



Benefits Plan Overview 2018

Full Time Employee

WELCOME

MBA CSI takes pride in offering a comprehensive and competitive benefits package to all full and part-time employees working 32 hours or more per week. Benefits are effective on the first day of the month following the first day of employment.

It is important that you take the time to review all of the plan options available to you. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

Options selected upon hire remain in place through the end of the plan year. The current plan year for MBA CSI is January 1, 2018 through December 31, 2018.

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
Medicare Eligible	Gain of Other Coverage
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.

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Medical Benefits



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.



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.

Medical and Prescription Drug Benefits



Plan Design	Current					
	Anthem KC 30 National		Anthem KD 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	20% after ded	30% after ded
- LiveHealth Online	\$20 copay	NA	\$15 copay	NA	\$15 copay	NA
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	\$350 copay	30% after ded
- Urgent Care	\$50 copay	Ded, then 40%	\$50 copay	40% after ded	\$50 copay	30% after ded
- Emergency Room (waived if admitted)	20% after ded	Same as In Network	20% after ded	40% after ded	\$300 copay	30% after ded
Prescription Drugs:						
Deductible:						
- Generic	\$10 copay		\$10 copay		\$10 copay	
- Brand	\$40 copay		\$40 copay		\$40 copay	
- Brand Non-Formulary	\$60 copay		\$60 copay		\$60 copay	
- Specialty Drugs	20% coinsurance up to \$250		20% coinsurance up to \$250		20% coinsurance up to \$250	
Mail Order– 90 Day Supply						
- Generic	\$25 copay		\$25 copay		\$25 copay	
- Brand	\$75 copay		\$75 copay		\$75 copay	
- Brand Non-Formulary	\$125 copay		\$125 copay		\$125 copay	
- Specialty Drugs	20% coinsurance up to \$250		20% coinsurance up to \$250		20% coinsurance up to \$250	

Semi Monthly Pay Deductions	
KC 30	
Employee	\$80.95
Employee + Child	\$110.58
Employee + Children	\$158.48
Employee + Spouse	\$167.90
Employee + Family	\$231.24

Semi Monthly Pay Deductions	
KC 25	
Employee	\$110.89
Employee + Child	\$147.15
Employee + Children	\$206.16
Employee + Spouse	\$227.10
Employee + Family	\$293.22

Semi Monthly Pay Deductions	
KC 25 Plus	
Employee	\$126.85
Employee + Child	\$173.29
Employee + Children	\$217.18
Employee + Spouse	\$239.29
Employee + Family	\$308.96

Live Health Online

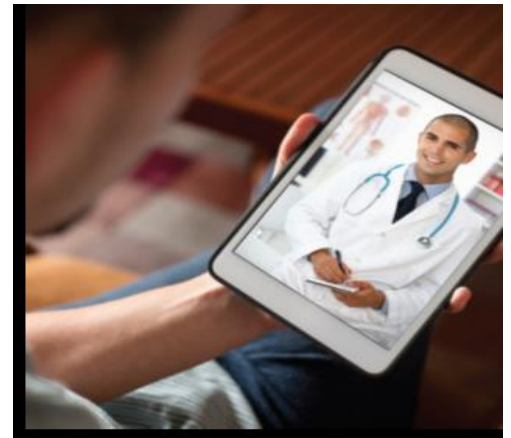


THE DOCTORS ARE ALWAYS IN! WWW.LIVEHEALTHONLINE.COM

See a Doctor on your computer or mobile device and get answers now!

What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy. Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.



Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at livehealthonline.com to print, email or fax to your primary care doctor.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions. Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule. Once connected, you can talk with the doctor as if you were in a private exam room.

How much does it cost to use LiveHealth Online?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs—see chart on page 2 for cost per plan.



Commonly Treated Conditions:

Cough	Ear Pain
Minor Rashes	Fever
Allergies	Flu
Diarrhea	Headache
Cold	Pink Eye










Anthem App You're on the go—so is Anthem



Download the Anthem Anywhere app today.
Together we can make healthy happen.



-  **Find a doctor**
Search for a doctor, specialist, urgent care or hospital close by.
-  **Get your ID card**
Share, fax, or email your ID card right from your smartphone.
-  **Check your claims**
Find out what your doctor billed, how much was paid and if you owe anything.
-  **Estimate your costs**
See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.
-  **View your medical benefits**
See your copays, deductibles, your percentage of the costs, and other important plan benefit information.
-  **Manage prescription benefits**
Check the cost of drugs, get refills or switch to our home delivery program.
-  **Access your mobile Health Record**
View your Health Record and share with your doctors whenever you go.

Which is better for cold and flu? Distinguishing the right place to go for care! ER vs Urgent Care Vs LiveHealth Online

Always call 911 or go to the ER if you think you could put your health at serious risk by delaying care.



When you have a runny nose, fever and sore muscles, where should you go?

	Emergency room	Urgent care/retail health clinic	LiveHealth Online
Average cost ¹ for common conditions	\$200-\$500	\$75-\$125	\$20
You pay:	<ul style="list-style-type: none"> Any copay Any additional deductible or coinsurance that may apply 	You save up to \$425	You save up to \$480
Average visit time	4 hours ²	1 hour ³	20 minutes ⁴
Need to find care nearby?	<p>Online: Go to anthem.com and choose Find a doctor. Follow the steps to search for a doctor or health care provider in your plan.</p> <p>By phone: Call the Member Services number on your ID card for help finding providers in your plan.</p>	You save 3 hours Enough time to go to the gym and take your dog to the park	You save 3.5 hours Enough time to go to the gym, take your dog to the park, and watch your favorite TV show

Dental Benefits

Good dental health is important to your overall well being. MBA CSi has partnered with MetLife to offer their employees access to a Dental PPO plan. The plan provides affordable coverage based on the type of services obtained - **preventive, basic or major** - and offers flexibility by including coverage for both in-network and out-of-network providers. If you utilize a network dentist, you will see greater cost-savings than if you were to go out-of-network. Please see the chart below for a more detailed description of benefits.

To locate a provider, visit www.metlife.com.

When you select your network, make sure you select “PDP Plus”.

Met Life Dental				
Services	Low Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (does not include Preventive)				
- Single	\$25	\$25	\$50	\$50
- Family	\$75	\$75	\$150	\$150
Preventive Type A	100%	90%	100%	90%
Basic Type B	50%	40%	80%	60%
Major Type C	25%	25%	50%	25%
Annual Max Benefits	\$1,250		\$1,750	
Orthodontia	Not covered		Not covered	

Tier	Semi-Monthly Deduction	
	Low Option	High Option
Employee Only	\$2.59	\$10.55
Employee + Spouse	\$5.53	\$22.32
Employee & Child(ren)	\$6.53	\$23.92
Employee & Family	\$10.19	\$38.18



Vision Benefits

MBA CSi provides vision benefits through Vision Service Plan (VSP). VSP offers a national network consisting of optometrists, ophthalmologists and opticians.

To find a provider, go to www.vsp.com/find-eye-doctors.html and utilize the “Find a Doctor” feature for a list of network providers closest to you. When you select your network make sure you select “VSP signature”

See chart below for additional benefit details.

Benefit	Copay	Frequency
WellVision Exam	\$10	Every 12 months
Prescription Glasses	\$25	See frame and lenses
Frame - \$130 allowance for a wide selection of frames - \$150 allowance for featured frame brands - 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 12 months
Lenses - Single vision, lined bifocal, and lines trifocal lenses - Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements - Standard progressive lenses - Premium progressive lenses - Custom progressive lenses	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses) - \$130 allowance for contacts; copay does not apply - contact lens exam (fitting and evaluation)	up to \$60	Every 12 months

Tier	Semi-Monthly Deduction
Employee Only	\$4.18
Employee + 1 Dependent	\$6.38
Employee + 2 or More Dependents	\$11.43



Basic Life/Accidental Death & Dismemberment

Employees are automatically enrolled in our Basic Life and AD&D insurance program. This benefit provides the equivalent of 1 x employee's annual salary up to \$150,000 per benefit. This is provided at no cost to the employee.

Voluntary Supplemental Life Insurance

Supplemental life insurance up to 5 x salary in increments of \$10,000 (not to exceed \$500,000) is available to employees and their eligible spouses and eligible dependent child(ren) 14 days old up to age 26. Guaranteed issue (does not require medical underwriting) up to \$150,000 for Employee, \$35,000 for Spouse and \$10,000 for Dependent Children. Life and ADD amounts will automatically match. Dependent children can be enrolled in the increments of \$1,000 for a minimum amount of \$2,000 and a maximum of \$10,000.

The CBAS enrollment site automatically calculates your rate from your age at enrollment.

Supplemental Life and AD&D	Employee/Spouse	Employee/Spouse
Age Band	Semi-Monthly Deduction Per \$10,000 Life Coverage	Semi-Monthly Deduction Per \$100,000 Life Coverage
0-24	\$0.25	\$2.50
25-29	\$0.30	\$3.00
30-34	\$0.35	\$3.50
35-39	\$0.50	\$5.01
40-44	\$0.65	\$6.50
45-49	\$1.05	\$10.50
50-54	\$1.65	\$16.50
55-59	\$2.70	\$27.00
60-64	\$4.30	\$43.00
65-69	\$7.61	\$76.00
70-74	\$13.75	\$137.50
75+	\$27.85	\$278.50
AD&D Rates: Employee/Spouse \$.15 per \$10,000		
Child Life Rate: \$.60 per \$10,000		
Child AD&D Rate: \$.20 per \$10,000		

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Short-term and long-term disability benefits are provided to you by MBA CSi.

Short-Term Disability (STD): Benefits begin on the 8th day after an absence from work due to an illness or injury. Payments are calculated as 60% of your base salary up to \$1,500 a week and can continue for up to 12 weeks.

Long-Term Disability (LTD): Benefits are payable after STD benefits have been exhausted. Employees must satisfy a 90-day elimination period before LTD benefits begin. This program will replace 60% of your monthly, pre-disability earnings to a maximum of \$10,000 per month.





Flexible Spending Accounts (FSA)

MBA CSi offers employees a **Flexible Spending Account** administered by CBIZ.

A flexible spending account (FSA) saves you money by reducing your income taxes. The contributions you make to a FSA are deducted from your pay BEFORE your Federal, State, or Social Security Taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income and increase your spendable income. You can save hundreds or even thousands of dollars a year. The annual limit for the healthcare FSA is \$2,650 and the annual limit for Dependent Care FSA is \$5,000 which allows for reimbursement of childcare and day camps for children under the age of 13, as well as adult daycare. Minimum participation requirement is \$100. Easy to use, when you enroll in an FSA through your employer, you will be issued a debit card to use for all eligible expenses. When you enroll in the FSA, you will designate how much you wish to have deducted from your paycheck in equal amounts each pay period. Allowable Flex Spending reimbursement expenses are governed by IRS guidelines.

You may open an FSA to cover qualified health care expenses for yourself, your spouse and any dependent you claim on your federal income tax return (even if that person is not covered under a company sponsored health plan), as well as a child you cover under a qualified medical child support order (QMCSO).

The Dependent Care FSA accounts allows for reimbursement of childcare and camps for children under the age of 13, as well as adult daycare. You can use this account to pay for eligible dependent care expenses with pre-tax dollars up to \$5,000 per family per year. Dependent care benefits elected under a cafeteria plan offset the federal tax credit for dependent care allowable on their federal tax return. Both spouses must work or attend school full time to take advantage of this benefit.

The only time you can change your election during the year is if you have a Qualifying Event.

Run-out period

MBA CSi's Healthcare and Dependent Care FSA plan allows for a 2.5 month extension at the end of the plan year to incur an FSA eligible expense. Therefore, you will have until March 15th to use your FSA funds from the previous year; however, all claims must be submitted no later than March 31st for reimbursement. Please be aware that any unused money cannot be refunded.

Please note: If you opt to enroll in the FSA, enrollment is required on a yearly basis. Elections will not carryover from the prior year.

Employee Assistance Program

MBA CSi has partnered with Mutual of Omaha to provide an Employee Assistance Program (EAP) to all employees free of charge. We recognize that personal issues can sometimes affect your performance. The EAP is available to employees and their families to provide confidential help with a wide variety of personal problems, issues and concerns such as emotional well-being, family and relationships, legal and financial, healthy life styles and work and life transitions.

For more information or to utilize EAP benefits call your EAP Professional at (800) 316-2796 24 hours a day, 7 days a week or visit the website at www.mutualofomaha.com/eap/. Services Include:

- 24-hour toll-free phone access to EAP professionals 7 days a week
- Telephone assistance and referral
- Service for immediate and dependent family members.

Additional Benefits from MBA CSi

Employee Referral Program

MBA CSi firmly believes in rewarding its staff members for their assistance in the hiring process. For directing talented applicants to our organization, the company offers an employee referral bonus program to encourage and recognize employees who refer qualified candidates for vacant positions.

Education, Training, and Certification Reimbursement Program

Benefit eligible employees who have been employed for at least 180 days, may apply for education, training or certification assistance. Requested courses must be job related and relevant to employee's current position and duties, or advancement thereof. The maximum annual reimbursement amount is \$2,500 per calendar year. Please refer to MBA CSi's Employee Handbook for further program details.

Transit

Use transit benefits to save money on all types of commuting; subway, bus, train, ferry, vanpool, bicycle and parking. Commuters can use pre-tax dollars to pay for commuting (up to \$255/month for transit and up to \$255/month for qualified parking) and save on taxes.

401(k) Retirement Plan

All Employees can contribute, on a pre-tax basis, to the company's 401(k) plan. There will be a 3% non-elective Safe Harbor employer contribution for eligible employees regardless of employee participation. Please refer to summary plan description for further details. You can enroll or make a change to your contribution or fund allocation at any time.

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 lymphedema.

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 (CHIP)

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 August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	KANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid	KENTUCKY – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	LOUISIANA – Medicaid
Website: http://myarhapp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	MAINE – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://flmedicaidtplecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
GEORGIA – Medicaid	MINNESOTA – Medicaid
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	MISSOURI – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IOWA – Medicaid	MONTANA – Medicaid
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	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
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Phone: 1-855-MyWVHIPP (1-855-699-8447)
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



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: KeyCare 30: 24863100 KeyCare 25: 24863200 KeyCare 25+: 2486300 Customer Service Number: 1-800-451-1527 Website: www.anthem.com
MetLife / Dental	Group Number: TM05913050 Customer Service Number: 1-800-275-4638 Website: www.metlife.com
VSP / Vision	Group Number: 30042135 Customer Service Number: 1-800-877-7195 Website: www.vsp.com
Mutual of Omaha Life & Disability	Group Number: G000B5JS Customer Service Number: 1-800-775-8805 Website: www.mutualofomaha.com
Mutual Of Omaha Employee Assistance Program	Customer Service Number: 1-800-316-2796 Website: https://www.mutualofomaha.com/eap/
FSA / CBIZ	Customer Service Number: 1-800-815-3023 Option 4
COBRA / CBIZ	Customer Service Number: 1-800-815-3023, Option 6