



ENROLL NOW! *Time is limited*

Welcome to your 2020 Health Insurance Benefits! This guide provides an outline of benefits available to you and your eligible dependents. We encourage you to review this guide to educate yourself about your options and choose the coverage that best fits your needs.



GET YOUR ID CARD IN DAYS



**THE COVERAGE YOU NEED AT
A PRICE YOU CAN AFFORD**

ELIGIBILITY

You're eligible for benefits the first of the month following 59 days from the date of hire.

HOW TO ENROLL

To enroll into benefits, make changes, or waive coverage for you and your eligible dependents, please follow one of the methods below.

Make elections via the EaseCentral Benefits Portal:

- If you have your email address on file with JFC, you will receive an email directly from Wanda Ortiz with a link to the benefits portal. Once you click this link, the system will ask you to create your password and proceed with making your elections. After your initial login, you may access the benefits portal by visiting www.jfctemps.easecentral.com
- If you do not have your email address on file, you may obtain your login credentials by contacting SBMA's customer service team at (888) 385-1125.

Make elections via Call Center:

- To enroll over the phone, contact the SBMA Call Center at (888) 385-1125

ENROLLMENT INFORMATION

Benefit elections must be completed by the date in the email you receive from Eascentral and JFC. If you don't make selections by this deadline, you will not have another opportunity to make changes until next open enrollment (January 1, 2021) or due to a qualifying event. See examples of qualify events below:

- Marriage, divorce, legal separation, annulment or death of a spouse
- Birth, adoption or placement for adoption
- Change in residence or workplace (if your benefit options change)
- Loss of other qualified health coverage
- Change in your dependent's eligibility status because of age, student status or similar circumstance

HEALTH INSURANCE BENEFIT GUIDE



THE AFFORDABLE CARE ACT (ACA) & MEC

According to the Affordable Care Act (ACA), more commonly referred to as Obamacare, all individuals must be offered at least Minimum Essential Coverage (MEC). MEC covers 17 preventive services for adults, 22 additional services for women and 26 services for children.

COVERAGE OPTIONS

MEC Excel: Covers all preventive services at 100% as outlined in ACA and provides primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. MEC Excel also includes telemedicine through HealthiestYou and prescription discounts through SingleCare.

MEC Plus: Covers all preventive services at 100% as outlined in ACA and provides additional medical services such as office visits, urgent care, labs, x-rays and generic prescription drugs offered at various copays. Note: Prescription drugs are covered through SmithRx.

Minimum Value (MV) Zero: This PPO plan covers all services outlined in MEC Plus and provides additional medical services such as emergency room care, hospitalization and inpatient services at referenced based pricing paying 125% of the Medicare allowable fee schedule. Please note, patients will be balanced billed for any costs greater than Medicare allowable. Cost of the plan is based on affordability as mandated by ACA. Employees will not pay greater than 9.78% of their pay toward employee only coverage.

MetLife Hospital Indemnity: This indemnity plan can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as co-payments and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Please note: The MEC Excel and MEC Plus plans do NOT cover hospitalization, emergency room or surgical services. Out-of-network services and specialty drugs are not covered on any plan.

Additional voluntary benefits such as dental and vision coverage are available through Ameritas. Please logon to JFC's website and click on "Resources" for additional information. Employees will be responsible for remitting premium directly to the provider.

EMPLOYEE ACKNOWLEDGMENT

Upon receipt of this guide, employees attest:

- I have been provided with the Benefit Guide and with the information pertaining to the plan offering and enrollment deadline.
- I have been offered a plan for myself and my qualified dependents that provides both Minimum Essential Coverage (MEC) and Minimum Value Plans.
- I understand the cost to me will not be greater than 9.78% of my pay.

I authorize my employer to make salary reductions on a pre-tax basis for my portion of the group insurance premiums. I understand that:

- I cannot change this election during the plan year unless I have a change in status as provided in the Internal Revenue Code and Regulations.
- My Social Security benefits may be reduced by this election.
- This election replaces any previous elections and will terminate on the earlier of (1) when I am no longer being paid compensation in an amount at least equal to my total salary reduction or (2) termination of the plan.
- My employer may reduce or cancel this election, if necessary, to comply with provisions of the Internal Revenue Code.
- I understand if I decline medical coverage, I will not be able to enroll in benefits until January 1, 2021 or due to a qualifying event.

HEALTH INSURANCE BENEFIT GUIDE



BENEFIT PLAN COMPARISON

Medical Benefits	MEC Excel	MEC Plus	Minimum Value Zero
Annual Deductible	\$0	\$0	\$0
Out-of-Pocket Max ¹	-	\$1,850 individual / \$3,700 Family	\$7,150 individual / \$14,300 Family
Wellness and Preventive	Covered 100%	Covered 100%	Covered 100%
Rx Discount Plan	Included through SingleCare	Included through SmithRx	Included through SmithRx
Telehealth Program ²	Included through HealthiestYou	-	-
Primary Care Visits	\$15 copay	\$15 copay	\$15 copay
Specialists Visits	Network Discount ³	\$15 copay	\$15 copay
Urgent Care Visits	\$50 copay	\$50 copay	\$50 copay
Emergency Room (excludes emergency transportation)	-	-	\$400 copay, then subject to Reference-based pricing ⁴
Laboratory Services / X-Rays	Network Discount ³	\$50 copay	\$50 copay
Advanced Diagnostic Imaging (Ultrasounds, MRI, CT)	-	-	-
Hospital Facility Fees, Physician / Surgeon Fees, Maternity ⁵	-	-	\$1,000 copay, then plan covers 80% of referenced based-pricing ⁴ allowable amount
Outpatient Surgery, Mental Health / Substance Abuse, Rehabilitation / Physical Therapy	-	-	-
Prescription Drugs	Discounts only	\$5 copay for generic \$50 copay for preferred brand ⁶	\$40 copay generic only

¹ Out-of-pocket maximum is for covered services only. Certain services are subject to reference-based pricing and may result in members being balance-billed beyond the out-of-pocket maximum.

² For additional information on the HealthiestYou telehealth program please call (855) 894-9627 or visit www.healthiestyou.com

³ The MEC Excel plan covers services that are subject to the network discount. Discounts will vary based on provider contracts. Patients will be responsible for paying the remaining balance after the network discount is applied.

⁴ Reference-based pricing reimburses providers using a percentage of Medicare coverage amounts as a reference point for the reimbursement totals on emergency and inpatient services. The MV Zero plan pays 125% of the Medicare allowable coverage amount for such services. Patients will be responsible for paying the remaining balance beyond the provider reimbursement amount.

⁵ Inpatient hospital services, including maternity, require pre-certification. Failure to obtain pre-certification may result in a reduction or denial of benefits.

⁶ The maximum annual benefit for preferred brand drugs is \$300 (\$600/family) and may only be filled when a generic alternative is not available.

Indemnity Benefit	Benefit Limits	Benefit Amounts
Admission Benefit	1 time per calendar year	\$2,500 – additional \$500 if admitted to ICU
Confinement Benefit	15 days per calendar year	\$100 per day – additional \$100 per day if admitted to ICU
Inpatient Rehabilitation Benefit (Injury Only)	15 days per calendar year	\$50 per day
Inpatient Surgery Benefit	1 time per calendar year	\$1,000
Outpatient Surgery Benefit	1 time per calendar year	\$1,000
Ambulance Benefit (Ground Only)	1 time per calendar year	\$100
Diagnostic Procedure	1 time per calendar year	\$150

COSTS FOR COVERAGE

Weekly Rates	MEC Excel	MEC Plus	Minimum Value Zero ¹	Hospital Indemnity ²
Employee only	\$18.23	\$28.62	\$89.34	\$18.35
Employee + Spouse	\$35.53	\$72.29	\$183.00	\$38.67
Employee + Child(ren)	\$37.06	\$76.47	\$158.31	\$30.51
Family	\$53.11	\$109.77	\$255.15	\$50.83

¹ Rates of Minimum Value Plan are subject to affordability and may differ from indicated rates based on an employee's rate of pay. For more information regarding affordability please contact your employer.

² The MetLife Hospital Plan may be chosen as a stand-alone option or maybe chosen in addition to the Enhanced MEC, MEC Plus or Minimum Value plan options.

HEALTH INSURANCE BENEFIT GUIDE



COVERED PREVENTIVE SERVICES

Covered Services for Adults (ages 18 and older)

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 to prevent cardiovascular disease 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. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 - 1965
11. HIV screening for everyone ages 15 to 65, and other ages at increased risk
12. Immunization vaccines for adults – doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papilloma virus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella
13. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
14. Obesity screening and counseling for all adults
15. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
16. Syphilis screening for all adults at higher risk
17. Tobacco Use screening for all adults and cessation interventions for tobacco users

Covered Services for Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemo prevention counseling for women at higher risk
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. Cervical Cancer screening for sexually active women
7. Chlamydia Infection screening for younger women and other women at higher risk
8. Contraception: 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."
9. Domestic and interpersonal violence screening and counseling for all women
10. Folic Acid supplements for women who may become pregnant
11. Gestational diabetes screening for women 24 to 28 months pregnant and those at high risk of developing gestational diabetes
12. Gonorrhea screening for all women at higher risk
13. Hepatitis B screening for pregnant women at their first prenatal visit
14. HIV screening and counseling for sexually active women
15. Human Papilloma virus (HPV) DNA Test every 3 years for women with normal cytology results who are 30 or older
16. Osteoporosis screening for women over age 60 depending on risk factors

Covered Services for Women (continued)

17. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
18. Sexually Transmitted Infections counseling for sexually active women
19. Syphilis screening for all pregnant women or other women at increased risk
20. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
21. Urinary tract or other infection screening for pregnant women
22. Well-woman visits to get recommended services for women under 65

Covered 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 at the following 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 at the following 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. Depression screening for adolescents
7. Developmental screening for children under age 3
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
9. Fluoride Chemo prevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
13. Hematocrit Hemoglobin screening for children
14. Hemoglobinopathies or sickle cell screening for newborns
15. HIV screening for adolescents at higher risk
16. Hypothyroidism screening for newborns
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, Meningococcal, Pneumococcal, Rotavirus and 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 at the following 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 at the following 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.

HEALTH INSURANCE BENEFIT GUIDE



ADDITIONAL INFORMATION ABOUT MEC EXCEL



Your healthcare just got a whole lot easier!

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can **SAVE YOU TONS OF MONEY** and no more sitting around in waiting rooms.



24x7 UNLIMITED DOCTOR ACCESS

Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!



LOCATE PROVIDERS

Need to search for a doctor? Our app knows best and will easily lead you through the process. You can even research your doctor first!

Register and access your account
member.healthiestyou.com
(855) 894-9627



Welcome to your prescription drug savings program!

This program entitles you, and your covered dependents, to discounts on **ALL FDA-APPROVED PRESCRIPTION MEDICATION** sold at the largest pharmacy chains in the United States.

SAVE UP TO

80%

ON PRESCRIPTIONS

- No claim forms
- No deductibles
- No limitations or maximums
- No preexisting condition exclusions

www.singlecare.com/sbma



(866) 978-0843

ADDITIONAL INFORMATION ABOUT MEC PLUS & MINIMUM VALUE ZERO



Using Your Prescription Drug Card at Retail

You will receive a prescription card from your employer. Please present your new prescription card along with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at www.mysmithrx.com.

Online Tools at www.mysmithrx.com

Secure online connection, protecting your confidentiality and providing:

- Drug formulary & lookup tools
- Trusted drug and health condition information & education
- Real-time benefit information
- View and download pharmacy claims
- Find a participating pharmacy
- Download claim reimbursement, prior authorization request, specialty pharmacy enrollment, and mail order forms

For additional support, call (844) 454-5201 any time.

HEALTH INSURANCE BENEFIT GUIDE



LOCATING NETWORK PROVIDERS



To locate providers participating in the MultiPlan PHCS network, visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner of the page, acknowledge you have read the disclaimer at the bottom of the screen, then click on the green "Select Network" button.

MEC Excel & MEC Plus



When selecting your network, choose "PHCS," then "Specific Services"

Minimum Value Zero



When selecting your network, choose "PHCS," then "Practitioner & Ancillary"

Enter one of the search criteria suggested in the search box to begin your search. If your browser setting don't allow your location to be detected, enter a desired zip code to complete your search. Acknowledge the disclaimer and your provider list will appear.

To locate a provider by phone, please call
(888) 263-7543

To locate a provider by phone, please call
(800) 922-4362