# Benefits Plan Overview

## Part-Time 30 Employee

2017

INSIDE THIS OVERVIEW:



# WELCOME

MBA CSi offers medical insurance to Part-Time employees who average at least 30 hours of service per week.

During this Open Enrollment Period, it is important to review the medial plan options available to you. Consider each PPO medical benefit and the associated cost carefully and choose the benefit that will best meet you and your family's needs.

Options selected during Open Enrollment will remain in place as long as you meet eligibility requirements.

The Internal Revenue Service *(IRS)* states that eligible employees may only make elections to the plan once a year at open enrollment. This means that medical, dental, and vision benefit choices are binding until the next Open Enrollment period. The following circumstances are the ONLY reasons you may change your benefits during the year:

| | |
|---|---|
| Marriage | Death of a Spouse |
| Divorce | Death of a Dependent |
| Birth & Adoption | Loss of Dependent Status |
| Loss of Spouse's job where coverage is maintained through a spouse's plan | |

These special circumstances, often referred to as qualified events, or life status changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Human Resources Department within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

This booklet contains an overview of the valuable benefits package available to you at MBA CSi. While every effort has been made to ensure that this booklet accurately reflects the provisions of the plans, only the official plan documents govern the operation of the plans and payment of benefits.

## Medical Benefits

Anthem BlueCross BlueShield

MBA CSi offers our employees and their dependents three comprehensive medical plans to choose from provided through Anthem BlueCross BlueShield with a nationwide network. Prescription drug benefits are also included through Express Scripts. To find a provider in your area, go to www.Anthem.com.

# Medical and Prescription Drug Benefits

Anthem BlueCross BlueShield

| Plan Design | Current | | | | | |
|---|---|---|---|---|---|---|
| | Anthem KC 30 National | | Anthem KC 25 National | | Anthem KC 25 Plus National | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **Deductible:** | | | | | | |
| - Single | $1,000 | $1,500 | $500 | $750 | No deductible | $1,000 |
| - Family | $2,000 | $3,000 | $1,000 | $1,500 | No deductible | $2,000 |
| **Out of Pocket Maximum: (Medical/RX)** | | | | | | |
| - Single | $4,500 | $6,250 | $4,000 | $5,500 | $4,500 | $5,500 |
| - Family | $9,000 | $12,500 | $8,000 | $11,000 | $9,000 | $11,000 |
| **Coinsurance:** | 80% | 60% | 80% | 60% | 80% | 70% |
| **Office Visits:** | | | | | | |
| - Preventive Care - Children (0-17 years) | Covered in full | Ded, then 40% | Covered in full | 40% after ded | Covered in full | 30% after ded |
| - Preventive Care Adult | Covered in full | Ded, then 40% | Covered in full | 40% after ded | Covered in full | 30% after ded |
| - Primary Care Physician (PCP) | $30 copay | Ded, then 40% | $25 copay | 40% after ded | $25 copay | 30% after ded |
| - Specialist | $50 copay | Ded, then 40% | $50 copay | 40% after ded | $50 copay | 30% after ded |
| - Lab and x-rays | 20% after ded | Ded, then 40% | 20% after ded | 40% after ded | Covered in full | 30% after ded |
| **Hospitalization:** | | | | | | |
| - Inpatient | 20% after ded | Ded, then 40% | 20% after ded | 40% after ded | $350 per day | 30% after ded |
| - Outpatient | 20% after ded | Ded, then 40% | 20% after ded | 40% after ded | $300 copay | 30% after ded |
| - Urgent Care | $30 copay | Ded, then 40% | $25 copay | 40% after ded | $25 copay | 30% after ded |
| - Emergency Room (waived if admitted) | 20% after ded | Same as In Network | 20% after ded | 40% after ded | $250 copay | 30% after ded |
| **Prescription Drugs:** | | | | | | |
| - Deductible | | | | | | |
| - Generic | $10 copay | | $10 copay | | $10 copay | |
| - Brand | $30 copay | | $30 copay | | $30 copay | |
| - Brand Non-Formulary | $50 copay | | $50 copay | | $50 copay | |
| - Speciality Drugs | 20% coinsurance up to $200 | | 20% coinsurance up to $200 | | 20% coinsurance up to $200 | |
| Mail Order | $25/$75/$125/20% coinsurance up to $200 | | | | | |

| Semi Monthly Pay Deductions | |
|---|---|
| KC 30 | |
| Employee | $78.70 |
| Employee + Child | $107.50 |
| Employee + Children | $154.07 |
| Employee + Spouse | $163.22 |
| Employee + Family | $224.80 |

| Semi Monthly Pay Deductions | |
|---|---|
| KC 25 | |
| Employee | $107.80 |
| Employee + Child | $143.05 |
| Employee + Children | $200.41 |
| Employee + Spouse | $220.77 |
| Employee + Family | $285.05 |

| Semi Monthly Pay Deductions | |
|---|---|
| KC 25 Plus | |
| Employee | $123.32 |
| Employee + Child | $168.46 |
| Employee + Children | $211.12 |
| Employee + Spouse | $232.62 |
| Employee + Family | $300.35 |

# Disclosure Guide

## UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## NEWBORN'S ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## QMCSO

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

## JANET'S LAW

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act (WHCRA) of 1998. As required by this law, annual notice of the mandated post-mastectomy benefits must be provided to all covered persons.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedamus.

The Act prohibits any group health plan from:

- Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
- Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and
- Providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

## EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)

Federal law imposes certain requirements on employee benefit plans voluntarily established and maintained by employers. [29 USC § 1003 et seq.; 29 CFR 2509 et. Seq.] ERISA covers two general types of plans: retirement plans, and welfare benefit plans designed to provide health benefits, scholarship funds, and other employee benefits.

ERISA facilitates portability and continuity of health insurance coverage as a result of added provisions under the Health Insurance Portability and Accountability Act (HIPAA). It also covers continued health care coverage rules mandated under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC § 4980B]. This benefit, known as "continuation coverage", applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

## HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your local Human Resources Department.

## SPECIAL ENROLLMENT RIGHTS

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Additionally, CHIPRA allows a special enrollment period of 60 days for employees when (i) an employee/dependent loses eligibility under Medicaid or CHIP; or (ii) an employee/dependent becomes newly eligible for premium assistance through Medicaid or CHIP.

## PRE-EXISTING CONDITION NOTIFICATION (HIPAA)

A group health plan may not impose a pre-existing condition exclusion with respect to a participant or dependent before notifying the participant, in writing, of:

- The existence and terms of any pre-existing condition exclusion under the plan;
- The rights of individuals to demonstrate creditable coverage (and any applicable waiting periods);
- The right of the individual to request a certificate from a prior plan or issuer, if necessary; and,
- That the current plan (or issuer) will assist in obtaining a certificate from any prior plan or issuer, if necessary.

## MICHELLE'S LAW

Effective October 9, 2009, Michelle's Law allows college students to take up to 12 months medical leave. During this time, students covered under their parents health insurance plans would not lose coverage. Medical leave can signify that the student is absent from school or reduces course load to part time.

## THE GENETIC NONDISCRIMINATION ACT OF 2008 (GINA)

GINA prohibits a group health plan from adjusting group premium or contribution amounts for a group of similarly situated individuals based on the genetic information of members of the group. GINA prohibits a group health plan from requesting or requiring an individual or a family member of an individual to undergo genetic tests. Genetic information means information about an individual's genetic tests, the genetic tests of family members of the individual, the manifestation of a disease or disorder in family members of the individual or any request for or receipt of genetic services, or participation in clinical research that includes genetic services by the individual or a family member of the individual. The term genetic information includes, with respect to a pregnant woman (or a family member of a pregnant woman) genetic information about the fetus and with respect to an individual using assisted reproductive technology, genetic information about the embryo. Genetic information does not include information about the sex or age of any individual.

## COMPLIANCE WITH APPLICABLE LAWS

The Plan Sponsor will administer the Benefit Plans in compliance with federal and state laws. Any interpretation of this document or the Benefit Plan Description incorporated by reference that is prohibited by federal or state law is void and will not be relied on for the administration of this Plan. The Plan Sponsor will administer the Benefit Plans in compliance with:

(1) The Mental Health Parity Act (MHPA) and The Mental Health Parity and Addiction Equity Act (MHPAEA) ERISA § 712, requiring parity in certain mental health and substance use disorder benefits;
(2) The Women's Health and Cancer Rights Act of 1998 (WHCRA) ERISA § 713(a), imposing requirements for coverage of reconstructive surgery and other complications in connection with mastectomy;
(3) ERISA § 609(c) coverage for adopted children;
(4) ERISA § 609(d) coverage of costs of pediatric vaccines;
(5) The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA);
(6) The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (applies to any group health plan sponsored by the Plan Sponsor);
(7) The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA);
(8) The Genetic Information Nondiscrimination Act (GINA);
(9) The Health Information Technology for Economic and Clinical Health Act (HITECH);
(10) Michelle's Law; and,
(11) The Family and Medical Leave Act of 1993 (FMLA).

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility –**

**ALABAMA –** Medicaid

Website: www.myalhipp.com
Phone: 1-855-692-5447

**ALASKA –** Medicaid

Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

**COLORADO** – Medicaid

Medicaid Website: http://www.colorado.gov.hcpf/
Medicaid Customer Contact Center: 1-800-221-3943

**FLORIDA** – Medicaid

Website: https://www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

**GEORGIA** – Medicaid

Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

**INDIANA** – Medicaid

Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

**IOWA** – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

**KANSAS** – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

**KENTUCKY** – Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

**LOUISIANA** – Medicaid

Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-695-2447

**MAINE –** Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740
TTY: 1-800-977-6741

**MASSACHUSETTS** – Medicaid and CHIP

Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

**MINNESOTA** – Medicaid

Website: http://www.dhs.state.mn.us/id
Click on Health Care, then Medical Assistance
Phone: 800-657-3629

**MISSOURI** – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**MONTANA** – Medicaid

Website: http://medicaid.mt.gov/member
Phone: 1-800-694-3084

**NEBRASKA** – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

**NEVADA** – Medicaid

Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE** – Medicaid

Website: www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

**NEW JERSEY** – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 1-609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

**NEW YORK –** Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

**NORTH CAROLINA** – Medicaid

Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

**NORTH DAKOTA** – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

**OKLAHOMA** – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

**OREGON** – Medicaid

Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov
Phone: 1-800-699-9075

**PENNSYLVANIA** – Medicaid

Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

**RHODE ISLAND** – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

**SOUTH CAROLINA** – Medicaid

Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

**SOUTH DAKOTA** – Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

**TEXAS** – Medicaid

Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

**UTAH** – Medicaid and CHIP

Medicaid Website: http://health.utah.gov/medicaid
CHIP Website: http://health.utah.gov/chip
Phone: 1-866-435-7414

**VERMONT**– Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

**WASHINGTON** – Medicaid

Website: http://hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA** – Medicaid

Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN** – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

**WYOMING** – Medicaid

Website: http://www.health.wyo.gov/healthcarefin/equalitycare
Phone: 307-777-7531

To see if any more states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

# Key Contacts

**Still Have Questions?**

We encourage all of our employees and their families to become familiar with and use the resources available to MBA CSi's employees. If you do not find what you need, please call your group's plan administrator:


Louise Mattingly
*MBA CSi*
*HR Director*
14900 Conference Center Drive
Suite 525
Chantilly, VA. 20151
703-344-9007 Direct
866-923-0504 eFax
lmattingly@mbacsi.com

Dana Perkins
MBA CSi
*Sr. HR Generalist*
14900 Conference Center Drive
Suite 525
Chantilly, VA. 20151
703-344-9008 Direct
866-923-0504 eFax
dperkins@mbacsi.com


| Carrier / Benefit | Phone Number |
|---|---|
| **Anthem /** Medical | Group Number:<br>KeyCare 30: 24863100<br>KeyCare 25: 24863200<br>KeyCare 25+: 24863000<br>Customer Service Number: 1-800-451-1527<br>Website: www.anthem.com |
| **FSA /** CBIZ | Customer Service Number: 1-800-815-3023 Option 4 |
| **COBRA /** CBIZ | Customer Service Number: (800) 815-3023, Option 6 |

*This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by MBA CSi.*