enrollment System and much more.

# REAL SOLUTIONS

## >>FOR REAL BUSINESS

### PROBLEMS

Are you concerned about paying the tax penalties under ACA for not offering benefits to your employees? >> **Key Solution Solves This Problem!**

Are you confused about the new rules under ACA and how they apply to your company? >> **Key Solution Solves This Problem!**

Have you been told that you will have to spend large amounts of additional money due to ACA? >> **Key Solution Solves This Problem!**

Are you considering just dropping your benefits and paying the ACA tax penalties? >> **Key Solution Solves This Problem!**

Are the costs of your benefits going higher and higher, virtually out of control and becoming unaffordable? >> **Key Solution Solves This Problem!**

Are you spending more for your benefits than ever before but many of your employees are increasingly unhappy with your benefits? >> **Key Solution Solves This Problem!**



## Self-Funded Minimum Essential Coverage Preventive Services (MEC)

- Minimum Essential Coverage would be self-funded with an Aggregate only policy with a monthly Aggregate Accommodation provision.
- Minimum Essential Coverage will cover 100% of the 63 CMS listed preventive services.
- By only offering the MEC, employers can prevent being taxed \$2,000 per full-time employee. Employers employing 50 to 99 employees will be exposed to this penalty tax starting 1/1/2016 for all full-time employees, less 30. Employers employing 100 or more employees will be exposed to this penalty tax starting 1/1/2015 for all full-time employees, less 80 for 2015 only, then less 30 thereafter.
- All employees can prevent being taxed the greater of the \$95 penalty or 1% of adjusted household income by purchasing the MEC only plan.
- The employee penalty progresses over a three year period. In 2014, it is the greater of 1% of adjusted household income or \$95 per adult plus \$47.50 per child; in 2015, it is the greater of 2% of adjusted household income or \$325 per adult plus \$162.50 per child; thereafter the greater of 2.5% of adjusted household income or \$695 per adult plus \$347.50 per child.
- Employers can charge employees any reasonable amount for the Minimum Essential Coverage.



# MEC

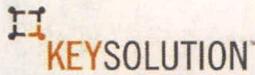
Self-Funded Minimum Essential Coverage Preventive Services (MEC)

Minimum Essential Coverage Benefits:	MEC Plan	
	Network	Non-network
Preventive Services for Adults:	100%	40%
Preventive Services for Women:	100%	40%
Covered Preventive Services for Children:	100%	40%
PPO Network:	Multiplan	

	Option 1: Voluntary	Option 2: 25-50% ER Contribution (6% discount)	Option 3: 51%+ ER Contribution (12% discount)
Employee Only	\$ 48.54	\$ 47.43	\$ 46.32
Employee + Spouse	\$ 67.09	\$ 64.86	\$ 62.64
Employee + Child(ren)	\$ 137.45	\$ 131.00	\$ 124.55
Family	\$ 155.99	\$ 148.43	\$ 140.87

A minimum of 51 eligible lives are required for the following states: CA, FL, NV, NC, VT, NY, OR, MN, UT.

The MEC is not available in the state of Hawaii.



# MEC Sold Terms

MEC Sold Terms Summary Page

**Pearson and Company**

**Option 1: Voluntary Offering**

Aggregate Terms	EE Only	EE + Spouse	EE + Child(ren)	Family
<b>Individual Monthly Rates</b>				
Maximum Cost	\$48.54	\$67.09	\$137.45	\$155.99
Minimum Cost*	<u>\$30.00</u>	<u>\$30.00</u>	<u>\$30.00</u>	<u>\$30.00</u>

**Option 2: 25-50% Employer Contribution (6% Discount)**

Aggregate Terms	EE Only	EE + Spouse	EE + Child(ren)	Family
<b>Individual Monthly Rates</b>				
Maximum Cost	\$47.43	\$64.86	\$131.00	\$148.43
Minimum Cost*	<u>\$30.00</u>	<u>\$30.00</u>	<u>\$30.00</u>	<u>\$30.00</u>

**Option 3: 51%+ Employer Contribution (12% discount)**

Aggregate Terms	EE Only	EE + Spouse	EE + Child(ren)	Family
<b>Individual Monthly Rates</b>				
Maximum Cost	\$46.32	\$62.64	\$124.55	\$140.87
Minimum Cost*	<u>\$30.00</u>	<u>\$30.00</u>	<u>\$30.00</u>	<u>\$30.00</u>

\*Minimum Cost includes the following services: COBRA, HIPAA and Claims Administration; Distribution Fee; PPO Network Access Fee; Stop Loss Insurance Fee.

1. The underlying reinsurance plan has a 12/18 contract.
2. This proposal does not bind coverage. Your signature below confirms that the benefit plan and rates outlined are the chosen option for the case submission.
3. Please indicate the selected MEC option and Limited Medical Option.
4. The PCORI and Reinsurance Fees are not included in the pricing above.

MEC Option: \_\_\_\_\_

Limited Med Option: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_



# Minimum Essential Coverage ( MEC ) Covered Benefits

## 15 Covered Preventive Services for Adults (ages 18 and older)

1. <b>Abdominal Aortic Aneurysm</b> one time screening for age 65-75
2. <b>Alcohol Misuse</b> screening and counseling
3. <b>Aspirin</b> use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. <b>Blood Pressure</b> screening for all adults
5. <b>Cholesterol</b> screening for adults
6. <b>Colorectal Cancer</b> screening for adults starting at age 50 limited to one every 5 years
7. <b>Depression</b> screening for adults
8. <b>Type 2 Diabetes</b> screening for adults
9. <b>Diet</b> counseling for adults
10. <b>HIV</b> screening for adults
11. <b>Immunizations</b> vaccines for adults (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis)
12. <b>Obesity</b> screening and counseling for all adults
13. <b>Sexually Transmitted Infection (STI)</b> prevention counseling for adults
14. <b>Tobacco Use</b> screening for all adults and cessation interventions
15. <b>Syphilis</b> screening for all adults

## 23 Covered Preventative Services for Women, Including Pregnant Women

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

## 26 Covered Services for Children

1. <b>Alcohol and Drug Use</b> assessments
2. <b>Autism</b> screening for children limited to two screenings up to 24 months
3. <b>Behavioral</b> assessments for children limited to 5 assessments up to age 17.
4. <b>Blood Pressure</b> screening
5. <b>Cervical Dysplasia</b> screening
6. <b>Congenital Hypothyroidism</b> screening for newborns
7. <b>Depression</b> screening for adolescents age 12 and older
8. <b>Developmental</b> screening for children under age 3, and surveillance throughout childhood
9. <b>Dyslipidemia</b> screening for children
10. <b>Fluoride Chemoprevention</b> supplements for children without fluoride in their water source when prescribed by a physician
11. <b>Gonorrhea</b> preventive medication for the eyes of all newborns
12. <b>Hearing</b> screening for all newborns
13. <b>Height, Weight and Body Mass Index</b> measurements for children.
14. <b>Hematocrit or Hemoglobin</b> screening for children
15. <b>Hemoglobinopathies</b> or sickle cell screening for newborns
16. <b>HIV</b> screening for adolescents
17. <b>Immunization</b> 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, Varicells
18. <b>Iron</b> supplements for children up to 12 months when prescribed by a physician
19. <b>Lead</b> screening for children
20. <b>Medical History</b> 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. <b>Obesity</b> screening and counseling
22. <b>Oral Health</b> risk assessment for young children up to age 10
23. <b>Phenylketonuria (PKU)</b> screening in newborns
24. <b>Sexually Transmitted Infection (STI)</b> prevention counseling and screening for adolescents
25. <b>Tuberculin</b> testing for children
26. <b>Vision</b> screening for all children under the age of 5



## **Fully-Insured Limited Medical Benefit Plan**

- Offering a combination of the Minimum Essential Coverage plus a Fully-Insured Limited Medical Benefit Plan.
- The Limited Medical Plan offering must be fully-insured to remain exempt from ACA.
- The Minimum Essential Coverage pays for preventive services only, and the Limited Medical Plan pays for other meaningful benefits... such as emergency room visits, doctor office visits, and prescription drugs.

Companion Limited Med						
	LM Plan 1	LM Plan 2	LM Plan 3	LM Plan 4	LM Plan 5	LM Plan 6
Inpatient Hospital Daily Indemnity Benefit	\$100 daily benefit, 180 maximum days, 1 admission per benefit period	\$100 daily benefit, 180 maximum days, 1 admission per benefit period	\$200 daily benefit, 180 maximum days, 1 admission per benefit period	\$300 daily benefit, 180 maximum days, 1 admission per benefit period	\$400 daily benefit, 180 maximum days, 1 admission per benefit period	\$500 daily benefit, 180 maximum days, 1 admission per benefit period
Inpatient Surgery & Anesthesia Daily Indemnity Benefit	N/A	\$500 per day/\$100 Anesthesia, 1 day maximum per benefit period	\$1,000 per day/\$200 Anesthesia, 1 day maximum per benefit period	\$1,000 per day/\$200 Anesthesia, 1 day maximum per benefit period	\$1,000 per day/\$200 Anesthesia, 1 day maximum per benefit period	\$1,000 per day/\$200 Anesthesia, 1 day maximum per benefit period
Outpatient Surgery & Anesthesia Daily Indemnity Benefit	N/A	\$250 per day/\$50 Anesthesia, 1 day maximum per benefit period	\$500 per day/\$100 Anesthesia, 1 day maximum per benefit period	\$500 per day/\$100 Anesthesia, 1 day maximum per benefit period	\$500 per day/\$100 Anesthesia, 1 day maximum per benefit period	\$500 per day/\$100 Anesthesia, 1 day maximum per benefit period
Outpatient Physician Office Visit Daily Indemnity Benefit	\$30 per day, 6 day maximum per benefit period	\$40 per day, 6 day maximum per benefit period	\$60 per day, 6 day maximum per benefit period	\$70 per day, 6 day maximum per benefit period	\$80 per day, 6 day maximum per benefit period	\$100 per day, 6 day maximum per benefit period
Outpatient Diagnostic X Ray and Lab Daily Indemnity Benefit	\$50 per day with a 2 day maximum per benefit period	\$50 per day with a 3 day maximum per benefit period	\$50 per day with a 3 day maximum per benefit period	\$50 per day with a 4 day maximum per benefit period	\$50 per day with a 4 day maximum per benefit period	\$50 per day with a 5 day maximum per benefit period
Outpatient Prescription Drug Indemnity Benefit	\$15 Generic Formulary/\$15 Oral Contraceptives	\$15 Generic Formulary/\$15 Oral Contraceptives	\$15 Generic Formulary/\$15 Oral Contraceptives	\$10 Generic Formulary/\$15 Oral Contraceptives	\$10 Generic Formulary/\$15 Oral Contraceptives	\$10 Generic Formulary/\$15 Oral Contraceptives
Initial Hospital Admission Daily Indemnity Benefit	\$500 per day, 1 day maximum with 1 Admission per benefit period	\$500 per day, 1 day maximum with 1 Admission per benefit period	\$1,000 per day, 1 day maximum with 1 Admission per benefit period	\$1,000 per day, 1 day maximum with 1 Admission per benefit period	\$2,500 per day, 1 day maximum with 1 Admission per benefit period	\$3,000 per day, 1 day maximum with 1 Admission per benefit period
Critical Illness Benefit	N/A	\$5,000 per Employee				
Emergency Room Visit Daily Indemnity Benefit *covers illness and accidents	N/A	\$100 daily benefit with a max of 3 days per benefit period	\$100 daily benefit with a max of 3 days per benefit period	\$200 daily benefit with a max of 3 days per benefit period	\$300 daily benefit with a max of 3 days per benefit period	\$400 daily benefit with a max of 3 days per benefit period
Ambulance Service Daily Indemnity Benefit	\$100 per day, 3 day maximum per benefit period	\$100 per day, 3 day maximum per benefit period	\$100 per day, 3 day maximum per benefit period	\$100 per day, 3 day maximum per benefit period	\$100 per day, 3 day maximum per benefit period	\$100 per day, 3 day maximum per benefit period
Employee Group Term Life	\$5,000 per Employee					
Cobra	Included	Included	Included	Included	Included	Included
EE	\$34.32	\$57.57	\$82.24	\$100.29	\$123.85	\$142.15
ES	\$59.28	\$102.74	\$150.10	\$180.88	\$226.11	\$261.26
EC	\$62.64	\$108.01	\$154.38	\$183.48	\$227.77	\$262.19
Family	\$88.71	\$173.14	\$243.43	\$267.90	\$335.04	\$387.21

\* Companion Life is not licensed in the following states: CA, CT, HI, NJ, NY

\*\* The Rx benefit is not available in the following states: CA, CT, HI, MD, ME, MN, NJ, NY, TX, VT, WA



## **Self-Funded Minimum Value Plan/60% (MVP) Optional Fully-Insured Limited Medical Benefit Plan Self-Funded Minimum Essential Coverage/Preventive Services (MEC)**

- Plan D is a combination of the Self-Funded Minimum Essential Coverage (MEC), a Self-Funded Minimum Value Plan (MVP) with Aggregate coverage and an integrated optional Fully-Insured Limited Medical Benefit Plan.
- The Limited Medical Plan offering must be fully-insured to remain exempt from PPACA.
- Plan D consists of copayments up to \$1,850 out of pocket maximum, then 100% coverage above that. Additionally, Plan D incorporates the MEC benefits at 100% for preventive services. The employee will have the option to supplement the MVP with the optional Fully-Insured Limited Medical Benefit Plan.
- An employer must only offer a 60% Minimum Value Plan, which meets the government's 60% average of allowed costs, in order to avoid the \$3,000 penalty per employee who is eligible for subsidies on the Exchange, who waives off the employer plan, and who purchases coverage on the Exchange.
- Under the CMS Safe Harbor rule, the employer can't charge an employee who would otherwise be eligible for a subsidy on the Exchange more than 9.5% of that employee's W2, Box 1 income for single coverage under the Minimum Value Plan.
- An employer may charge any amount for dependent coverage within an MVP.

Self-Funded Minimum Value Plan/60% (MVP)

MVP Covered Benefits:	MVP		MVP Preferred		MVP Preferred Plus	
	Network	Non-network	Network	Non-network	Network	Non-network
Deductible	\$0/\$0	\$500/\$1,000	\$0/\$0	\$500/\$1,000	\$0/\$0	\$500/\$1,000
Coinsurance	100%	40%	100%	40%	100%	40%
Out of Pocket Maximum	\$1,850/\$12,700	N/A	\$1,850/\$12,700	N/A	\$1,850/\$12,700	N/A
MVP Covered Benefits:	Network	Non-Network	Network	Non-Network	Network	Non-Network
PPO Network	Multiplan		Multiplan		Multiplan	
Emergency Room Services	\$400 Copay	\$400 Copay	\$400 Copay	\$400 Copay	\$400 Copay	\$400 Copay
Primary Care Visit to Treat an Injury or illness (exc. Well Baby, Preventive, and X rays)	\$15 Copay	Ded./Coins	\$15 Copay	Ded./Coins	\$15 Copay	Ded./Coins
Specialist Visit	\$25 Copay	Ded./Coins	\$25 Copay	Ded./Coins	\$25 Copay	Ded./Coins
Imaging (CT, PET Scans, MRIs)	\$400 Copay	Ded./Coins	\$400 Copay	Ded./Coins	\$400 Copay	Ded./Coins
Laboratory Outpatient and Professional Services	\$50 Copay	Ded./Coins	\$50 Copay	Ded./Coins	\$50 Copay	Ded./Coins
X-rays and Diagnostic Imaging	\$50 Copay	Ded./Coins	\$50 Copay	Ded./Coins	\$50 Copay	Ded./Coins
Preventive Care/Screening/Immunization (MEC)	100% Covered	Ded./Coins	100% Covered	Ded./Coins	100% Covered	Ded./Coins
Chronic Disease Management Benefit	100% Covered	Ded./Coins	100% Covered	Ded./Coins	100% Covered	Ded./Coins
<b>Prescription Drugs</b>						
Generics	\$15 Copay	Ded./Coins	\$15 Copay	Ded./Coins	\$15 Copay	Ded./Coins
Preferred Brand Drugs	\$25 Copay	Ded./Coins	\$25 Copay	Ded./Coins	\$25 Copay	Ded./Coins
Non-Preferred Brand Drugs	\$75 Copay	Ded./Coins	\$75 Copay	Ded./Coins	\$75 Copay	Ded./Coins
<b>Fully Insured Limited Medical Indemnity Benefits</b>						
Inpatient Hospital Daily Indemnity Benefit			\$500 per day with 180 day benefit period maximum.	\$1,000 per day with 180 day benefit period maximum.		
Initial Hospital Admission Daily Indemnity Benefit			\$1,000 1 day benefit with a maximum of 1 admission per benefit period.	\$2,000 1 day benefit with a maximum of 1 admission per benefit period.		
Inpatient Surgery & Anesthesia Daily Indemnity Benefit			\$500 daily benefit with a maximum of 1 day per benefit period. Includes a 20% Daily Anesthesia Benefit.	\$1,000 daily benefit with a maximum of 2 days per benefit period. Includes a 20% Daily Anesthesia Benefit.		
Outpatient Surgery & Anesthesia Daily Indemnity Benefit			\$250 daily benefit with a maximum of 1 day per benefit period. Includes a 20% Daily Anesthesia Benefit.	\$500 daily benefit with a maximum of 2 days per benefit period. Includes a 20% Daily Anesthesia Benefit.		
Intensive Care Daily Indemnity Benefit			\$500 daily benefit with a maximum of 30 days per benefit period.	\$1,000 daily benefit with a maximum of 30 days per benefit period.		
Critical Illness Benefit			\$5,000 Benefit	\$10,000 Benefit		
Life AD&D*	\$10,000 Benefit		\$10,000 Benefit	\$10,000 Benefit		

\* The Life AD&D benefit is included with all MVP offerings except for groups domiciled in CA, CT, NJ, NY and HI. Mental and Nervous and Substance Abuse are covered the same as any other illness.

Monthly Rates	*MVP		**MVP Preferred		**MVP Preferred Plus	
	Minimum Cost	Maximum Cost	Minimum Cost	Maximum Cost	Minimum Cost	Maximum Cost
<b>Voluntary Contribution Rates</b>						
Employee	\$72.75	\$165.56	\$133.30	\$226.11	\$197.66	\$290.47
Employee + Spouse	\$72.75	\$250.94	\$185.22	\$363.41	\$305.87	\$484.06
Employee + Child(ren)	\$72.75	\$247.22	\$181.37	\$355.84	\$298.54	\$473.01
Family	\$72.75	\$337.25	\$235.63	\$500.13	\$412.29	\$676.79
<b>25-50% Employer Contribution</b>						
Employee	\$72.75	\$159.99	\$133.30	\$220.54	\$197.66	\$284.90
Employee + Spouse	\$72.75	\$240.25	\$185.22	\$352.72	\$305.87	\$473.37
Employee + Child(ren)	\$72.75	\$236.76	\$181.37	\$345.38	\$298.54	\$462.55
Family	\$72.75	\$321.38	\$235.63	\$484.26	\$412.29	\$660.92
<b>51%+ Employer Contribution</b>						
Employee	\$72.75	\$154.42	\$133.30	\$214.97	\$197.66	\$279.33
Employee + Spouse	\$72.75	\$229.55	\$185.22	\$342.02	\$305.87	\$462.67
Employee + Child(ren)	\$72.75	\$226.29	\$181.37	\$334.91	\$298.54	\$452.08
Family	\$72.75	\$305.51	\$235.63	\$468.39	\$412.29	\$645.05

\* Minimum Cost includes the following services: COBRA, HIPAA and Claims Administration; AHDI Population Management; Distribution Fee; PPO Network Access Fee; Stop Loss Insurance Fee.  
\*\* In addition to the services above the Minimum Cost for the MVP Preferred and MVP Preferred Plus plans include the premium for the fully insured limited medical indemnity product.

The fees above do not include the federal government Transitional Reinsurance or the federal government Patient Centered Outcomes Research Institute (PCORI) employer liability fees. However, the federal government Transitional Reinsurance Fee can be collected for an additional fee of \$.25 PEPM. The federal government Transitional Reinsurance Fee is \$3.67 a month based on the average number of lives for the plan year.

**Massachusetts Residents Only**  
The Keysolution health plan does not meet the Minimum Creditable Coverage standards as part of the Massachusetts Health Care Reform Law. If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting the Minimum Creditable Coverage standards of the Massachusetts Health Care Reform Law.

A minimum of 51 eligible lives are required for the following states: CA, FL, NV, NC, VT, NY, OR, MN, UT.  
The MVP is not available in the state of Hawaii.

- The underlying reinsurance plan has a 12/18 contract.
- This proposal does not bind coverage. Your signature below confirms that the benefit plan and rates outlined are the chosen options for this submission

MVP Option: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_



# MVP Benefit Summary

Self-Funded Minimum Value Plan/60% (MVP)

MVP Covered Benefits:	MVP		Covered Services Description
	Network	Non-network	
<b>Deductible</b>	\$0/\$0	\$500/\$1,000	
<b>Coinsurance</b>	100%	40%	
<b>Out of Pocket Maximum</b>	\$1,850/\$12,700	N/A	
MVP Covered Benefits:	Network	Non-Network	Covered Services
PPO Network	Multiplan		
Emergency Room Services	\$400 Copay	\$400 Copay	The Emergency Room benefit covers all services performed in an emergency room including the hospital facility and physician charges. If an MRI is performed during the emergency room visit a separate copay will not be applied. If surgery, physical therapy, or DME are performed during the emergency room visit, they will be covered under the emergency room benefit.
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	\$15 Copay	Ded/Coins	The Primary Care Visit benefit covers all physician visits including office, outpatient and inpatient charges. Copays apply to the physician visit charge only and does not include any other services rendered at the time of the visit.
Specialist Visit	\$25 Copay	Ded/Coins	The Specialist Visit benefit covers all physician visits including office, outpatient and inpatient charges. Copays apply to the physician visit charge only and does not include any other services rendered at the time of the visit.
Imaging (CT,PET Scans, MRIs)	\$400 Copay	Ded/Coins	The Imaging benefit covers charges for CT, PET Scans, and MRI's and the charges for related supplies.
Laboratory Outpatient and Professional Services	\$50 Copay	Ded/Coins	The Laboratory Outpatient and Professional Services benefit covers the professional components of labs including the office, outpatient and inpatient charges. The copay will apply to each individual lab.
X-rays and Diagnostic Imaging	\$50 Copay	Ded/Coins	The X-rays and Diagnostic Imaging benefit covers the professional components of the X-rays including the office, outpatient and inpatient charges. A copay will apply to each individual x-ray or imaging.
Preventive Care/Screening/Immunization (MEC)	100% Covered	Ded/Coins	The Preventive Care/Screening/Immunization benefit covers all of the services listed under the MEC covered benefits.
Chronic Disease Management (CDM) Benefit	100% Covered	Ded/Coins	The Chronic Disease Management Benefit covers the minimum standards of care services for the 25 chronic disease identified through AHDI.
<b>Prescription Drugs*</b>			
Generics	\$15 Copay	Ded/Coins	The Mail Order copays are 2.5 times the retail copay.
Preferred Brand Drugs	\$25 Copay	Ded/Coins	The Mail Order copays are 2.5 times the retail copay.
Non-Preferred Brand Drugs	\$75 Copay	Ded/Coins	The Mail Order copays are 2.5 times the retail copay.

\* Specialty Drugs are **not** covered.

## MVP Exclusions

- Hospital inpatient services are not covered by the plan. This means any inpatient service billed by the hospital.
- Ambulatory Surgical Center Services are not covered.
- Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services are not covered with the exception of services covered under the MEC benefits.
- Rehabilitative Speech Therapy services are not covered.
- Rehabilitative Occupational and Rehabilitative Physical Therapy services are not covered.
- Skilled Nursing Facility services are not covered.
- Outpatient Surgery Physician/Surgical services are not covered.
- Specialty drugs are not covered.
- Charges that are not for the care or treatment of an accident or illness except as specifically provided for in this plan.
- Treatment made necessary as the result of illegal use of narcotics or use of hallucinogens in any form unless prescribed by a physician or as provided herein.
- Treatment made necessary by or a disability arising from war, declared or undeclared, or any act of war. An act of terrorism will not be considered an act of war, declared or undeclared.
- Treatment or services provided by anyone other than a healthcare provider as defined herein unless specifically stated in the plan.
- Investigatory and experimental treatment, services, and supplies.
- Organ transplants.

Please refer to your plan document for a detailed description of all exclusions.