

SAMPLE EMPLOYEE SR  
123 STREET RD  
ANY, WI 12345

Date: 05/01/2014  
Group Number: M0001023

### Employer Sponsored Minimum Essential Coverage (MEC)

Your employer recently selected a KeySolution medical plan. Based on the information received from your enrollment, the following individuals are covered under your policy:

<b>COVERED PERSON(S)</b>	<b>EFFECTIVE DATE(S)</b>
SAMPLE EMPLOYEE SR	02/01/2014

This benefit packet is being sent to you by Key Benefit Administrators (KBA), administrator of your KeySolution medical plan. This packet contains the information needed to understand your benefit plan. Enclosed you will find the following:

- ID Card\*
- Schedule of Benefits
- Instructions for accessing KeySolution's website [www.KBAolution.com](http://www.KBAolution.com)
- Continuation Coverage Rights under COBRA

All additional documents, including but not limited to the list below, can be found online at [www.KBAolution.com](http://www.KBAolution.com). We urge you to go to this website and read these documents and notices as they provide very important information about your benefits. The online portal also provides up-to-date claim information so you do not have to wait for your month-end Explanation of Benefits (EOB).

- Full plan document
- Summary of Benefits and Coverage
- Women's Health and Cancer Rights Act Notice
- Medicaid and the Children's Health Insurance Program (CHIP)
- HIPAA Privacy Rights

If hard copies of these documents are required please speak to your human resource representative, or call the KeySolutioncustomer service line (877)851-0906, and KBA will mail you the requested documents.

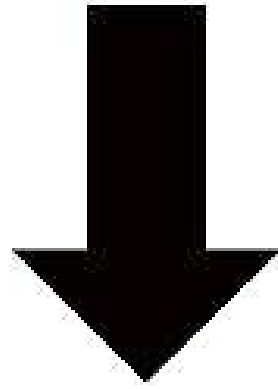
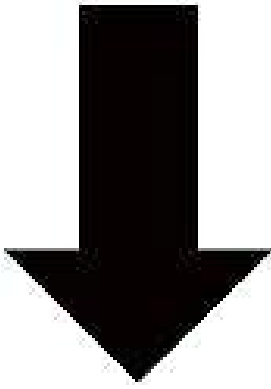
\*Your ID cards provide information about you, your Plan, covered benefits, and claim submission details. Be sure to present your ID card for all medical services in order to receive the appropriate discounts and benefits. Please verify that the information on your ID cards is correct and contact KBA if changes are needed.



# KEYSOLUTION

## Identification Cards

Please Carefully Remove Cards



Please tear out card and present to medical provider.

Please tear out card and present to medical provider.



**D Mark Group Inc, dba Manpower**

**D Mark Group Inc, dba Manpower**


SAMPLE EMPLOYEE SR  
ID#: 111111111  
Grp#: M0001023

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Employer sponsored "Minimum Essential Coverage" for 100% of the CMS listed Preventive Benefits.

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Customer Service	Key Benefit Administrators 877-851-0906 Fax: 877-454-1052
PPO Network	Multiplan
For assistance locating a Healthcare Provider	888-342-7427 www.multiplan.com
Claim Submission	Key Benefit Administrators P.O. Box. 129 Fort Mill, SC 29716 **EDI payer ID# 37323**
Administered by Key Benefit Administrators 	

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## I've purchased Minimum Essential Coverage, Now What?

### What is the Minimum Essential Coverage (MEC)?

As outlined under PPACA (the new healthcare law), all individuals must have Minimum Essential Coverage (MEC) beginning January 1, 2014. The MEC provides 100% coverage for 63 preventive services. By purchasing the MEC you will have minimum essential coverage and will be safe from federal tax penalties under the new law.

### What services are covered under the MEC?

There are 63 preventive services covered at 100% under the Minimum Essential Coverage (MEC). Services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, prenatal visits for pregnant women and more. A full list of services can be found on the back of this page.

### How do I use my new MEC benefits?

- The MEC comes with a medical ID Card that needs to be presented to your medical provider at time of service
- Tell your medical provider that you have a preventive-only service plan
- Communicating with your medical provider about your MEC ahead of time will help ensure the services provided are covered at 100%
- If the claim from the medical provider is coded with the correct preventive service indicator (one of the 63), it will be paid at 100% by the MEC.

### Who do I call if I have questions about my MEC plan?

- Key Benefit Administrators has provided a customer service line dedicated for all KeySolution members
- Call 1-877-851-0906 for any questions about your MEC plan



## Schedule of Benefits

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### **Patient Protection and Affordable Care Act (“PPACA”) Compliance:**

The Plan will at all times be in compliance with PPACA rules and regulations.

### **Notes regarding the Plan**

This Plan provides coverage for preventive services. **Claims will be processed based upon the billing practices of your healthcare provider. Services that are not Preventive Services as defined by the Patient Protection and Affordable Care Act (“PPACA”) will not be covered by the Plan.**

Network provider service payments will be based on the applicable network access agreement and non-network provider services will be paid based on the reasonable and customary amount.

### **Effective Date of Coverage**

The date following the Employer's eligibility waiting period.

### **Child Maximum Age**

To age 26.

### **Preferred Provider Network**

Benefits at a network provider will be paid at 100%, while benefits at a non-network provider will be paid at 40%, resulting in a 60% penalty. Benefits are paid subject to the coinsurance maximums as indicated below in the schedule of benefits.

If a participant or covered dependent receives ancillary and physician services, (i.e., anesthesiologists, radiologists, pathologists, etc.) at a participating provider, the services provided by the non-participating provider will be paid at the participating provider benefit level.

Payments for covered services will be made directly to the participating provider and will not be assignable to any other person. Covered services provided by a non-participating provider will be subject to penalty and paid at a lower percentage unless one of the following are applicable:

- If a participating provider within a 50-mile radius of the employer is unable to provide the necessary care to the covered person, the penalty will not apply.
- If the covered person resides outside of a 50-mile radius of a participating provider, the penalty will not apply.

## Schedule of Benefits

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### Deductibles

	Network	Non-Network
Individual	None	None
Family	None	None

### Individual Coinsurance

Network	Non-Network
Plan pays 100%	Plan pays 40%

The plan pays the above percentages of eligible charges, unless otherwise stated.

### Out-of-Pocket Maximums

	Network	Non-Network
Individual Maximum	None	Unlimited
Family Maximum	None	Unlimited

### Preventive/Wellness

Lifetime Maximum - None

Annual Maximum - None

Network	Non-Network	Limitations
100% not subject to the deductible.	40%	This benefit is limited to the following list of services. Non-network services will be payable at the network benefit level if the service is not available at a network provider

The following are considered “Preventive Services” and are covered by the Plan and payable at 100% when services are rendered at an in-network provider. However, non-network charges are subject to usual and customary fee limitations.



## Schedule of Benefits

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If a listed service does not specify the frequency, method, treatment or setting for the provision of the service, the Plan will use reasonable medical management techniques to determine any coverage limitations.

**Office exams billed with the below services or with a covered preventive diagnosis is covered under the Plan.**

### *15 Covered Preventive Services for Adults (ages 18 and older)*

1. **Abdominal Aortic Aneurysm** one time screening for age 65-75
2. **Alcohol Misuse** screening and counseling
3. **Aspirin** use for men ages 45-79 and for women ages 55-79 to prevent Cardiovascular Disease when prescribed by a physician
4. **Blood Pressure** screening for all adults
5. **Cholesterol** screening for adults
6. **Colorectal Cancer** screening for adults starting at age 50 limited to one every 5 years
7. **Depression** screening for adults
8. **Type 2 Diabetes** screening for adults
9. **Diet** counseling for adults
10. **HIV** screening for all adults
11. **Immunization** vaccines for adults:
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster
  - Human Papillomavirus
  - Influenza (Flu Shot)
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, Diphtheria, Pertussis
  - Varicella
12. **Obesity** screening and counseling for all adults
13. **Sexually Transmitted Infection (STI)** prevention counseling and screening for adults
14. **Tobacco Use** screening for all adults and cessation interventions
15. **Syphilis** screening for all adults

## Schedule of Benefits

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### *23 Covered Preventive Services for Women, Including Pregnant Women*

1. **Anemia** screening on a routine basis for pregnant women
2. **Bacteriuria** urinary tract or other infection screening for pregnant women
3. **BRCA** counseling and genetic testing for women at higher risk
4. **Breast Cancer Mammography** screenings every year for women age 40 and over
5. **Breast Cancer Chemoprevention** counseling for women
6. **Breastfeeding** 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.
7. **Cervical Cancer** screening
8. **Chlamydia Infection** screening
9. **Contraception:** Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
10. **Domestic and interpersonal violence** screening and counseling for all women
11. **Folic Acid** supplements for women who may become pregnant when prescribed by a physician
12. **Gestational diabetes** screening
13. **Gonorrhea** screening for all women
14. **Hepatitis B** screening for pregnant women
15. **Human Immunodeficiency Virus (HIV)** screening and counseling
16. **Human Papillomavirus (HPV) DNA Test:** HPV DNA testing every three years for women with normal cytology results who are 30 or older
17. **Osteoporosis** screening over age 60
18. **Routine prenatal visits** for pregnant women
19. **Rh Incompatibility** screening for all pregnant women and follow-up testing
20. **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
21. **Sexually Transmitted Infections (STI)** counseling
22. **Syphilis** screening
23. **Well-woman visits** to obtain recommended preventive services

## Schedule of Benefits

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### *26 Covered Preventive Services for Children*

1. **Alcohol and Drug Use** assessments
2. **Autism** screening for children limited to two screenings up to 24 months
3. **Behavioral** assessments for children limited to 5 assessments up to age 17.
4. **Blood Pressure** screening
5. **Cervical Dysplasia** screening
6. **Congenital Hypothyroidism** screening for newborns
7. **Depression** screening for adolescents age 12 and older
8. **Developmental** screening for children under age 3, and surveillance throughout childhood
9. **Dyslipidemia** screening for children.
10. **Fluoride Chemoprevention** supplements for children without fluoride in their water source when prescribed by a physician
11. **Gonorrhea** preventive medication for the eyes of all newborns
12. **Hearing** screening for all newborns
13. **Height, Weight and Body Mass Index** measurements for children.
14. **Hematocrit or Hemoglobin** screening for children
15. **Hemoglobinopathies** or sickle cell screening for newborns
16. **HIV** screening for adolescents
17. **Immunization** vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:
  - Diphtheria, Tetanus, Pertussis
  - Haemophilus influenzae type b
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus
  - Inactivated Poliovirus
  - Influenza (Flu Shot)
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Rotavirus
  - Varicella
18. **Iron** supplements for children up to 12 months when prescribed by a physician
19. **Lead** screening for children

## Schedule of Benefits

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20. **Medical History** for all children throughout development  
Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
21. **Obesity** screening and counseling
22. **Oral Health** risk assessment for young children up to age 10.
23. **Phenylketonuria (PKU)** screening in newborns
24. **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents
25. **Tuberculin** testing for children
26. **Vision** screening for all children under the age of 5

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**

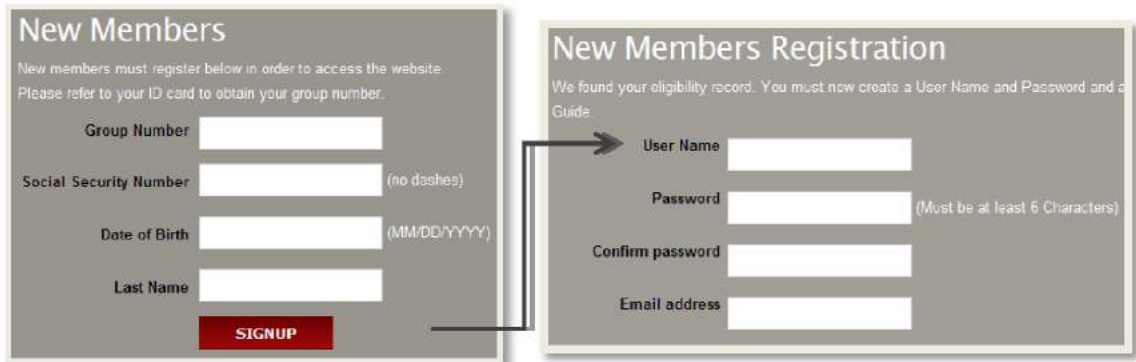
Well child check-ups: <http://www.cdc.gov/ncbddd/>

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



Key Benefit Administrators is excited to introduce you to our new single sign-on website. We encourage you to utilize our easy to use method, while remembering to sign on as a new user. Accessing this new solution is as simple as the four steps outlined below. You will need the following information prior to accessing our enhanced technology: Your **KeySolution group number** (located on ID card), **Social Security Number**, **date of birth**, **last name** and a **valid email address**.

- **Step 1.** Go to the website [www.KBASolution.com](http://www.KBASolution.com).
- **Step 2.** On the **right hand side** of the screen, it will read **New Members**. Complete the registration questions and then click the **Signup** button.
  - *Helpful tips:*
    - Enter your Social Security Number (SSN) without dashes.
    - Date of Birth (DOB) must be placed in a two-digit month, two-digit day(s), and four-digit year format (i.e., 01/01/2011.)

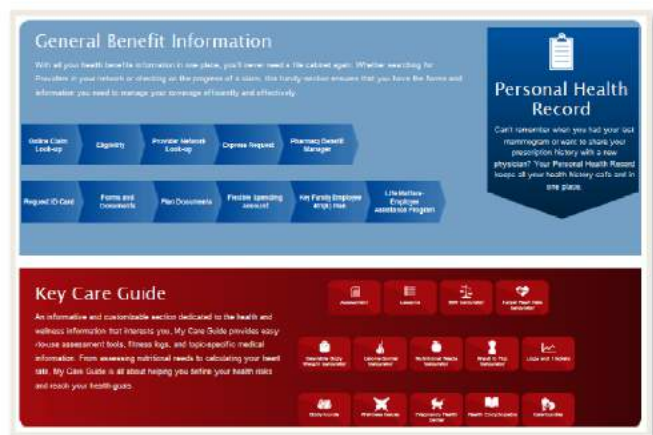


- **Step 3.** Click the Signup button and enter a **username**, **password**, and **valid email address**.
  - *Helpful tip:* The password must be a minimum of 6 characters long (Please make a note of your username and password.)
- **Step 4.** Below you will see the **Agreement** section. Once read and understood, click the **I Agree** check box and then click **Register**.

## YOUR REGISTRATION IS COMPLETE!

You are now directed to your new **“My EZ Health Guide”** home page with the KBA single sign-on technology. Menu items will display products specifically available for you as a KeySolution member.

If you have additional questions, please contact the KBA Customer Service team at 877-851-0906.







## CONTINUATION COVERAGE RIGHTS UNDER COBRA

### Introduction

You are receiving this notice because you have recently become covered under your employer's group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your right and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is your employer. COBRA continuation coverage for the Plan is administered by: Key Benefit Administrators, COBRA Department, 8330 Allison Pointe Trail, Indianapolis, IN 46250, 1-800-331-4757.

### COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event", which will be detailed later. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary", which is someone who would lose coverage due to a "qualifying event". Employees, spouses of employees, and dependent children of employees may be "qualified beneficiaries" based on the type of "qualifying event". "Qualified beneficiaries" who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's







spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or enrollment of the employee in Medicare (Part A, B, or both), the employer must notify the Plan Administrator of the qualifying event within 30 days of any of these events.

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child, you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to your employer at the address found in you Summary Plan Description.**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries within 14 days of receipt of the notice. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin (1) on the date of the qualifying event or (2) if and only if your Plan so provides, on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### **Disability extension of 18-month period of continuation coverage**

**If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and you entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to: Key Benefit Administrators, 8330 Allison Pointe Trail, Indianapolis, IN 46250, ATTN: COBRA**

#### **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 50 days of the second qualifying event. This notice must be sent to: Key Benefit Administrators, 8330 Allison Pointe Trail, Indianapolis, IN 46250, ATTN: COBRA**

#### **If You Have Questions**

If you have questions about your COBRA continuation coverage, you should contact Key Benefit Administrators, Inc. or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefit Security Administrator (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

#### **Keep Your Plan Informed of Address Changes**

**In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members.** You should also keep a copy, for your records, of any notices you send the Plan Administrator.

