



Simplified Labor Staffing Solutions

MEC/MVP Plan Information

Effective July 1, 2024



Health Care Reform

The Affordable Care Act (ACA) mandates applicable employers offer their employees:

- A health plan which covers the Centers for Medicare & Medicaid Services (CMS) Minimum Essential Coverage's to all Full Time Employees.
- A health plan which covers 60% of CMS Essential Benefits where the employee is not charged more than 9.78% of W-2 Box 1 Income for Single Coverage.

Simplified Labor Staffing Solutions is offering Employees the following coverage which satisfies the federally mandated "Minimum Essential Coverage":

- MEC – Minimum Essential Coverage plan covers the Preventive and Wellness Benefits required by ACA.

This is a scheduled benefit plan. Allowable amounts for the MVP inpatient services are based upon 125% of current CMS Medicare rates.

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

Employee rates for you and your dependents are listed below.

	Rates	
	Weekly	Bi-Weekly
Employee Only	\$15.00	\$30.00

IMPORTANT!

If newly hired – You will be auto enrolled in single coverage for the Minimum Essential Coverage (MEC), effective the first payroll following 60 days from your date of hire. You may call to waive coverage within the first 60 days of your date of hire with no payroll deductions taken from your pay check. Once 60 days has elapsed, your per pay deductions will begin. You still have the opportunity to waive coverage, but no deduction refunds will be given after your first 60 days have passed.

You will have a total of 90 days from your date of hire to waive, add dependents, or buy up. Following 90 days from your date of hire, you will no longer be able to waive the plan, or make changes, and will be locked in for the plan year, unless you experience a qualifying event, such as the birth of a child, marriage, or divorce. Please call the enrollment call center immediately if you think you are experiencing a qualifying event

I understand it is my responsibility to visit <https://www.myworkplace.net/> or call 800-274-5533 to opt out of the MEC plan. I further understand I must do this within 60 days of my hire date to avoid a payroll deduction. I understand that by enrolling in a benefits plan, I will be responsible for all related premiums.

MEC Schedule of Benefits

Covered Preventive Services for Adults (ages 18 and older)

1. **Abdominal Aortic Aneurysm** - One time screening for males age 65 through 75
2. **Alcohol Misuse Screening and Counseling**
3. **Aspirin use for Men and Women** - One Aspirin use consultation for men age 45 through 79 and women age 55 through 79
4. **Blood Pressure Screening** -One screening every two years for age 18 through 39; One screening per calendar year for age 40 and over.
5. **Cholesterol Screening** - One screening per calendar year.
6. **Depression Screening**
7. **Type 2 Diabetes Screening**
8. **Diet Counseling**
9. **HIV Screening**
10. **Immunizations**
 - * Hepatitis A
 - * Hepatitis B
 - * Herpes Zoster
- * Human Papillomavirus shots up through age 26 for females and through age 21 for males.
- * Influenza (Flu Shot)
- * Measles, Mumps, Rubella
- * Meningococcal
- * Pneumococcal – including Pneumococcal shots for adults age 65 and older
- * Tetanus, Diphtheria, Pertussis
- * Varicella
11. **Colorectal Cancer Screening** (age 50 and older);
12. **Hepatitis B & C Screening**
13. **Lung Cancer Screening**
14. **Obesity Screening and Counseling**
15. **Sexually Transmitted Infection (STI) Screening and Counseling**
16. **Preventative Drugs required by PPACA**
17. **Tobacco Use Screening**- Screenings for adults and cessation interventions for tobacco users

Covered Preventive Services for Women

1. **Well-Women Visits**
2. **Anemia Screening** - For pregnant women
3. **Bacteriuria Urinary Tract or Infection Screening** - For pregnant women
4. **BRCA Counseling**
5. **Breast Cancer Mammography Screening** - Screenings every 1 to 2 years for women over age 40
6. **Breast Cancer Chemoprevention Counseling**
7. **Breastfeeding Consultations** - Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. Non-network services will be payable as network services.
8. **Cervical Cancer Screening** - Women age 21 through 29 pap test every 3 years; Women age 30 through 65 every 3 years if you only have a pap test; Every 5 years if you have both a pap test and an HPV test; Women age 66 and older consult your doctor.
9. **Chlamydia Infection Screening**
10. **Contraception** - Includes birth control pills and devices, injections and surgical sterilization (hospital, physician, anesthesia)
11. **Domestic and Interpersonal Violence Screening**
12. **Folic Acid Supplements**- For pregnant women
13. **Gestational Diabetes Screening** - For women 24 to 28 weeks pregnant and/or at high risk of developing gestational diabetes
14. **Hepatitis B Screening** - For pregnant women at their first prenatal visit
15. **Human Immunodeficiency Virus (HIV) Screening and Counseling**
16. **Osteoporosis Screening** - For women over age 60
17. **Rh Incompatibility Screening**
18. **Tobacco Use Screening and Interventions**
19. **Sexually Transmitted Infection (STI) Screening and Counseling**, includes Gonorrhea & Syphilis Screening
20. **Human Papillomavirus (HPV) DNA Test**: HPV DNA testing every three years for women with normal cytology results who are 30 or older.
21. **Routine prenatal visits** for pregnant women.

This is a benefit summary only and does not outline all of the benefits and exclusions under the Plan. Receipt of this summary does not guarantee eligibility for benefits or constitute a guarantee of coverage or payment. Benefit levels may change at any time.

Covered Preventive Services for Children

1. **Alcohol and Drug Use Assessments**
2. **Autism Screening** - For children 18 months through 24 months
3. **Behavioral Assessments** - For children to age 18
4. **Blood Pressure Screening**
5. **Cervical Dysplasia Screening**
6. **Congenital Hypothyroidism Screening** - For newborns
7. **Depression Screening** - For teenagers age 12 to 18
8. **Developmental Screening** - For children under age 3 and surveillance throughout childhood
9. **Dyslipidemia Screening**
10. **Fluoride Chemoprevention Supplements**
11. **Hearing Screenings** - For all newborns
12. **Height, Weight and Body Mass Index Measurements** - For children to age 18
13. **Hematocrit or Hemoglobin Screening** - For children to age 18
14. **Hemoglobinopathies of Sickle Cell Screening** - For all newborns
15. **HIV Screening**
16. **Immunizations** - For children to age 18
 - * Diphtheria, Tetanus, Pertussis
 - * Haemophilus influenza type B
 - * Hepatitis A
 - * Hepatitis B
 - * Human Papillomavirus
 - * Inactivated Poliovirus
 - * Influenza (Flu Shot)
- * Measles, Mumps, Rubella
- * Meningococcal
- * Pneumococcal
- * Rotavirus
- * Rotavirus
- * Varicella
17. **Iron Supplements** - For children age 6 through 12 months
18. **Lead Screening**
19. **Medical History**
20. **Obesity Screening and Counseling** - For children to age 18
21. **Oral Health** - At risk assessment for your children age newborn through age 10
22. **Phenylketonuria (PKU) Screening** - For genetic disorders in newborns
23. **Sexually Transmitted Infection (STI) Screening and Counseling** - includes gonorrhea preventive medication for newborn eyes
24. **Preventative Drugs required by PPACA**
25. **Tuberculin Testing**
26. **Skin Cancer Behavior Counseling**
27. **Vision Screening** - For children to age 18
28. **Hepatitis B** screening for adolescents
29. **Tobacco Use** screening, counseling and cessation interventions for children and adolescents

For more information regarding preventive care recommendations and immunizations, visit the websites for the Centers for Disease Control and Preventions or the United States Department of Human Services:

For Adults:

Preventive Services for Adults: <http://www.guideline.gov/browse/by-topic.aspx>

Immunization Schedule: <http://www.cdc.gov/vaccines>

For Women's Health

<http://www.cdc.gov/women>

For Men's Health

<http://www.cdc.gov/men>

For Children

Well child check-ups: <http://www.cdc.gov/ncbddd/>

Immunization schedule: <http://www.cdc.gov/vaccines>

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MVP Plan Information

Benefits	In Network	Out Of Network
Deductible (Calendar Year)	PHCS Network	
Individual	\$5,000	\$10,000
Family	12,700	\$25,400
Out Of Pocket Maximum		
Individual	\$6,350	\$12,700
Family	12,700	\$25,400
Coinsurance		
You Pay	30%	50%
Plan Pays	70%	50%
Physician Office Services		
Primary Care	\$40 Copay	50%
Specialist Care		
X-Ray and Lab		
Inpatient Services		
Inpatient Care	30% After Deductible	50% After Deductible
Outpatient Services		
Physician Charges	30% After Deductible	50% After Deductible
Hospital Charges		
Free Standing Surgi-Center		
Preventive Care Services		
Well Child	Covered at 100%	Not Covered
Adult Care		
Emergency Services		
ER (Co-pay waived if admitted)	30% After Deductible	30% After Deductible
Urgent Care	\$60 Copay	\$60 Copay
Pharmacy		
Generic	100% Covered	Not Covered
Preferred Brand	\$50 Copay	Not Covered
Non-Preferred Brand	\$100 Copay	Not Covered
Specialty Drugs	Not Covered	Not Covered
Plan Costs		
Employee	\$440.40	
Employee + Spouse	\$795.59	
Employee + Child(ren)	\$630.62	
Family	\$992.81	

Medicare Cost Plus and Payer Compass

Overview

A reimbursement approach that is now getting a lot of attention is commonly known as Medicare Cost Plus (MCP). Medicare Cost Plus does not utilize a PPO network to determine the allowed charges covered, but rather the allowed charges are set to be equal to some multiple of the Medicare allowed charges in a given market. Those employees electing the Minimum Value Plan (MVP) will use Medicare Cost Plus for inpatient and emergency room services.

Employees with MCP may encounter some providers not willing to accept the plan reimbursement as payment in full. This can result in members being balance billed by providers after a claim is adjudicated. 90 Degree Benefits has contracted with Payer Compass as our MCP advocacy partner.

About Payer Compass

Payer Compass is the reimbursement expert with deep healthcare industry experience. They have extensive experience with technology and with delivering technology solutions to plans, payers, and administrators.

Member Education

- Educate members about Medicare-Reference Pricing
- Find providers who accept Medicare-Reference Pricing in a member's locale
- With outreach to a member's current provider to achieve acceptance of Medicare-Reference Pricing
- Coordinate with multiple accepting providers when a member requires multiple services

Provider Liaison

Payer Compass will help with the most difficult part of the journey—gaining provider acceptance. They will help:

- Educate providers about Medicare-Reference Pricing
- Re-price providers' most-used procedure codes for payment verification
- Provide support services to accepting providers
- Assist providers with referrals to accepting specialists or hospitals
- Give providers group-plan summaries and sample ID cards

Plan Level

Payer Compass's services also include:

- Assist with finding accepting providers in a specified geographic area
- Negotiate with providers upon request
- Maintain a database of accepting providers

CareValent is the provider of these services and their information is included on the ID card. CareValent recognizes the value of promoting health, preventing illness and providing state-of-the-art comprehensive medical management services. With more than 20 years in the medical risk industry, they are committed to improving the quality of health care and achieving the best health outcomes for patients and clients.

Important Contact Information

Simplified Labor Staffing Solutions
Group # 219123

Who to Call

Medical Claims and Plan Information:



90 Degree Benefits
651-695-2500 ♦ 1-800-558-7798
www.90degreebenefits.com

Hospital Inpatient and Emergency Room

Precertification and Advocacy:



CareValent
1-855-833-8518
www.carevalent.com

Rx Partner:



Elixir (fka MedTrakRx)
1-800-771-4648
www.elixirsolutions.com

90 Degree Benefits Online Services

90 Degree Benefits offers members 24/7 online access to their plan, eligibility and claim information. Once you have **received your ID card** you can register at <https://portal.90degreebenefits.com>. In the upper right corner of the Member Portal home screen, click on *Register Now* button. Fill out the Registration Form and click Submit. Your ID Number is printed on your Health Insurance Member ID card. Once you have registered for the Member Portal, you may use your user name and password to log in. Log in to your Member Portal at

<https://portal.90degreebenefits.com> The dashboard screen allows you to link to your benefit information, plans and general account information. The available menu options are:

Messages & Activities – Allows you to send messages or general plan questions and request ID Cards. The site provides status of items as they are in process or been completed.

Benefits – Allows you to manage your benefits by selecting View Plan Benefits, View/Print copy of your current ID Card/request additional cards, View Claim Activity and Out of Pocket amounts.

Your Networks – Links to the PPO networks and Prescription Benefit Manager associated with your plan. Please refer to your ID card for more specific information.

Account – Due to HIPAA security, family access may need to be granted on some members to view claim activity. Click of *Family Access* tab for specific directions. Use the *Account Settings* tab to update your password and hint question/answer.

Stay Connected on the Go! Use your mobile device to access the same great health plan and wellness features of your member portal! Look for the **hciactive.my90db mobile app** in the Apple App store and Google Play store.

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.*



A Turn For The Better
Formerly EBSO, Inc

800-558-7798
www.90degreebenefits.com