

*MANAGED CARE ADMINISTRATORS
BENEFIT SOLUTIONS*



BENEFIT PLAN PROPOSAL

***Minimum Essential Coverage (MEC) and
Minimum Value Plan (MVP)***

Prepared for: Sample

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Policy Term:

Managed Care Administrators

Managed Care Administrators (MCA) has been providing Utah employers with partially self-funded health plan solutions for almost two decades. MCA offers medical and dental claims administration, stop-loss placement, cafeteria, FSA, HRA, COBRA, and HIPAA administration. MCA management team has more than 100 years of combined experience in all areas of healthcare delivery, including the start-up and development of health insurance companies, HMO's, PPO networks, and health plan administration.

MCA is proud to offer the premier provider panel in the state which includes Intermountain Healthcare hospitals and physicians.

The MCA sales and marketing model is based on working with Utah's finest licensed insurance agents & brokers. We do not solicit an employer group without an agent/broker.

MCA has secured the most advanced employer reporting systems in the industry and provides claims and customer service at the highest levels. This results in client retention.

Health Plan participants as well as medical care providers can access detailed claims and benefit information in real-time at the MCA website.

Flexibility

MCA works with employer groups and their agents to build custom health and dental benefit plans to meet the specific needs of client groups. Reporting is also tailored to meet the needs of the employers' human resource and finance departments. For employee participants outside of Utah, MCA can provide access to local, regional, or national provider network options in order to maximize access to care, and perhaps more importantly to assure the greatest discounts on cost of care.

Employer Stop-Loss Insurance

MCA represents only the highest-rated reinsurance carriers in the marketplace. We have long standing relationships with our stop-loss carriers and a perfect track record in filing for and obtaining specific and aggregate reimbursements for our employer group clients.

Group & Participant Services

MCA continues to build and improve our customer services. From a live person answering every phone call to real-time information at the website, MCA will provide a superior health plan experience for the client employer, as well as each and every employee and their families.

Each client is assigned a dedicated Group Executive with years of successful experience in health plan service delivery. MCA offers bilingual service representatives, online tools for HR, on-demand reporting, the ability to print temporary ID cards & certificates of creditable coverage instantly at the website, utilization benchmarking with other groups in the same industry and size, and a lot more.

Relief from Tax Penalties under PPACA

With MCA, you have the ability to offer benefits with our Minimum Essential Coverage and Minimum Value Plan that qualify under PPACA. MCA can make these benefits affordable to administer. Complying with PPACA's mandate to offer benefits doesn't necessarily mean spending large amounts of additional money. If you're worried that you will have to spend additional money due to PPACA, we've got a solution.

Worry-Free Service

No other third-party administrator can offer the same level of personalized service as Managed Care Administrators. That starts with a simple promise that you'll speak with a live person every time you call. We also offer every customer a dedicated account executive, bilingual customer service, online tools for HR departments, on-demand reports, the ability to print temporary ID cards online, benefit/cost scenario analysis, and much more.

Superior Technology

MCA has developed the best industry leading claims management systems and software in the industry. That means faster claims processing, real time reporting, and higher customer satisfaction.

Online Services

With Managed Care Administrators' secure website, employers can input data, manage reports, and create models that eliminate guesswork in building future plan designs. Employees also have easy access to their information any time night or day.

Employer Portal

- *Online enrollment capabilities with multiple vendors*
- *Online enrollment and reporting tools for HR and finance personnel*
- *Online monthly and quarterly reports*
- *Build and save comprehensive reports*
- *Schedule reports to run automatically any time*
- *Export data in Word, Excel, CSV, or PDF*
- *Online benefit cost analysis*

Employee Portal

- *Access information and download reports from our secure website at any time, night or day*
- *Print online temporary ID Cards*
- *Print Certificate of Creditable Coverage Letter*
- *View data of all family members*

Minimum Essential Coverage (MEC)

Preventive Services

- *Minimum Essential Coverage (MEC) is self-funded with an aggregate-only policy with a monthly aggregate accommodation provision.*
- *MEC covers 100% of the 63 CMS listed Preventive and Wellness benefits when you visit a network provider (40% out-of-network).*
- *An employer that employs 50 or more full-time employees (FT plus full-time equivalents) can prevent being taxed \$2,000 per full-time employee, less 30 employees, by offering MEC.*
- *Employees can prevent being taxed the "individual mandate" coverage penalty by purchasing MEC through his/her employer. Beginning in 2015, employees will face a tax of the greater of 1% of adjusted household income or \$95 per adult plus \$47.50 per child; in 2015, the greater of 2% of adjusted household income or \$325 per adult plus \$162.50 per child; thereafter, the greater of 2.5% of adjusted household income or \$695 per adult plus \$347.50 per child.*
- *First dollar coverage with access to one of the largest national provider networks available, with attractive discount savings for MEC benefits.*

What Services Are Covered Under MEC?

The following 63 CMS Listed Preventive Services are covered at 100% when utilizing an in-network provider and are not subject to deductibles or co-payments.

Covered Preventive Services for Adults

1. *Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked*
2. *Alcohol Misuse screening and counseling*
3. *Aspirin use for men and women of certain ages*
4. *Blood Pressure screening for all adults*
5. *Cholesterol screening for adults of certain ages or at higher risk*
6. *Colorectal Cancer screening for adults over 50*
7. *Depression screening for adults*
8. *Type 2 Diabetes screening for adults with high blood pressure*
9. *Diet counseling for adults at higher risk for chronic disease*
10. *HIV screening for all adults at higher risk*
11. *Immunization vaccines for adults - doses, recommended ages, and recommended populations vary: 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 for adults at higher risk*
14. *Tobacco Use screening for all adults and cessation interventions for tobacco users*
15. *Syphilis screening for all adults at higher risk*

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 about genetic testing for women at higher risk*
4. *Breast Cancer Mammography screenings every 1 to 2 years for women over 40*
5. *Breast Cancer Chemoprevention counseling for women at higher risk*
6. *Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women*
7. *Cervical Cancer screening for sexually active women*
8. *Chlamydia Infection screening for younger women and other women at higher risk*
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*
12. *Gestational Diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*
13. *Gonorrhea screening for all women at higher risk*
14. *Hepatitis B screening for pregnant women at their first prenatal visit*
15. *Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women*
16. *Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older*
17. *Osteoporosis screening for women over age 60 depending on risk factors*
18. *Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk*
19. *Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users*
20. *Sexually Transmitted Infections (STI) counseling for sexually active women*

21. *Syphilis screening for all pregnant women or other women at increased risk*
22. *Well-woman visits to obtain recommended preventive services*

Covered Preventive Services for Children


1. *Alcohol and Drug Use assessments for adolescents*
2. *Autism screening for children at 18 and 24 months*
3. *Behavioral assessments for children of all ages*
Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. *Blood Pressure screening for children*
Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
5. *Cervical Dysplasia screening for sexually active females*
6. *Congenital Hypothyroidism screening for newborns*
7. *Depression screening for adolescents*
8. *Developmental screening for children under age 3, and surveillance throughout childhood*
9. *Dyslipidemia screening for children at higher risk of lipid disorders* *Ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.*
10. *Fluoride Chemoprevention supplements for children without fluoride in their water source*
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* *Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.*
14. *Hematocrit or Hemoglobin screening for children*
15. *Hemoglobinopathies or sickle cell screening for newborns*
16. *HIV screening for adolescents at higher risk*
17. *Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenza 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 ages 6 to 12 months at risk for anemia*
19. *Lead screening for children at risk of exposure*
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* *Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.*
23. *Phenylketonuria (PKU) screening for this genetic disorder in newborns*
24. *Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk.*
25. *Tuberculin testing for children at higher risk of tuberculosis. Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.*
26. *Vision screening for all children*

Self-Funded MEC/Preventative Services

This Plan covers routine preventative services only

This plan does not cover medical illness or accidental injury claims

Minimum Essential Coverage Benefits	Network	Non-Network
15 Covered Preventative Services for Adults	100%	40%
22 Covered Preventative Services for Women	100%	40%
26 Covered Preventative Services for Children	100%	40%
Rx and Other Services	Generic Birth Control Pills and select prescriptions as identified by CMS	No Benefit Discounts available for all non-covered prescriptions when using Catamaran Pharmacy Discount Card
Telemedicine - TeleDoc	Included	Included

	<h3>Self Funded Minimum Essential Coverage (MEC) Preventative Services</h3>	
<p>This Plan covers routine preventative services only</p>		
Coverage Type	Employer Contribution	Premium
	100%	
Employee Only	\$0.00	\$0.00
Employee and Spouse	\$0.00	\$0.00
Employee and Child(ren)	\$0.00	\$0.00
Family	\$0.00	\$0.00

NOTICE: For both MEC & MVP, the rates contained in this proposal are based on 100% participation in the MEC and are subject to change based on final census enrollment. They are also contingent on the plan generating minimum premium levels for the stop loss carrier.

Self-Funded Minimum Value Plan & Preventative Services


PPO Network: PHCS/Multiplan

Minimum Value Benefits	Network	Non-Network
Annual Deductible	Individual None	Individual \$500
15 Preventative Services for Adults	100%	40%
22 Preventative Services for Women	100%	40%
26 preventative Services for Adults	100%	40%
Out of Pocket Max	Individual \$2,000 Family \$12,000	Individual Unlimited Family Unlimited
Office Visits - Primary Care (exams or consultations)	\$20 Co-pay	Deductible Plan pays 60% of allowed amount
Emergency Room Services	\$400 Co-pay * Plan covers cost at 150% of Medicare	\$400 Co-pay * Plan covers cost at 150% of Medicare
Hospital - Inpatient Services	\$400 Co-pay * Plan covers cost at 150% of Medicare	No Benefit
**Hospital - Outpatient Services	No Benefit	No Benefit
**Imaging (CT, PET scans, MRIs)	No Benefit	No Benefit
Laboratory Outpatient and Professional Services	\$50 Co-pay	Deductible Plan pays 60% of allowed amount
X-Rays and Diagnostic Tests	\$50 Co-pay	Deductible Plan pays 60% of allowed amount
Preventative Care Screening / Immunization Paid for by MEC	100%	Deductible Plan pays 60% of allowed amount
Urgent Care & 24 hour centers	100%	Deductible Plan pays 60% of allowed amount
Rx and Other Services	Network	Non-Network
Covered Prescription Drugs Catamaran	Generic-lesser of cost or \$40 co-pay Brand Drugs - Discount	No Benefit
Telemedicine - TeleDoc	Included	Included

***Benefits may be added for an additional cost under the Minimum Value Plus Plan (MVP+)*

All products include the following:

- Administration, PPO network fee, Stop Loss Insurance Fee, Distribution Fee
 - Rates assume a \$25,000 minimum Stop Loss annual premium
 - Rates based on an age/gender/area factor pulled from the census supplied after valid waivers
 - Rate requires 100% MEC enrollment to allow buy up to MVP
- Data iSight provides pricing at 150% of Medicare, however balance billing may apply.
 - In addition ID cards indicate provider agrees to accept 150% of Medicare upon hospital admission to help the member communicate payment up front.

	<p>Self Funded Minimum Value Plan (MVP) Including Preventative Services</p>		
<p>This Plan covers routine preventative services as listed under the MEC Plan</p>			
Coverage Type		Employer Contribution	Premium
Employee Only			\$0.00
Employee and Spouse			\$0.00
Employee and Child(ren)			\$0.00
Family			\$0.00

NOTICE: For both MEC & MVP, the rates contained in this proposal are based on 100% participation in the MEC and are subject to change based on final census enrollment. They are also contingent on the plan generating minimum premium levels for the stop loss carrier.



Data iSight: A Rational, Transparent Way to Value Medical Bills

Data iSight uses a patented methodology and publicly available data to evaluate facility claims and recommends reductions from a “cost-up,” rather than a “charge-down” approach. Using similar methods, practitioner claims are reduced based on median reimbursement levels. The result is savings of more than 50%, and an acceptance rate of 92 – 97%, on claims that can’t be reduced through a contracted arrangement.


What Makes Data iSight Defensible?

The factors below are those that lend themselves most to the defensibility of Data iSight. The factors applied depend on the claim type reviewed:

- * Cost-based for inpatient, outpatient and ASC facilities*

Median accepted reimbursement-based for practitioners, ambulance and anesthesia claims

- National benchmarking*
- Regional wage indexing*
- Geographic adjustment*
- Severity/resource intensity adjustment*
- Transparent to all parties*



As mentioned above, the acceptance rate for claims reduced through Data iSight is very high: 92 – 97%. Data iSight helps members minimize out-of-pocket expenses through its integrated Patient Advocacy program.

Patient Advocacy is available to the member to direct inquiries back to Data iSight specialists in the event they receive a bill from the provider. Specialists help the member to understand why they were billed, and may also offer assistance in reducing or eliminating the member’s financial obligation to the provider.

Another key feature of Data iSight is dataisight.com, a HIPAA-compliant website which provides payers, providers and patients a transparent explanation of how the recommended reimbursement amounts are determined, which support the defensibility of your Data iSight solution.