

The Essential Solution



Affordable Solution to the UN – Affordable Care Act



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Why an Essential Plan from Essential Benefits Administrators?

Beginning in 2014, the Patient Protection and Affordable Care Act (PPACA), requires most U.S. citizens to maintain "Minimum Essential Coverage." Minimum Essential Coverage includes health insurance coverage provided under certain government sponsored plans, employer sponsored plans, individual plans, grandfathered health plans, or other coverage specified by the Department of Health and Human Services (HHS). PPACA also requires that all plans include the following:

- Coverage for dependent children to age 26;
- Preventive Care Services covered without cost sharing (except for brand name contraceptive drugs);
- No annual or lifetime limits.

In 2017, failure to be covered by a plan meeting this definition subjects citizens to a penalty which equals the greater of \$695 per uninsured person or 2.5 percent of household income over the filing threshold. These penalties are scheduled to increase over time.

Beginning in 2015, PPACA requires that employers with over 50 employees offer their full-time employees the opportunity to enroll in a group health plan, which provides Minimum Essential Coverage. Employers will be subject to a penalty if they do not offer 95% of their full-time employees a plan providing Minimum Essential Coverage. The penalties are monthly, but it is easiest to understand when expressed as an annual amount. The penalty for failure to offer a plan as described above is \$2,160 per employee per year (minus the first 30 employees).

As you review our Essential Plan, you will see that it provides Preventive Care and Contraception Services only. There are no deductibles or co-pays (except for brand name contraceptive drugs). There are no annual or lifetime limits. Coverage is available to the employees' lawful spouse and children through age 25, or through any age if disabled and unable to earn a living. The Essential Plan is a simple and affordable way for an employer to help its employees meet the requirements of the PPACA. It is also a mechanism for employers to provide Minimum Essential Coverage to their employees and meet their obligations under PPACA.

Information regarding PPACA is accurate as of April 1, 2018. For more information, visit <http://healthreform.kff.org>

Essential Plan Summary

General Information (Preventive Care Only)

Co-pays:.....\$0 (except for contraceptives¹)
Deductible:.....\$0
Benefit percentage
paid by plan:.....100% of covered expenses²
Plan Annual Maximum:.....Unlimited
Plan Lifetime Maximum:.....Unlimited

Summary of Covered Services

Below are a few of the common covered preventive health services the plan covers. The plan may also cover a service that is not listed, as long as the service is a covered preventive health service as described in the policy.

Covered Services for Children & Adolescents

- Well Child Exams – physical exams & vision acuity
- Assessments – developmental & behavioral
- Immunizations – diphtheria, tetanus and pertussis
- Screenings – hearing loss, lead poisoning and depression

Covered Services for Adults

- Annual Preventive Care Visits – physicals & history
- Immunizations – hepatitis & influenza
- General Health Screenings – blood pressure, cholesterol & diabetes
- Prescription contraceptives for women

¹ \$50 co-pay for brand name contraceptive drugs

² Covered expenses are the lesser of the actual or usual & customary charges

All costs guaranteed for one year from effective date unless otherwise noted. Published costs subject to change at any time.

EBA's Commitment to Service Excellence

Employee benefits consist of three parts - the coverage itself, implementation and on-going customer service. Essential Benefit Administrators has invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with easy-to-use online billing and enrollment support, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

EBA's Flexible and Innovative Benefits and Services

Essential Benefit Administrators is the leading provider of MEC and Limited Med plans, specializing in innovative and flexible employee benefits solutions. Our plan offerings are flexible and is tailored for each individual client's needs. All our products and services are marketed through independent brokers and agents to employers of all sizes.

MEC Essential Plans (Composite Rates)

| | MEC | MEC PLUS | MEC PREMIUM |
|------------------------|----------|----------|-------------|
| EMPLOYEE ONLY | \$77 | \$110 | \$150 |
| EMPLOYEE PLUS SPOUSE | \$121.30 | \$185 | \$259 |
| EMPLOYEE PLUS CHILDREN | \$165.70 | \$205 | \$235 |
| EMPLOYEE PLUS FAMILY | \$188.70 | \$280 | \$320 |

Provider Network*

Why do we provide access to a Provider Network?

Benefits

- Participating provider's charges are reduced
- Reduced charges continue even if Benefit Maximum is reached
- Network provider will accept paperwork and file claim

Provider Network: First Health Network

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.MyFirstHealth.com
- Savings are competitive with all other networks. (First Health Network expresses all discount information as savings off billable charges.)



ESSENTIAL PLANS

BENEFIT SUMMARY

EBA Essential Plans provide affordable coverage that meets the requirements under the Affordable Care Act, which avoids members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

| | In Network MEC Plus | In Network MEC Premium Plus | Out of Network |
|--|--|--|-------------------|
| Annual Maximum/Lifetime Maximum Benefit | Unlimited | Unlimited | Not Covered |
| Deductible (per person) | \$0 | \$0 | Not Covered |
| Medical Benefits | | | |
| Deductible and Maximum Out of Pocket | Not Applicable | Not Applicable | Not Covered |
| Wellness and Preventive Care (Including Pediatric and OBGYN) | Covered at 100% | Covered at 100% | Not Covered |
| Primary Doctor & Pediatric–sick visits | \$25 co-pay – 5 Visits per Year | \$25 co-pay – Unlimited Visits | Not Covered |
| Specialist Doctor | \$35 co-pay – 1 Visit per Year | \$35 co-pay – 5 Visits per Year | Not Covered |
| Laboratory Services and Imaging | Preventive Care only included | Preventive Care only included | Not Covered |
| X-Rays | Preventive Care only included | Preventive Care only included | Not Covered |
| Urgent Care | \$50 co-pay – 2 Visits per Year | \$50 co-pay – 3 Visits per Year | Not Covered |
| Emergency Room Admission | Not Covered / Network Discounted Rate | \$250 co-pay – 1 Visit per Year | Not Covered |
| Outpatient Surgery, Hospice, Skilled Nurse | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| In Patient Surgery/Services | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| Maternity Pre/Post Natal Consultation | Not Covered / Network Discounted Rate | \$25 co-pay – 3 Visits | Not Covered |
| Mental Health, Substance Abuse Consultation | Not Covered / Network Discounted Rate | \$25 co-pay – 1st 3 visits | Not Covered |
| Rehabilitative Speech Therapy | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| Rehabilitative and Rehabilitative Physical Therapy | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| Chiropractic Care | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | |
| Skilled Nursing Facility | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| Durable Medical Equipment | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| Outpatient Facility (e.g. Ambulatory Surgery Center) | Not Covered / Network Discounted Rate | Not Covered / Network Discounted Rate | Not Covered |
| Prescription Drug Benefits | | | |
| RX | Discount for Generics | Discount for Generics | Not Covered |

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.

Coordination of Benefits: Non-duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.



Minimum Essential Coverage Plan Schedule of Medical Benefits

This Plan covers routine preventive services only.
This Plan does not cover medical illness or accidental injury claims.

| Covered Preventive Services for Adults | | | | |
|--|--|-------------------|-----------------------|---|
| Wellness Office Visits | | Network Providers | Non-Network Providers | Benefit Limits |
| Office Visit Exam & Includes Services For: | | Plan pays 100% | No Benefit | Limited to preventive diagnosis only. |
| Abdominal Aortic Aneurysm | | Plan pays 100% | No Benefit | One time screening for males of ages 65 to 75 who have ever smoked. |
| Alcohol Misuse Screening | | Plan pays 100% | No Benefit | |
| Aspirin use for Men and Women | | Plan pays 100% | No Benefit | One Aspirin use consultation for women ages 45 to 79 and men 55 to 79. |
| Blood Pressure Screening | | Plan pays 100% | No Benefit | One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over. |
| Cholesterol Screening | | Plan pays 100% | No Benefit | One screening per calendar year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease. |
| Depression Screening | | Plan pays 100% | No Benefit | |
| Type 2 Diabetes Screening | | Plan pays 100% | No Benefit | Screening for adults with high blood pressure only. |
| Diet Counseling | | Plan pays 100% | No Benefit | Screening for adults at higher risk of chronic disease. |
| HIV Screening | | Plan pays 100% | No Benefit | Screening for adults at higher risk. |
| Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococca † Tetanus, Diphtheria, Pertussis * Varicella | | Plan pays 100% | No Benefit | Listed immunizations are once per calendar year. Pneumococcal shots for adults 65 and older. |
| Obesity Screening and Counseling | | Plan pays 100% | No Benefit | |
| Sexually Transmitted Infection (STI) Screening and Counseling | | Plan pays 100% | No Benefit | Prevention counseling for adults at higher risk, includes syphilis screening. |
| Tobacco Use Screening | | Plan pays 100% | No Benefit | Screenings for adults and cessation interventions for tobacco users. |
| Covered Preventive Services for Women | | | | |
| Wellness Office Visits | | Network Providers | Non-Network Providers | Benefit Limits |
| Well-Women Visits | | Plan pays 100% | No Benefit | |
| Anemia Screening | | Plan pays 100% | No Benefit | For pregnant women. |
| Bacteriuria urinary tract or infection Screening | | Plan pays 100% | No Benefit | For pregnant women. |
| Breast Cancer Mammography Screening | | Plan pays 100% | No Benefit | Screenings every 1 to 2 years for women over 40 years old. |
| Breast Cancer Chemoprevention Counseling | | Plan pays 100% | No Benefit | Counseling for women at high risk. |
| Cervical Cancer Screening | | Plan pays 100% | No Benefit | Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor. |
| Chlamydia Infection Screening | | Plan pays 100% | No Benefit | For younger women and women at high risk. |

| Covered Preventive Services for Children | | | | |
|--|--|-------------------|-----------------------|---|
| Wellness Office Visits | | Network Providers | Non-Network Providers | Benefit Limits |
| Alcohol and Drug Use Assessments | | Plan pays 100% | No Benefit | |
| Autism Screening | | Plan pays 100% | No Benefit | For children at 18 months to 24 months |
| Behavioral Assessments | | Plan pays 100% | No Benefit | For children to age 18 |
| Blood Pressure Screening | | Plan pays 100% | No Benefit | For children to age 18 |
| Cervical Dysplasia Screening | | Plan pays 100% | No Benefit | For sexually active females |
| Congenital Hypothyroidism Screening | | Plan pays 100% | No Benefit | For newborns |
| Depression Screening | | Plan pays 100% | No Benefit | For teenagers ages 12 to 18 |
| Developmental Screening | | Plan pays 100% | No Benefit | For children under age 3 and surveillance throughout childhood |
| Dyslipidemia Screening | | Plan pays 100% | No Benefit | For children at high risk of lipid disorders |
| Fluoride Chemoprevention Supplements | | Plan pays 100% | No Benefit | For children without fluoride in their water sources |
| Hearing Screenings | | Plan pays 100% | No Benefit | For all newborns |
| Height, Weight and Body Mass Index Measurements | | Plan pays 100% | No Benefit | For children to age 18 |
| Hematocrit or Hemoglobin Screening | | Plan pays 100% | No Benefit | For children to age 18 |
| Hemoglobinopathies of Sickle Cell Screening | | Plan pays 100% | No Benefit | For all newborns |
| HIV Screening | | Plan pays 100% | No Benefit | For sexually active children |
| Immunizations * Diphtheria, Tetanus, Pefussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella | | Plan pays 100% | No Benefit | For children to age 18. |
| Iron Supplements | | Plan pays 100% | No Benefit | For children ages 6 to 12 months at risk of anemia. |
| Lead Screening | | Plan pays 100% | No Benefit | For children at risk of exposure |
| Medical History | | Plan pays 100% | No Benefit | For all children throughout development. |
| Obesity Screening and Counseling | | Plan pays 100% | No Benefit | For children to age 18. |
| Oral Health | | Plan pays 100% | No Benefit | At risk assessment for your children ages newborn to age 10. |
| Phenylketonuria (PKU) Screening | | Plan pays 100% | No Benefit | For genetic disorders in newborns. |
| Sexually Transmitted Infection (STI) Screening and Counseling | | Plan pays 100% | No Benefit | For children at higher risk, includes gonorrhea preventive medication for newborn eyes. |
| Tuberculin Testing | | Plan pays 100% | No Benefit | For children at higher risk of tuberculosis to age 18. |
| Vision Screening | | Plan pays 100% | No Benefit | For children to age 18. |

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