

# 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 <sup>+</sup>	Covered at 100% (Deducible Waived)						
Primary Care Visits*	\$25 Copay   8 per year						
Specialist Visits *	\$50 Copay   8 per year						
Urgent Care Visits <sup>+</sup>	\$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							
Rx Benefits Generic Rx	\$0 Copay Preventive \$5 Copay Generic						
	\$0 Copay Preventive \$5 Copay Generic						
Generic Rx	\$0 Copay Preventive \$5 Copay Generic \$750 Copay   5 days & 2 Surgeries per year						
Generic Rx Hospital Services							
Generic Rx Hospital Services Inpatient Hospitalization & Surgery	\$750 Copay   5 days & 2 Surgeries per year						
Generic Rx Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay  1 per year						
Generic Rx Hospital Services Inpatient Hospitalization & Surgery Outpatient Hospitalization & Surgery Emergency Room Services	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay  1 per year						
Generic Rx 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						
Generic RxHospital ServicesInpatient Hospitalization & SurgeryOutpatient Hospitalization & SurgeryEmergency Room ServicesOther ServicesChiropractic Services*+Home Health Care	\$750 Copay   5 days & 2 Surgeries per year \$350 Copay  1 per year \$750 Copay   1 per year \$750 Copay   8 per year						
Generic Rx 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 \$750 Copay   8 per year \$75 Copay   8 per year \$50 Copay   10 per year						
Generic Rx         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 \$750 Copay   8 per year \$75 Copay   8 per year \$50 Copay   10 per year \$750 Copay   5 days a year /						
Generic Rx         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 \$750 Copay   8 per year \$75 Copay   8 per year \$50 Copay   10 per year \$750 Copay   5 days a year / \$350 Copay   8 days a year						
Generic Rx         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 \$750 Copay   1 per year \$75 Copay   8 per year \$50 Copay   10 per year \$750 Copay   5 days a year / \$350 Copay   5 days a year \$750 Copay   8 days a year \$750 Copay   8 days a year \$750 Copay   8 days a year						
Generic Rx         Hospital Services         Inpatient Hospitalization & Surgery         Outpatient Hospitalization & Surgery         Emergency Room Services         Other 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 \$750 Copay   1 per year \$75 Copay   8 per year \$50 Copay   10 per year \$50 Copay   5 days a year / \$350 Copay   5 days a year \$350 Copay   8 days a year \$350 Copay   1 per year \$500 Copay   1 per year \$500 Copay   1 per year \$75 Copay   8 per year						
Generic Rx         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 \$750 Copay   1 per year \$75 Copay   8 per year \$50 Copay   10 per year \$750 Copay   5 days a year / \$350 Copay   5 days a year \$750 Copay   8 days a year \$750 Copay   8 days a year \$750 Copay   8 days a year						

## Prime MV

#### 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 <sup>+</sup>	Covered at 100%					
Primary Care Visits <sup>+</sup>	\$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					
Preferred Brand/Non-Preferred Rx	\$75 Copay Preferred					
	\$150 Copay Non-Preferred					
Hospital Services						
Inpatient Hospitalization & Surgery	\$750 Copay   10 days & 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						
Professional Services	\$350 Copay					
Inpatient/Facility Services	\$750 Copay					
NICU Services	\$750 Copay   10 per year					

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

## 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
- users
- 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 <u>www.multiplan.com/sbmapreventiveservices</u>
  - b.All other plans <u>www.multiplan.com/sbmaspecificservices</u>
- 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 <u>https://www.hstconnect.com/PHCS</u>

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: https://www.deltadental.com/us/en/member/find-a-dentist.html

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: <u>https://www.vsp.com/eye-doctor</u> 2. Search by Location, Office Name, or Doctor Name

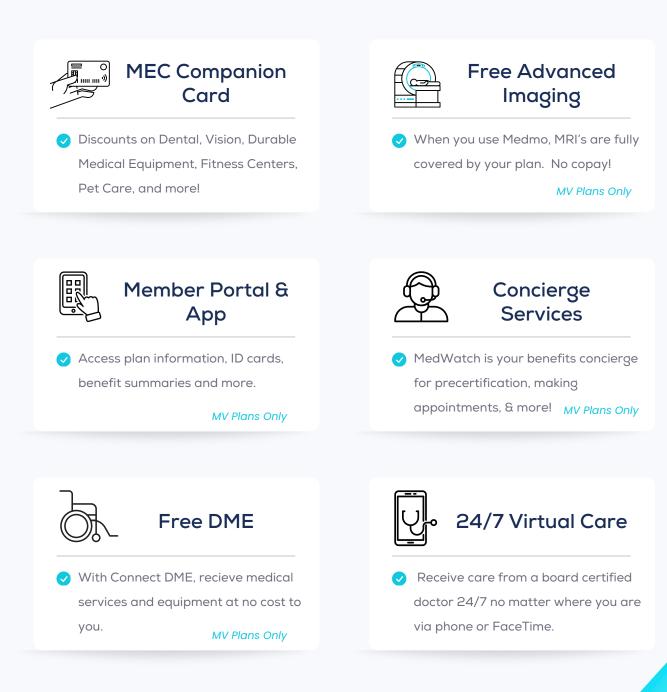


🛆 DELTA DENTAL°

**PHCS** 

PHCS Practitioner & Ancillary

## Member Perks!



## Telemedicine



Commonly Treated

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

### The Telemedicine Solution

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<sup>\*</sup>. With this benefit, there is no cost to you or your family for a consultation.



## **Discount Card**





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**

<b>Group Information</b>														
Group Name								Policy ID#						
Employee Information														
First Name Middle Ir			e Initia	al	Last Name									
Address				Address 2					2					
City	City 2		State		Zip			Phone						
Social Security Number		Date of Birth						Gender						
Date of Hire Email														
Dependents														
Full Name	Туре [		Date of Birth		Gender		SSN			Medical	Dental	Vision		
Dian Salastiens														
Plan Selections														
Medical									Eff	fective Da	ate			
Waive all coverage option	S	Reas	son:											

I choose to enroll in the above coverage selections as offered by my employer and understand the terms and conditions associated with these plans.

Signature	Date