



**KEY SOLUTION™**

**Enrollment Guide**



## Medical Plan Options and Enrollment Information

*Administered by Key Benefit Administrators, Inc.*



PLANS DESIGNED FOR  
THE EMPLOYEES OF

**Insight  
Workforce  
Solutions**

# 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

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

	<b>MEC</b>
<b>Covered Benefits</b>	<b>In-Network</b>
Deductible (single/family)	<b>You pay \$0/\$0</b>
Coinsurance (employee portion)	<b>You pay 0%</b>
Out-of-Pocket Maximum	<b>You pay \$0/\$0</b>
<b>PPO Network</b>	<b>Multiplan Network</b>
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.

Monthly Healthcare Budget (employee responsibility)	MEC
EMPLOYEE	\$69.00
EMPLOYEE + SPOUSE	\$108.75
EMPLOYEE + CHILD(REN)	\$170.99
FAMILY	\$210.74





## 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.multiplan.com](http://www.multiplan.com)

