

# Enrollment Kit

Prepared For: ASB Global LLC

Effective Date: 7/1/2024





# Medical Plan Options

# Core \$2,500 MV

### ACA COMPLIANT | MINIMUM VALUE PLANS

Weekly Rates	CORE \$2,500 MV
Employee Only	\$52.15
Employee + Spouse	\$149.31
Employee + Child(ren)	\$132.00
Family	\$217.38
Medical Benefits	
Deductible (Ind/Fam)	\$2,500/\$5,000
Out of Pocket Maximum (Ind/Fam)	\$9,100/\$18,200
Wellness and Preventive*	Covered at 100% (Deducible Waived)
Primary Care Visits*	\$25 Copay   8 per year
Specialist Visits +	\$50 Copay   8 per year
Urgent Care Visits+	\$75 Copay   2 per year
Laboratory Services & Radiology +	\$50 Copay   3 per year
Advanced Imaging	\$350 Copay   1 per year
Radiology & Advanced Imaging	Covered 100% through Medmo
Telemedicine	\$0 Copay   Unlimited
Rx Benefits	
Generic Rx	\$0 Copay Preventive \$5 Copay Generic
Generic Rx Hospital Services	\$0 Copay Preventive \$5 Copay Generic
	\$0 Copay Preventive \$5 Copay Generic \$750 Copay   5 days & 2 Surgeries per year
Hospital Services	
Hospital Services Inpatient Hospitalization & Surgery	\$750 Copay   5 days & 2 Surgeries per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay  1 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay  1 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay  1 per year \$750 Copay   1 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+ Home Health Care	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year  \$75 Copay   8 per year \$50 Copay   10 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year \$75 Copay   8 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+ Home Health Care Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient+)	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year  \$75 Copay   8 per year  \$50 Copay   10 per year  \$750 Copay   5 days a year /
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+ Home Health Care Treatment for Mental/Nervous Disorder	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year  \$75 Copay   8 per year  \$50 Copay   10 per year  \$750 Copay   5 days a year / \$350 Copay   8 days a year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+ Home Health Care Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient+) Emergency Ground Transportation Applied Behavioral Analysis	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year  \$75 Copay   8 per year  \$50 Copay   10 per year  \$750 Copay   5 days a year / \$350 Copay   8 days a year  \$500 Copay   8 per year  \$500 Copay   8 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+ Home Health Care Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient+) Emergency Ground Transportation Applied Behavioral Analysis Physical, Occupational & Speech Therapy*	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year  \$75 Copay   8 per year  \$50 Copay   10 per year  \$750 Copay   5 days a year / \$350 Copay   8 days a year  \$500 Copay   1 per year  \$500 Copay   1 per year  \$75 Copay   8 per year  \$75 Copay   8 per year  \$75 Copay   8 per year
Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services Other Services Chiropractic Services*+ Home Health Care Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient+) Emergency Ground Transportation Applied Behavioral Analysis	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay   1 per year \$750 Copay   1 per year  \$75 Copay   8 per year  \$50 Copay   10 per year  \$750 Copay   5 days a year / \$350 Copay   8 days a year  \$500 Copay   8 per year  \$500 Copay   8 per year

<sup>\*</sup> Pre-Authorization Required | + 40% Co-insurance for Non-Network Provider

## Prime MV

**NICU Services** 

\* Pre-Authorization Required | \* 40% Co-insurance for Non-Network Provider

### ACA COMPLIANT | MINIMUM VALUE PLANS

Weekly Rates	PRIME MV
Employee Only	\$123.92
Employee + Spouse	\$276.23
Employee + Child(ren)	\$238.15
Family	\$404.31
Medical Benefits	
Deductible	\$0
Out of Pocket Maximum (Ind/Fam)	\$9,100/\$18,200
Wellness and Preventive+	Covered at 100%
Primary Care Visits+	\$25 Copay   12 per year
Specialist Visits +	\$50 Copay   12 per year
Urgent Care Visits <sup>+</sup>	\$75 Copay   3 per year
Laboratory Services & Radiology +	\$50 Copay   4 per year
Advanced Imaging	\$350 Copay   3 per year
Radiology & Advanced Imaging	Covered 100% through Medmo
Telemedicine	\$0 Copay   Unlimited
Rx Benefits	
Generic Rx	\$0 Copay Preventive
	\$5 Copay Generic \$75 Copay Preferred
Preferred Brand/Non-Preferred Rx	\$150 Copay Non-Preferred
Hospital Services	
land the state of the limit of the state of	\$750 Copay   10 days &
Inpatient Hospitalization & Surgery	4 Surgeries per year
Outpatient Hospitalization & Surgery	\$350 Copay  2 per year
Emergency Room Services	\$750 Copay   2 per year
Other Services	
Chiropractic Services*+	\$75 Copay   10 per year
Home Health Care	\$50 Copay   20 per year
Treatment for Mental/Nervous Disorder &	\$750 Copay   10 days a year /
Chemical Abuse (Inpatient/Outpatient+)	\$350 Copay   12 days a year
Emergency Ground Transportation	\$500 Copay   2 per year
Applied Behavioral Analysis	\$75 Copay   12 per year
Physical, Occupational & Speech Therapy*	\$75 Copay   12 per year
Cancer Treatment	Not Covered
Pregnancy Services	
	¢250 Consv
Professional Services	\$350 Copay
Inpatient/Facility Services	\$750 Copay

\$750 Copay | 10 per year

## Wellness & Preventive Services

#### Preventive benefits for adults

- · Abdominal Aortic Aneurysm one-time screening for men of
- specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal
- cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults aged 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for
- tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

#### Preventive benefits for women

- Bone density screening for all women over age 65 or women aged 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

#### Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

#### Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIVnegative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

# Provider Lookup

#### **MEC Plans**

- 1. Click the link based on your plan
  - a. Wellcare www.multiplan.com/sbmapreventiveservices
  - b. All other plans www.multiplan.com/sbmaspecificservices
- 2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
- 3. Enter zip code, then click on search and your directory will be provided.



#### **MV Plans**

- 1. Visit <a href="https://www.hstconnect.com/PHCS">https://www.hstconnect.com/PHCS</a>
- 2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
- 3. Enter zip code, then click on search and your directory will be provided.

#### Dental

- 1. Visit: <a href="https://www.deltadental.com/us/en/member/find-a-dentist.html">https://www.deltadental.com/us/en/member/find-a-dentist.html</a>
- 2. Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO
- 3. Search by Current Location: No, Enter Zip Code | Find Dentists



#### Vision

- 1. Visit: <a href="https://www.vsp.com/eye-doctor">https://www.vsp.com/eye-doctor</a>
- 2. Search by Location, Office Name, or Doctor Name



# Member Perks!



### **MEC Companion** Card

Discounts on Dental, Vision, Durable Medical Equipment, Fitness Centers, Pet Care, and more!



## Free Advanced **Imaging**

When you use Medmo, MRI's are fully covered by your plan. No copay!

**MV Plans Only** 



## Member Portal & App

 Access plan information, ID cards, benefit summaries and more.

**MV Plans Only** 



## Concierge Services

MedWatch is your benefits concierge for precertification, making appointments, & more! MV Plans Only



#### Free DME

With Connect DME, recieve medical services and equipment at no cost to you.

**MV Plans Only** 



## 24/7 Virtual Care

Receive care from a board certified doctor 24/7 no matter where you are via phone or FaceTime.

## Telemedicine





Allergies
Arthritic Pain
Bronchitis
Cold/Flu
Conjunctivitis
Diarrhea
Ear Infections
Headache
Gastroenteritis
Insect Bites
Sprains/Strains
Respiratory Infections
Sinus Infections
Upset Stomach
Urinary Tract Infections



Our telemedicine benefit provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000 $^{*}$ . With this benefit, there is no cost to you or your family for a consultation.

## **Discount Card**





## **Discounted Services**

Simply register your account, and review all the ways to save!! Instructions, provider lookups, and more are right at your finger tips. Once you make your appointment, present your card and receive discounts at the time of service.



### **Dental**

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.



#### Vision

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.



### **Hearing Aids**

Members receive a free hearing test and up to 70% discount on hearing aids at2,200 providers nationwide.



#### **Lab Services**

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.



## MRI & Imaging

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4.000locations nationwide.



#### **Vitamins**

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.



## **Diabetic Supplies**

A full line of diabetes testing supplies are delivered directly to the member's home.

& More...

## **Enrollment Form**

Date

Group Information													
Group Name							Policy ID#						
<b>Employee Informat</b>	tion												
First Name			Middle	e Initial Last Nam			ame	Э					
Address	Address					s 2	2						
City	ity		State		Zip				Phone				
Social Security Number		Date of Birth						Gender					
Date of Hire			Email										
Dependents													
Full Name	Туре	D	ate of Birth	n Geno		der SS		N		Medical	Dental	Vision	
Plan Selections													
Medical					Effective Date								
Waive all coverage options Reason:													
I choose to enroll in the above c conditions associated with these			ctions as	offered b	by r	my emp	loy	er and u	ınde	erstand th	ne terms	and	

Signature