

Business Group, Inc.

Enrollment Guide

2017

MEC PLAN INFORMATION

Effective February 1st, 2017



Important Contact Information

Who to Call

Medical Claims and Plan Information:

EBSO, Inc.
1-800-558-7798
www.ebsobenefits.com

Preferred Provider Network:

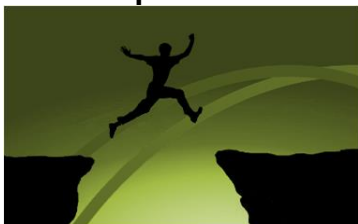
PHCS/Multiplan
800-922-4362
www.ebsobenefits.com

How to Find a Doctor?
www.ebsobenefits.com
Click on Member
Find a Doctor
Chose Multiplan/PHCS

Rx Partner:

CVS/Caremark
1-877-217-1883
www.caremark.com

Help is Here.



Web Access

Here are some of the items you will have access to with one simple login:

- Information on eligibility, status of claims, and printable copies of Explanation of Benefits (EOB's).
- Email the EBSO, Inc. Customer Service Team with questions.
- Order ID Cards.

By using the EBSO, Inc. online services, you will be able to reduce time and effort spent managing personal healthcare information and finances and increase your knowledge of your health benefits.

Getting started is EASY....

1. Go to www.ebsobenefits.com
2. Click on the MEMBERS
3. Click on EBSO, Inc. / EBC Member Login.
4. In the gray box where it says "Need a username and password", click on the link [Proceed to our sign up process](#), which will take you to EBSO, Inc.'s License Agreement. You must click on "Agree" to proceed to sign up and log in.
5. You will need your date of birth, last name, Member ID# and e-mail address to sign up. Please be sure to include an e-mail address. This is the address that will be used to notify you of new claims available for online viewing and printing.
6. Add link to your 'Favorites'

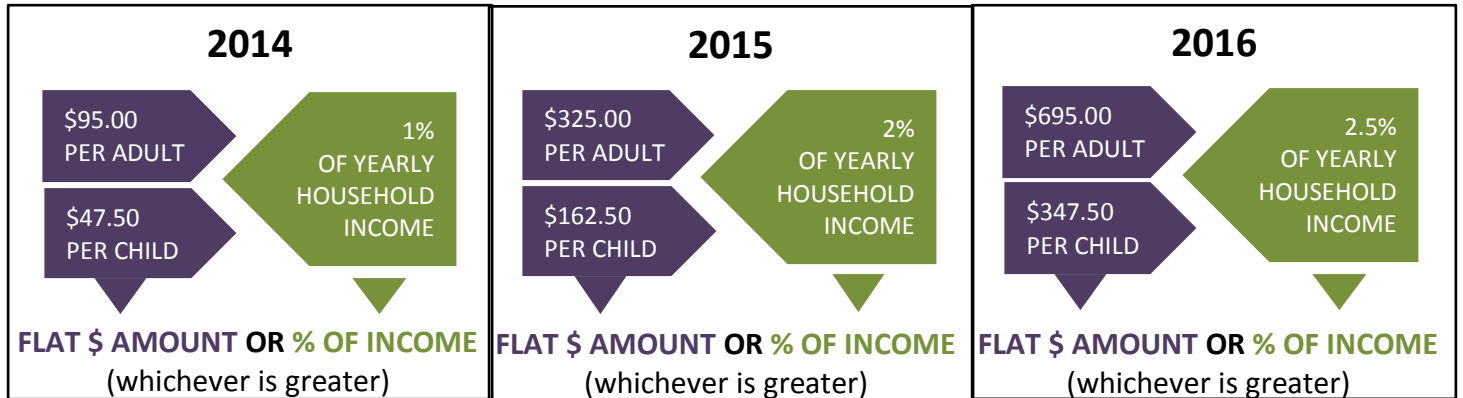
All the information contained and entered into this site is secure and meets the strict standards of HIPAA.

Disclaimer: This book is a summary of the benefit plans. Each plan has a separate legal plan document that is your primary reference. Should there be any discrepancies between this book and the legal plan document, the legal plan document will prevail.

Providing affordable health coverage options to help Employees avoid the individual tax mandate.

The Affordable Care Act (ACA) requires all individuals to have at least “minimum essential coverage” as of January 1, 2014, and beyond. If you do not have this minimum coverage, then you may have to pay a penalty tax. By purchasing a plan with “minimum essential coverage” through your employer, you can prevent being taxed the “Individual Mandate” penalty tax.

Here is what the penalties look like:



Penalty as a percentage of Household Income:

Income	2014	2015	2016
\$20,000	\$200	\$400	\$500
\$30,000	\$300	\$600	\$750
\$40,000	\$400	\$800	\$1,000
\$50,000	\$500	\$1,000	\$1,250

Penalty based on Household counts:

Adults	Child(ren)	2014	2015	2016
1	1	\$142.50	\$487.50	\$1,042.50
1	2	\$190.00	\$650.00	\$1,390.00
2	1	\$237.50	\$812.50	\$1,737.50
2	2	\$285.00	\$975.00	\$2,085.00

****2017 penalties are the same as 2016****

Business Group, Inc is offering Employees the following coverage which satisfies the federally mandated “minimum essential coverage” so you can avoid the ACA tax penalty:

- MEC – Minimum Essential Coverage plan with the PHCS/Multiplan PPO covers the Preventive and Wellness Benefits required by ACA.

The following pages contain the schedule of benefits that outline the coverage available through this plan.

Monthly Plan Costs:

Tier	MEC
	Full Rate
Employee Only	\$88.35
Employee+Spouse	\$130.60
Employee+Children	\$192.84
Family	\$232.59

MEC Schedule of Benefits

Covered Preventive Service for Adults as defined by CMS Preventive Services		
Wellness Office Visits and Lab Services		
Office Visit Exam & Includes Services For:	Plan pays 100% of Allowable Charges	Limited to preventive diagnosis only
Abdominal Aortic Aneurysm	Plan pays 100% of Allowable Charges	One time screening for males of ages 65 to 75
Alcohol Misuse Screening and Counseling	Plan pays 100% of Allowable Charges	
Aspirin use for Men and Women	Plan pays 100% of Allowable Charges	One Aspirin use consultation for men ages 45 to 79 and women ages 55 to 79
Blood Pressure Screening	Plan pays 100% of Allowable Charges	One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over
Cholesterol Screening	Plan pays 100% of Allowable Charges	One screening per calendar year for adults 35 and older. Adults under 35 who have heart disease or risk factors for heart disease.
Colorectal Cancer Screening	Plan pays 100% of Allowable Charges	Adults 50 and older
Depression Screening	Plan pays 100% of Allowable Charges	
Type 2 Diabetes Screening	Plan pays 100% of Allowable Charges	Screening for adults with high blood pressure only
Diet Counseling	Plan pays 100% of Allowable Charges	Screening for adults at higher risk of chronic disease
Hepatitis B Screening	Plan pays 100% of Allowable Charges	
Hepatitis C Screening	Plan pays 100% of Allowable Charges	
HIV Screening	Plan pays 100% of Allowable Charges	Screening for adults
Immunizations: *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot) *Pneumococcal *Measles, Mumps, Rubella *Meningococcal *Varicella *Tetanus, Diphtheria, Pertussis	Plan pays 100% of Allowable Charges	Listed immunizations are once per calendar year. Human Papillomavirus shots up to age 26. Pneumococcal shots for adults 65 and older
Lung Cancer Screening	Plan pays 100% of Allowable Charges	Screening for adults at higher risk
Obesity Screening and Counseling	Plan pays 100% of Allowable Charges	
Sexually Transmitted Infections Prevention Counseling	Plan pays 100% of Allowable Charges	
Syphilis Screening	Plan pays 100% of Allowable Charges	
Covered Preventive Service for Women - Including Pregnant Women		
Wellness Office Visits and Lab Services		
Well-Women Visits	Plan pays 100% of Allowable Charges	
Anemia Screening	Plan pays 100% of Allowable Charges	For pregnant women
Bacteriuria urinary tract or infection Screening	Plan pays 100% of Allowable Charges	For pregnant women
BRCA Counseling	Plan pays 100% of Allowable Charges	Includes genetic test for women at high risk
Breast Cancer Mammography Screening	Plan pays 100% of Allowable Charges	Screenings every 1 to 2 years for women over 40 years' old
Breast Cancer Chemoprevention Counseling	Plan pays 100% of Allowable Charges	Counseling for women
Breastfeeding Consultations	Plan pays 100% of Allowable Charges	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women.
Cervical Cancer Screening	Plan pays 100% of Allowable Charges	Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test & an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening	Plan pays 100% of Allowable Charges	

Contraception	Plan pays 100% of Allowable Charges	FDA 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). Does not apply to health plans sponsored by certain exempt "religious employers".
Domestic & Interpersonal Violence Screening	Plan pays 100% of Allowable Charges	
Folic Acid Supplements	Plan pays 100% of Allowable Charges	For women who are or may become pregnant
Gestational Diabetes Screening	Plan pays 100% of Allowable Charges	For women 24 to 28 weeks pregnant and / or at high risk of developing gestational diabetes
Hepatitis B Screening	Plan pays 100% of Allowable Charges	For pregnant women at their first prenatal visit
Osteoporosis Screening	Plan pays 100% of Allowable Charges	For women over age 60 or at high risk
Human Immunodeficiency Virus (HIV) Screening and counseling	Plan pays 100% of Allowable Charges	
Human Papillomavirus (HPV) DNA Test	Plan pays 100% of Allowable Charges	Every 3 years for women with normal cytology results who are age 30 or older
Rh Incompatibility Screening	Plan pays 100% of Allowable Charges	For pregnant women follow-up testing for women at higher risk
Tobacco Use Screening and interventions	Plan pays 100% of Allowable Charges	
Urinary tract or other infection screening	Plan pays 100% of Allowable Charges	For pregnant women
Sexually Transmitted Infection (STI) Screening and Counseling, includes Gonorrhea & Syphilis Screening	Plan pays 100% of Allowable Charges	
Covered Preventive Service for Children		
Wellness Office Visits and Lab Services		
Alcohol and Drug Use Assessments	Plan pays 100% of Allowable Charges	
Autism Screening	Plan pays 100% of Allowable Charges	For children at 18 months to 24 months
Behavioral Assessments	Plan pays 100% of Allowable Charges	
Blood Pressure Screening	Plan pays 100% of Allowable Charges	
Cervical Dysplasia Screening	Plan pays 100% of Allowable Charges	
Congenital Hypothyroidism Screening	Plan pays 100% of Allowable Charges	For newborns
Dental Caries Prevention	Plan pays 100% of Allowable Charges	For children up to age 5 by the application of fluoride varnish from primary care physicians
Depression Screening	Plan pays 100% of Allowable Charges	For teenagers ages 12 to 18
Developmental Screening	Plan pays 100% of Allowable Charges	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100% of Allowable Charges	For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	Plan pays 100% of Allowable Charges	For children without fluoride in their water sources
Hearing Screenings	Plan pays 100% of Allowable Charges	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100% of Allowable Charges	
Hematocrit or Hemoglobin Screening	Plan pays 100% of Allowable Charges	
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100% of Allowable Charges	For all newborns
HIV Screening	Plan pays 100% of Allowable Charges	For children at risk
Immunizations: *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot) *Pneumococcal *Measles, Mumps, Rubella *Meningococcal *Varicella *Tetanus, Diphtheria, Pertussis	Plan pays 100% of Allowable Charges	

Iron Supplements	Plan pays 100% of Allowable Charges	For children up to 12 months at risk of anemia
Lead Screening	Plan pays 100% of Allowable Charges	
Medical History	Plan pays 100% of Allowable Charges	For all children throughout development
Obesity Screening and Counseling	Plan pays 100% of Allowable Charges	
Oral Health	Plan pays 100% of Allowable Charges	At risk assessment for your children ages newborn to age 10
Phenylketonuria (PKU) Screening	Plan pays 100% of Allowable Charges	For genetic disorders in newborns
Vision Screening	Plan pays 100% of Allowable Charges	For children to age 18
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100% of Allowable Charges	For children at higher risk, includes gonorrhea preventive medication for newborn eyes
Tuberculin Testing	Plan pays 100% of Allowable Charges	For children at higher risk of tuberculosis to age 18

* Please note the preventive care recommendations and immunization services listed above, though comprehensive, are subject to change and may not necessarily include all items required by law. Should there be any additional preventive services required by law which are not included above, these services will also be covered under this plan.

Frequently Asked Questions

How and When Can I Enroll for this Coverage?

The effective date for this coverage is 02/01/2017. New Employees are eligible for benefits after they have worked long enough to meet their company's eligibility requirement of 1st of the month following 60 days. If you have worked long enough to be eligible for benefits, and you work the required 30 hours per week, you are eligible to sign up for this coverage.

Enrollment

- ✓ Review your medical options in this enrollment guide
- ✓ Complete the enclosed application

Who is eligible?

All employees who have worked long enough to meet their company's eligibility requirements, and who work the required minimum number of 30 hours per week, are eligible to enroll. Eligible dependents include spouses and children or stepchildren, under age 26.

Can I sign up anytime?

Provided you are eligible for this coverage; you can enroll per the instructions given above. If you do not elect coverage as explained, you will not be able to enroll until the next open enrollment period unless you experience a qualifying event.

What if I need more coverage than what is offered?

The plans offered are not Major Medical plans, so they may not be for everyone. Individuals are free to go to the marketplace and purchase broader coverage. However, a subsidy may not be available if the plans your employer is offering meet the ACA Affordability provisions.

How are premiums paid?

Premiums will be taken through pre-tax payroll deductions.

Can I cancel my coverage at any time?

Premiums are paid with pre-tax dollars through payroll deductions so changes are regulated by the IRS. You would only be able to cancel coverage with a qualified event and proper notification to your employer.

How do I use my benefits?

After enrollment, you will receive a packet of information and an ID card, or cards if you select dependent coverage. Simply present the ID card to your provider at the time of service. The card contains all the information your provider needs to submit your claims for processing. You can also use the information on this card to contact EBSO for any questions you might have.



ENROLLMENT FORM

Group Name: BGI Group No: _____ Effective Date: 2/1/17 Waiting Period: _____

REQUIRED EMPLOYEE INFORMATION (Print using black or blue ink - MUST be filled out)			
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Hire Date	Home Telephone Number ()	
Street Address	City	State	Zip Code

REQUIRED DEPENDENT INFORMATION			
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		
Social Security Number	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner		

STEP 1: CHOOSE YOUR MEDICAL BENEFIT				
OPTION 1 - MEC BASIC		OPTION 2 - MEC PLUS - <u>INCLUDES TELEHEALTH & PHARMACY</u>		
<input type="checkbox"/> Employee Only	\$ <u>20.39</u>	OR	<input type="checkbox"/> Employee Only	\$ <u>23.51</u>
<input type="checkbox"/> Employee + Child(ren)	\$ <u>30.14</u>		<input type="checkbox"/> Employee + Child(ren)	\$ <u>33.26</u>
<input type="checkbox"/> Employee + Spouse	\$ <u>44.50</u>		<input type="checkbox"/> Employee + Spouse	\$ <u>47.62</u>
<input type="checkbox"/> Employee + Family	\$ <u>53.67</u>		<input type="checkbox"/> Employee + Family	\$ <u>56.79</u>
<input type="checkbox"/> NO to MEC BASIC			<input type="checkbox"/> NO to MEC PLUS	

STEP 2: DENTAL / VISION / CHIRO / HEARING			
<input type="checkbox"/> Employee Only	\$ <u>2.65</u>	<input type="checkbox"/> NO to this benefit	
<input type="checkbox"/> Employee + Child(ren)	\$ <u>2.65</u>		
<input type="checkbox"/> Employee + Spouse	\$ <u>2.65</u>		
<input type="checkbox"/> Employee + Family	\$ <u>2.65</u>		

ALL RATES LISTED ARE WEEKLY PAYROLL DEDUCTIONS

SIGNATURE	
I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.	
Signature	Date