THE HEALTH BENEFIT ALLIANCE (HBA)

2023 OPEN ENROLLMENT

WELCOME

Barton Staffing Solutions

AGENDA

- Enrollment and Changes
- Plan Offerings
- Employee Rates
- MVP Plan Limits and Exclusions
- Prescription Benefits
- Important Plan Rules
- PHCS Doctor Look-Up Tool
- Telehealth and Value Added Benefits
- Employee Help Line
- FAQ’s + Health Terms Glossary
- Next Steps

ENROLLMENT AND CHANGES

NEW HIRES

- New hires should make enrollment choices immediately upon hiring.
- Enrollment choices must be completed within 31 days of your date of hire.
- Once enrolled, you will be subject to a new-hire waiting period before insurance coverage starts.
- ***Insurance Coverage Starts: 1st of the month following 60 days.***
- Weekly premium contributions will be deducted from your pay starting four pay periods prior to coverage start.

OPEN ENROLLMENT

- Annual Open Enrollment is the period of time each year that employees can initially enroll or make changes to their benefits such as adding or removing dependents and change plans.
- ***Open enrollment for Plan Year 2023 will take place:***
  November 14th – December 2nd

QUALIFYING LIFE EVENT

- If an employee wishes to make changes to their benefit plans mid-year, a qualifying life event must take place such as:
  - Marriage / Divorce
  - Birth or Adoption of a Child
  - Employment Status Change
  - Loss of Dependent Status
  - Loss of Other Coverage
- For more information on qualifying life events, visit the website: https://healthcare.gov/glossary/qualifying-life-events/

WELL – MEC PLAN	IN-NETWORK	OUT-OF-NETWORK
ACA Preventative / Wellness Visit:	**$0 Copay**	Not Covered
Deductible (SINGLE / FAMILY):	**$0 / $0**	
Out of Pocket Maximum (SINGLE / FAMILY):	**$0 / $0**	
Primary Care Physician Visit:	**Not Covered**	
Specialty Care Visit:	**Not Covered**	
Urgent Care:	**Not Covered**	
In-patient Hospital (RBP):	**Not Covered**	
Out-Patient Surgery:	**Not Covered**	
Emergency Room (RBP):	**Not Covered**	
Non-Hospital X-Ray/Lab:	**Not Covered**	
Telehealth Visit:	**$0 Copay** Unlimited Visits	
Generic RX: (PREVENTATIVE / NON-PREVENTATIVE)	**$0 Copay / Not Covered**	
Brand RX: (PREFERRED / NON-PREFERRED)	**Not Covered / Not Covered**	
Specialty RX:	**Not Covered**	
Exclusions of coverage do apply. Please refer to the WELL MEC Summary of Benefits for more information.		

WELL - PREMIUM MEC PLAN	IN-NETWORK	OUT-OF-NETWORK
ACA Preventative / Wellness Visit:	**$0 Copay**	Not Covered
Deductible (SINGLE/FAMILY):	**$0 / $0**	
Out of Pocket Maximum (SINGLE/FAMILY):	**$8,700 / $17,400**	
Primary Care Physician Visit:	**$35 Copay for existing doctor / $70 Copay for new doctor** Unlimited Visits	
Specialty Care Visit:	**$75 Copay for existing doctor / $150 Copay for new doctor** Unlimited Visits	
Urgent Care:	**$75 Copay** Unlimited Visits	
In-patient Hospital (RBP):	**Not Covered**	
Out-Patient Surgery:	**Not Covered**	
Emergency Room (RBP):	**Not Covered**	
Non-Hospital X-Ray/Lab:	**$50 Copay per image billed / per panel tested** Unlimited Visits	
Telehealth Visit:	**$0 Copay** Unlimited Visits	
Generic RX: (PREVENTATIVE/ NON-PREVENTATIVE)	**$0 Copay / Not Covered**	
Brand RX: (PREFERRED/ NON-PREFERRED)	**Not Covered/ Not Covered**	
Specialty RX:	**Not Covered**	
Exclusions of coverage do apply. Please refer to the WELL Premium MEC Plan Summary of Benefits for more information.		

MVP BRONZE PLAN	IN-NETWORK	OUT-OF-NETWORK
ACA Preventative / Wellness Visit:	**$0 Copay***	
Deductible (SINGLE / FAMILY):	**$0 / $0**	
Out of Pocket Maximum (SINGLE / FAMILY):	**$7,350 / $14,700**	
Primary Care Physician Visit:	**$25 Copay*** Limited to 8 visits per plan year	
Specialty Care Visit:	**$50 Copay*** Limited to 8 visits per plan year	
Urgent Care:	**$50 Copay*** Limited to 2 visits per plan year	
In-patient Hospital (RBP):	**$350 Copay Per Admission** Limited to 5 days per plan year	
Out-Patient Surgery (RBP):	**$350 Copay Per Admission** Limited to 1 visit per plan year	
Emergency Room (RBP):	**$350 Copay Per Admission** Limited to 1 visit per plan year	
Non-Hospital X-Ray / Lab:	**$50 Copay*** Limited to a combined 3 visits per plan year	
Non-Hospital Advanced Radiology (RBP):	**$350 Copay** Limited to 1 visit per plan year	
Telehealth Visit: (coverage only applies to HBA eHealth)	**$0 Copay** Unlimited Visits	
Teledental Visit:	**$0 Copay** Unlimited Visits	
Generic RX: (PREVENTATIVE / NON-PREVENTATIVE)	**$0 Copay / 20% Coinsurance**	**Not Covered**
Brand RX: (PREFERRED / NON-PREFERRED)	**20% Coinsurance / Not Covered**	**Not Covered**
Specialty RX:	**Not Covered**	**Not Covered**
IMPORTANT: *Out-of-network services are covered at 85% of usual and customary charges (UCR)*		
Exclusions of coverage do apply. Please refer to the MVP Bronze Summary of Benefits for more information.		

EMPLOYEE RATES

WellMEC 1	Monthly / Weekly
EMPLOYEE	$65.44 / $15.10
EMPLOYEE + SPOUSE	$103.18 / $23.81
EMPLOYEE + CHILD(REN)	$98.32 / $22.69
EMPLOYEE + FAMILY	$127.10 / $29.33

RATE TIERS

Tier 1 – $13.00 to $15.49/hr
Tier 2 – $15.00 to $16.99/hr
Tier 3 – $17.00/hr and higher

WellMEC 2	Tier 1 Monthly / Weekly	Tier 2 Monthly / Weekly	Tier 3 Monthly / Weekly
EMPLOYEE	$114.32 / $26.38	$129.32 / $29.84	$144.32 / $33.30
EMPLOYEE + SPOUSE	$19.84 / $46.12	$214.84 / $49.58	$229.84 / $53.04
EMPLOYEE + CHILD(REN)	$215.51 / $49.73	$230.51 / $53.19	$245.51 / $56.66
EMPLOYEE + FAMILY	$285.92 / $65.98	$300.92 / $69.44	$315.92 / $72.90

MVP Bronze	Tier 1 Monthly / Weekly	Tier 2 Monthly / Weekly	Tier 3 Monthly / Weekly
EMPLOYEE	$154.13 / $35.57	$183.77 / $42.41	$201.55 / $46.51
EMPLOYEE + SPOUSE	$445.14 / $102.72	$47478 / $109.56	$492.56 / $113.67
EMPLOYEE + CHILD(REN)	$357.62 / $82.53	$387.26 / $89.37	$405.04 / $93.47
EMPLOYEE + FAMILY	$629.04 / $145.16	$658.68 / $152.00	$676.47 / $156.11

Rates are Monthly / Weekly

MVP PLAN EXCLUSIONS

MVP Limited Day Medical Plans provide comprehensive & affordable coverage. However, it is important to understand the limits & exclusions that may be different from a traditional health insurance plan. Below are a few examples of exclusions:

EXCLUSION	BRONZE
MATERNITY	X
DEPENDENT MATERNITY COVERAGE	X
CHEMOTHERAPY & RADIATION	X
KIDNEY DIALYSIS	X
SPECIALTY RX	X
INFERTILITY / FERTILITY	X
BARIATRIC SURGERY	X
ROUTINE FOOT CARE	X
ROUTINE EYE CARE	X
TMJ	X
ACCUPUNCTURE	X
PEDIATRIC DENTAL AND VISION	X
DOMESTIC PARTNER COVERAGE	X
ORTHOTICS	X
AQUATIC OR MASSAGE THERAPY	X
PRIVATE DUTY NURSING	X
SKILLED NURSING FACILITIES	X
BIOLOGICS/HEMOPHILIAC DRUGS	X

REMINDER: There are **Day Limits** on the **BRONZE** plan

YOUR MVP BRONZE PRESCRIPTION BENEFITS - CAPITAL RX

Capital Rx is one of your **pharmacy managers (PBM)** who is responsible for processing *some* of your prescription drug claims

CUSTOMER SERVICE

When it comes to your health, Capital Rx is with you every step of the way!

QUESTIONS?
Call Capital Rx at the below number:
(844)-622-7797

DON'T FORGET TO REGISTER!

Log on to the Capital Rx member portal by clicking the link below:

Member Portal | Sign Up or Login | Capital Rx | Capital Rx (cap-rx.com)

YOUR MVP BRONZE PRESCRIPTION BENEFITS – HBA SCRIPTS

HBA Scripts is one of your **pharmacy managers (PBM)** who is responsible for processing *some* of your prescription drug claims

- Access to over 125 acute medications nationwide at a $0 cost
- Home delivery for chronic (maintenance) medications. These medications will be shipped at no cost
- Members with diabetes will have access to cost-effective supplies and insulin
- HBA Scripts includes 71 of the most popular psychiatric medications in the country
- Members will have access to our pharmacy coaching team which provides education on possible medication options as well as assistance with prescription transfers
- 24/7 access to a member portal that has your account details, digital ID card, drug formularies and much more

HBA Scripts℠
AFFORDABLE RX

CONTACT US:

1-800-983-8901
Info@HBAScripts.com
www.HBAScripts.com

WHEN TO USE CAPITAL RX VS. HBA SCRIPTS:

HERE'S HOW IT WORKS…

1. Your doctor writes a prescription
2. If the script is covered under your plan's pharmacy benefits and is a **GENERIC** prescription, request that the pharmacy run the script under **HBA Scripts**. This will provide the most cost savings on your generic drugs.
3. If the script is covered under your plan's pharmacy benefits and is a **NAME BRAND / SPECIALTY** prescription, request that the pharmacy run the script under **Capital Rx**.
4. We suggest presenting **BOTH** your **HBA Scripts** and medical ID card with your **Capital Rx** information to the pharmacy each time you pick up a medication. This way the pharmacist can run both cards and determine the best cost solution for you!

IMPORTANT! WHERE TO SEEK CARE…

- **Provider Network:**
  - When scheduling appointments such as primary care and specialist visits, lab work, urgent care and X-ray clinics please confirm that the healthcare provider is currently **in-network with PHCS**
- **Hospital Coverage:**
  - The health plan does not utilize a specific network for facilities such as hospitals. Services performed at a facility will be paid based on Reference Based Pricing (RBP)
    - RBP means the hospital will be paid at a % above what Medicare would have paid for that same service
- **Outpatient Diagnostic Services:**
  - When scheduling **elective** diagnostic screenings/services such as X-rays, Lab Work, MRI, CT-Scans etc. it is important that these services are scheduled at a Freestanding Facility
    - A Freestanding Facility is a building that is separate from a Hospital and performs outpatient services / submits claims separately from any Hospital affiliation
    - Outpatient Diagnostic services performed in a hospital or non-free-standing facility are excluded from coverage
    - If there is not a freestanding facility within a fifty (50) mile radius from your residence, please contact Loomis to obtain pre-approval to have these services performed in a hospital facility
    - Please note that the above does not apply to emergency situations and is only applicable to **elective** diagnostic services.

PHCS PROVIDER LOOK-UP

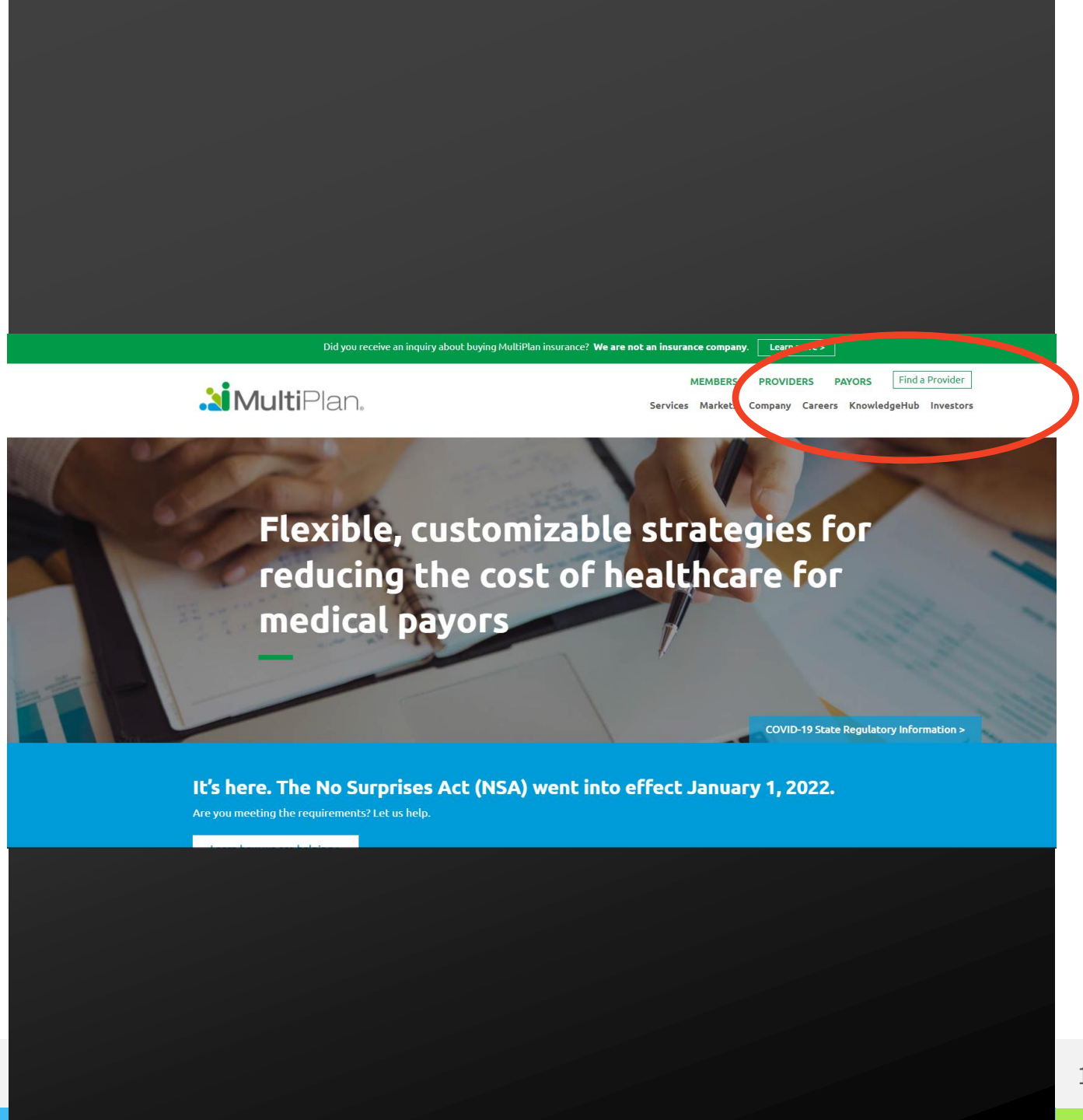
Please follow the below steps if enrolling in the MVP Bronze plans

STEP 1:

Log onto www.multiplan.us

STEP 2:

Select "find a provider" in the top right hand corner of the screen



PHCS PROVIDER LOOK-UP

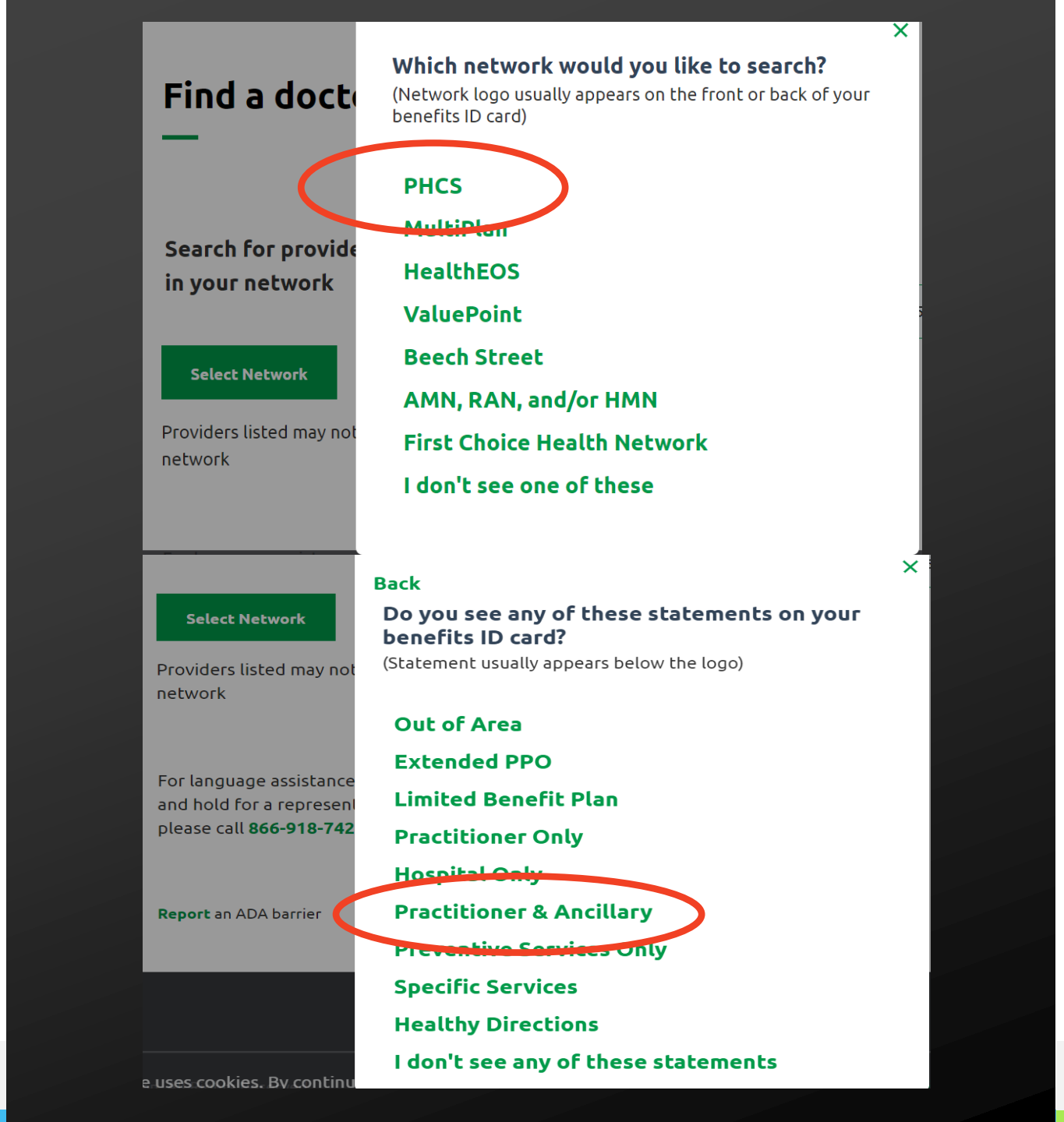
Please follow the below steps if enrolling in the MVP Bronze plans

STEP 3:

Select the "PHCS" network

STEP 4:

Select "practitioner & ancillary"

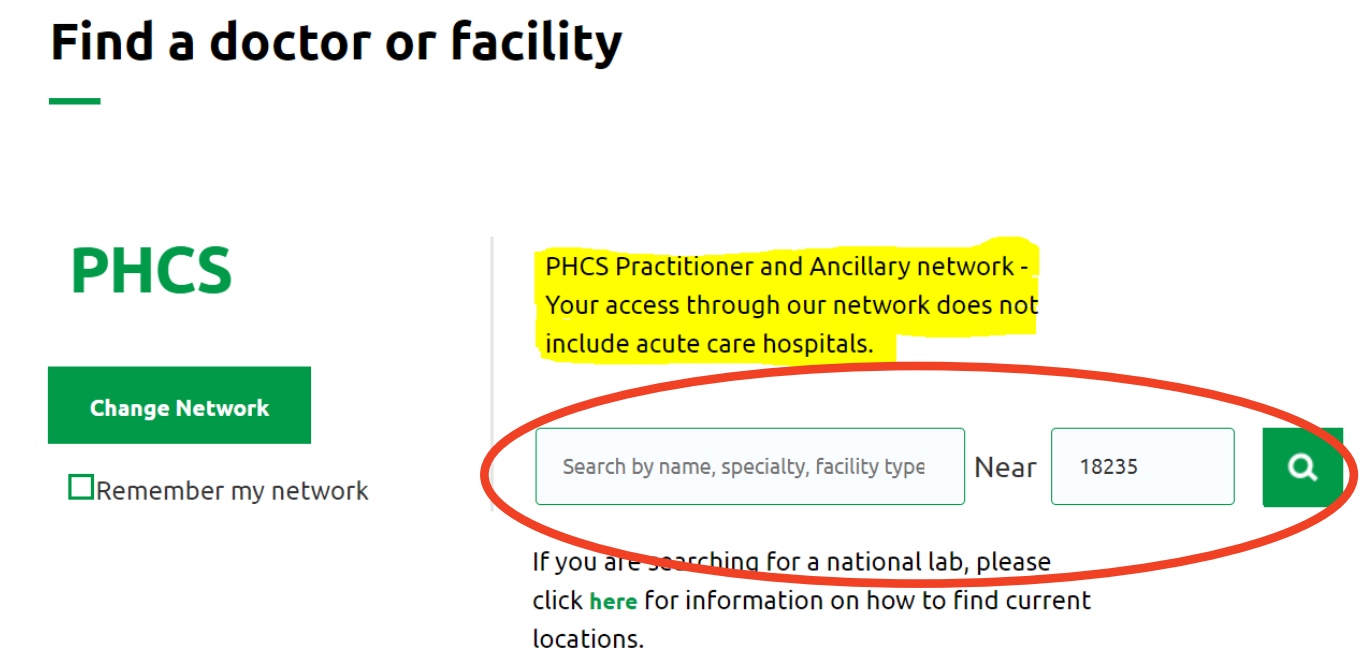


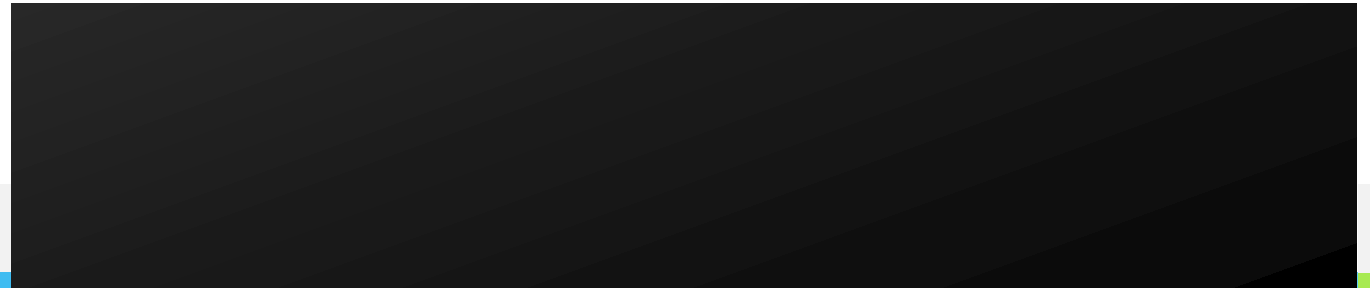
PHCS PROVIDER LOOK-UP

Please follow the below steps if enrolling in the MVP Bronze plans

STEP 5:

Conduct your search based on provider name, facility or zip code





PHCS/FIRSTHEALTH PROVIDER LOOK-UP

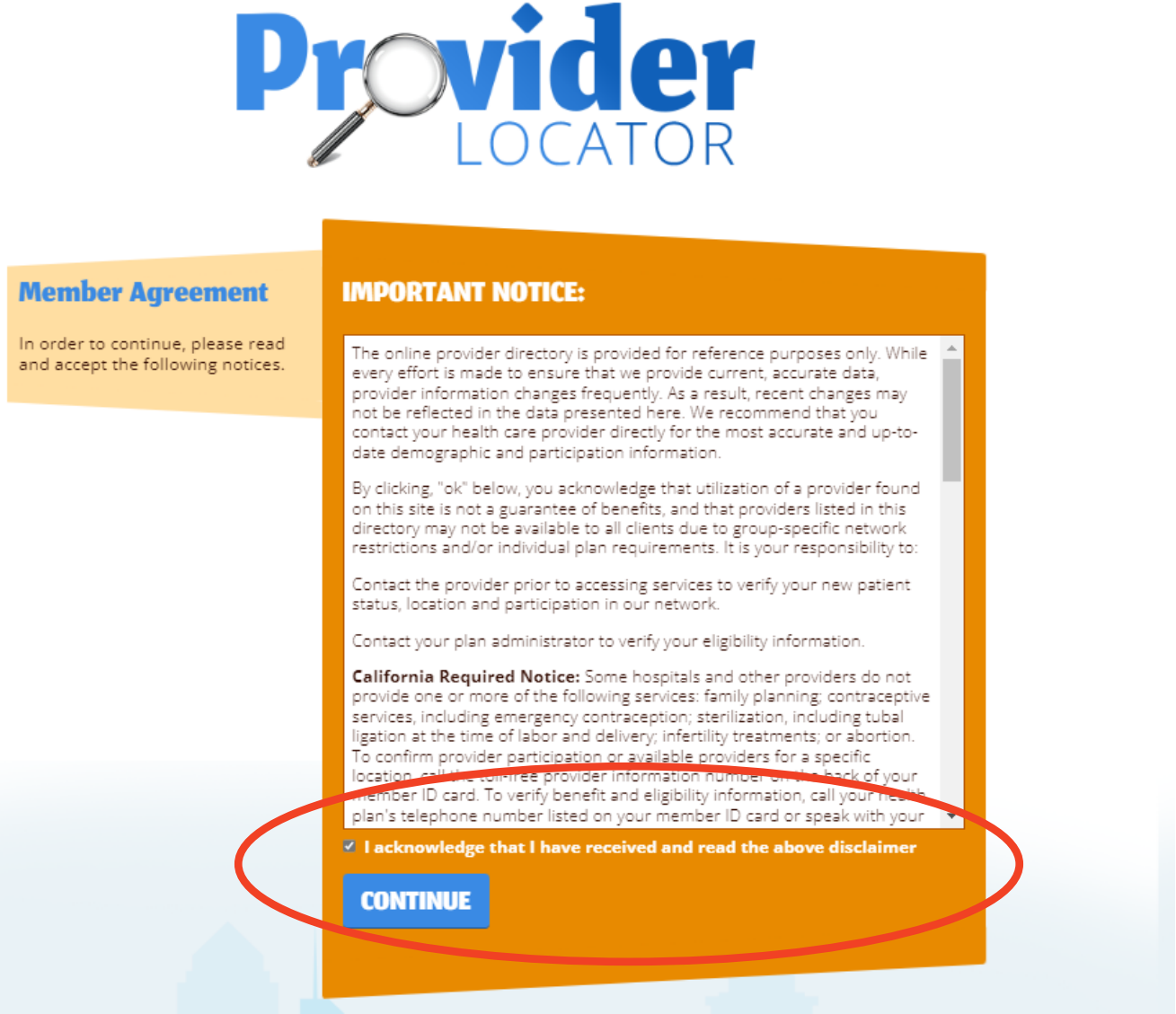
Please follow the below steps if enrolling in the WELLMEC plan

STEP 1:

Click on the below link –
Provider Locator

STEP 2:

Check off "I Acknowledge" and click "Continue"

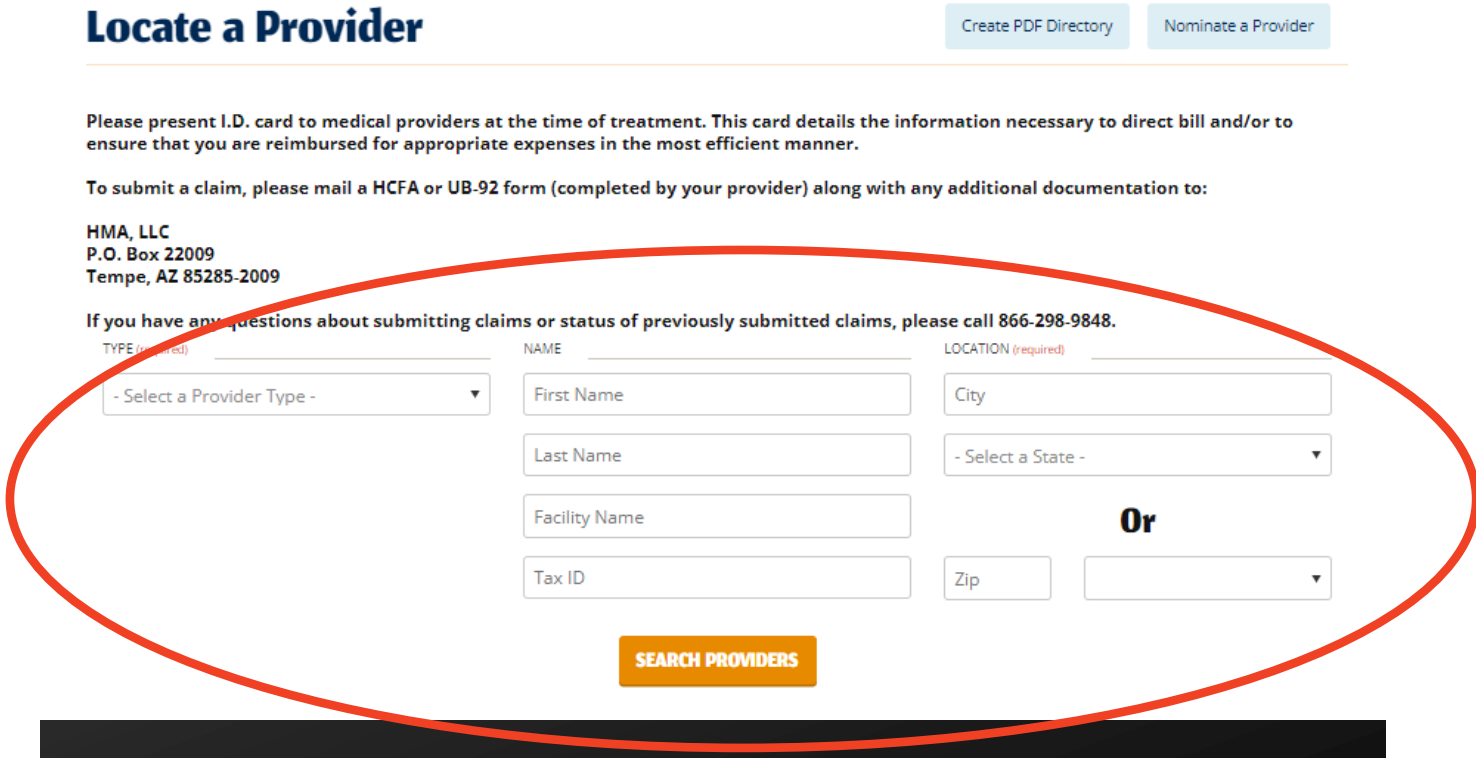


PHCS/FIRSTHEALTH PROVIDER LOOK-UP

Please follow the below steps if enrolling in the WELLMEC plan

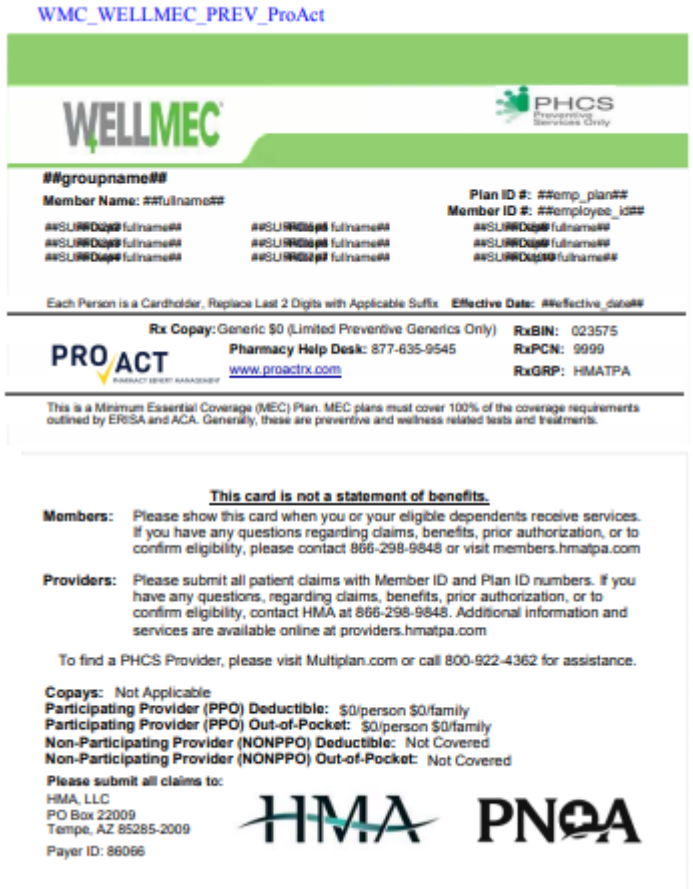
STEP 3:

Conduct your search based on provider type, name or location!

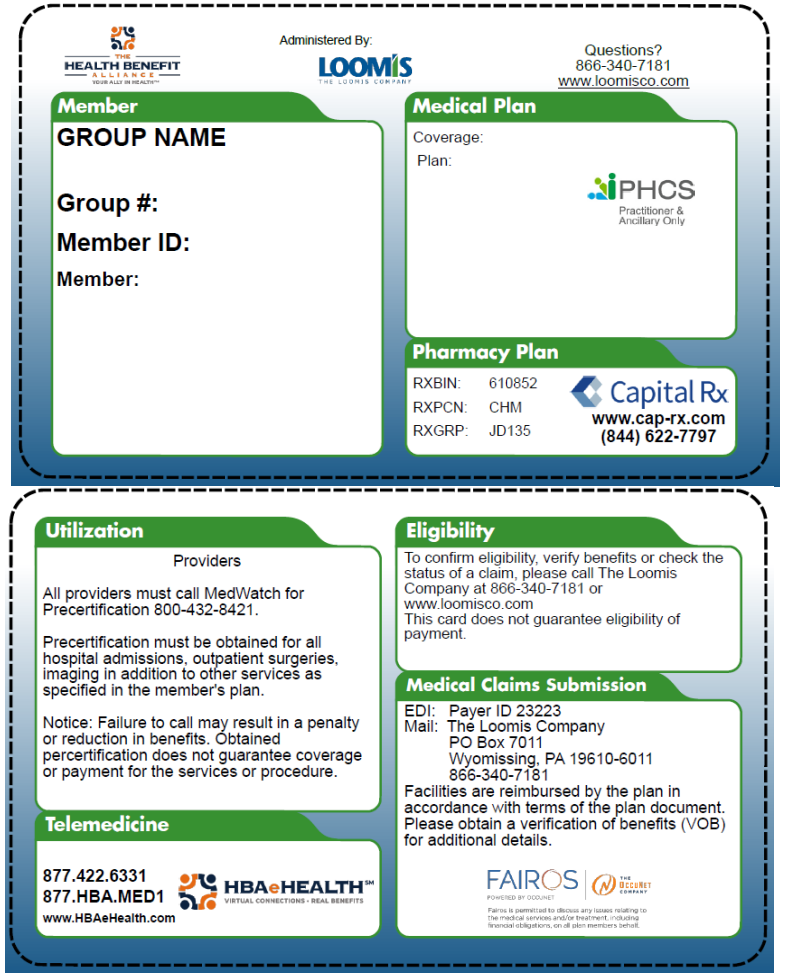


YOUR SAMPLE ID CARDS:

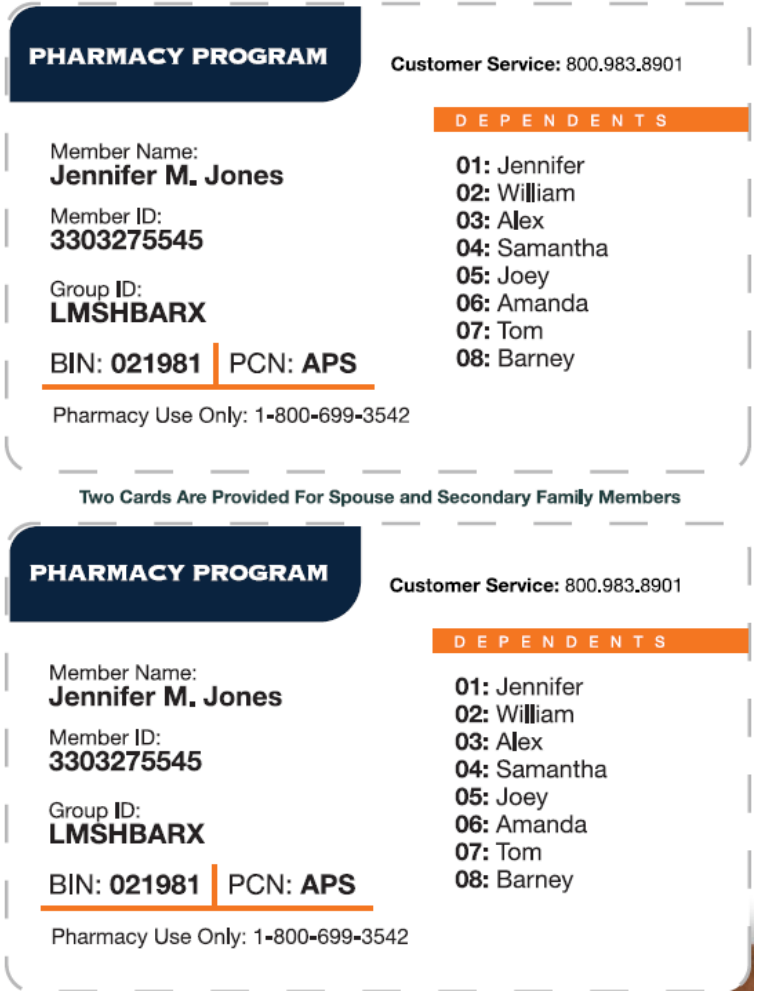
WELLMEC Medical ID card



MVP Medical ID card



HBA Scripts ID card



LOOMIS MEMBER PORTAL - MVP Bronze Enrollees Only

Register & login to the portal for access to:

- Temporary ID cards
- Claim information/status
- Print your explanation of benefits
- Important notifications from Loomis

Need Help Logging In / Have Questions?

Contact the member service team:

- Phone: **(866)-340-7181**

TELEMEDICINE & TELETHERAPY

The WellMEC and MVP Bronze plan offer unlimited Telehealth visits 24/7/365

- Seek care with board-certified Primary Care Physicians and Licensed Mental Health Therapists
- No deductibles, copays, or surprise bills
- Can treat various health concerns / conditions
- **MVP Bronze** enrollees will have access to HBAeHealth as their Telemedicine vendor. This includes both Telemedicine AND Teletherapy!
- **WellMEC** enrollees will have access to Galileo as their Telemedicine vendor.

HBAeHEALTH℠
VIRTUAL CONNECTIONS • REAL BENEFITS

HBAeHealth@doctegrity.com
(877)-HBA-MED1

galileo

support@galileohealth.com

VALUE-ADDED BENEFITS

Included in the MVP **BRONZE** plans

PERKPLANS

- Save Money!
- Discounts on travel, concert tickets, restaurants, pet products, clothing, real estate services & dozens of other product/service categories

ENDPOINTLOCK

- Protecting Personal Information!
- Data protection program designed to prevent hackers from stealing our data
- Protection starts at the moment an individual hits a key on his/her keyboard

Employees enrolled in the MVP plans will receive instructions after the effective date on how to access these exciting benefits!

EMPLOYEE BENEFITS HELP LINE

We are here for you! Follow the below steps when you need assistance:

STEP 1

If unable to resolve the issue with Step 1 proceed to Step 2

If enrolled in the MVP Bronze plan call Loomis Customer Service at (866)-340-7181
If enrolled in the WellMEC plan call HMA Customer Service at (866)-298-9848

- Remember to have your ID and/or Social Security Number on hand
- Ask Loomis to mail you a copy of the Explanation of Benefits (EOB) pertinent to your question/problem

STEP 2

Call/E-mail Emelie Meinhart and Laura Diver at CBIZ

- **Phone:** Emelie (216) 339-4278 Laura: (732) 859-8794
- **E-mail:** Emelie.Meinhart@CBIZ.com / Laura.Diver@CBIZ.com
- **Hours:** Monday-Friday from 9AM – 4:30PM EST
- **Please have the following on hand:**
  - Social Security Number and Date of Birth of the member having a problem
  - Phone Number, Fax & E-mail
  - Copies of any EOBs and/or bills in dispute
  - Names and dates of people at the insurance carriers that you have spoken with
  - We may need a Privacy Release From (HIPAA) signed by you in order for us to discuss your situation

STEP 3

Resolving the Issue

- Cait will work with the insurance carrier and others involved to get your question/problem resolved as quickly as possible
- An open line of communication will occur with any updates on the process

FAQ's

Q: What is my network?

A: **This depends on the service. If you are going to see your doctor, a specialist or looking for an urgent care facility then you would utilize the PHCS network. If you are utilizing hospital services such as emergency room, this would be considered an open network as these services would fall under reference-based pricing (RBP).**

Q: What does reference-based pricing (RBP) mean?

A: **RBP is an alternative to traditional pricing that stabilizes/ reduces claim cost. It is used by the health plan to process claims for medical services.**

Q: What do I do if the hospital states they are not contracted with PHCS?

A: **There is no network for hospital-based services. The plan pays based on reference-based pricing (RBP**

Q: What should I do if I receive a balance bill on a hospital-based service?

A: **The member should reach out to Loomis to initiate the balance bill process**

FAQ's

Q: Is Loomis my health insurance carrier/plan?

A: **No, Loomis is not the health insurance carrier. Loomis is the company that administers the insurance plan (pays claims, prior-authorization requests etc). The plan is referred to as The Health Benefit Alliance (HBA).**

Q: Can I get an X-ray or Lab Work done at a Hospital?

A: **NO. Any elective diagnostic services (meaning the services are scheduled) must be performed in a freestanding facility. Diagnostic services and tests will not be covered in a Hospital setting unless it is deemed an emergency OR pre-approved by Loomis due to lack of freestanding facilities within a 50-mile radius of the members residence.**

Q: What is a free-standing facility?

A: **A free-standing facility performs outpatient services and submits claims separately from any hospital affiliation. This means that the facility furnishes health care services that is neither integrated with nor a department of a hospital.**

Q: What are considered in-network labs?

A: **Labcorp and Quest are both in-network labs.**

FAQ's

Q: Are Domestic Partners covered under my plan?

A: **No, Domestic Partners are not eligible for coverage under any of the HBA plans.**

Q: When do dependents terminate coverage after turning 26?

A: **Under the HBA plans, dependent coverage will terminate at the end of the month in which the dependent turns age 26.**

Q: Is Bariatric surgery covered under the HBA medical plan?

A: **No, Bariatric surgery is not covered under any of the HBA plans.**

Q: Does my plan cover dependent maternity benefits?

A: **No, dependent maternity is not covered under any of the HBA plans.**

Q: Does my plan cover infertility treatment?

A: **No, infertility treatment is not covered under any of the HBA plans.**

FAQ's

Q: Will COVID tests be covered under my plan?

A: **Yes, HBA plans cover verified home tests under the pharmacy benefit up to the federal mandate of eight (8) per person. There will be no cost to the employee.**

Q: Will podiatric services be covered under the HBA plan?

A: **No, routine foot care including orthotics is not covered under any of the HBA plans.**

Q: Will non-US citizens be able to secure coverage under an HBA plan?

A: **Yes, if the participant has a social security number, they can be covered by the HBA medical plans.**

Q: Do any of the HBA plans cover pediatric dental and vision?

A: **There is no coverage for pediatric dental or vision coverage**.

Q: Will the HBA plans cover treatment or procedures to change one's physical anatomy to those of the opposite sex?

A: **There is no coverage for these procedures.**

FAQ's

Q: Do any of the HBA plans cover treatment for sexual dysfunction?

A: **No, treatment for sexual dysfunction is not a covered service.**

Q: Will the HBA plan cover services for the diagnosis or treatment for sleep apnea?

A: **No, there is not coverage for the diagnosis and treatment of sleep apnea, to include CPAP machines.**

Q: Do any of the plans cover Private Duty Nursing or Skilled Nursing Facilities?

A: **There is no coverage for Private Duty Nursing or Skilled Nursing Facilities?**

Q: Are Biologic Medications covered?

A: **No, biologic medications are not covered with the exception of Humira.**

Glossary of Terms

Copays: A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Coinsurance: The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Deductible: The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room: Services you receive from a hospital for any serious condition requiring immediate care.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider: A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-Of-Pocket Maximum: The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

Preauthorization: A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

Prescription Drugs: Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply.

Preventive Services: All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

RBP (Referenced Based Pricing): RBP means the hospital will be paid a percentage above what Medicare would have paid for the same service. This fairly compensates the facility for the services provided while helping control the health plan costs. There is no patient liability for any balance billing for hospital covered days and/or services. The patient is only responsible for their copay.

UCR (Usual, Customary and Reasonable): The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

NEXT STEPS

Go to https://www2.benefitelect.com/be/barton

Step 1: To begin self-registration, simply click Register on the login screen and you will be taken to the Registration form, as indicated in the snapshot above. On the registration screen you will enter the information requested. Please remember that first name, last name, birth date, and SSN MUST be the same as the information on your pay stub.

NOTE: Please be certain to save your username and password as you will be required to enter them again at the end of the Registration Authentication sequence.

Step 2: Choose to receive notification via email or text. The email will be sent to the email provided in Step 1. Please see screen shots below for expected views of what you will see when you choose email or text.

Step 3: Click "Register" to receive your registration authentication email or text. If you've chosen to receive your notification via text, you will be prompted to enter a phone number to which a text can be sent.

Step 4: After clicking the 'Register' link, a screen will populate on the enrollment site prompting you to enter the registration code you received in your text message.

Step 5: This will bring you to the login screen where you will enter your username and password

Step 6: Click on "Enrollment" at the top left of the screen, you will be directed to the Self-Enrollment site to bring walking through your benefit options and completing enrollment. You must complete the "Review and Confirm" section on the Enrollment Summary page. By entering your password, you are approving the elections populated on the Enrollment Summary Screen). Once your password in entered, a confirmation statement will populate in a .pdf format. You may print/save the resulting Confirmation Statement for your records.

Thank You