

## Employee Benefits Program



Financial  
Services  
Agency

**New employees must enroll  
within 30 days of receipt of  
first paycheck!**

Care Providers must work a  
minimum of **40 hours per pay** to  
be eligible to enroll!

### Limited Medical Benefits Include Coverage For:

- First Health Network
- Doctor's Office Visits
- Preventive Care
- Accident Coverage
- In-Patient Hospital Indemnity
- Prescription Drugs and more!

### Optional Benefits:

Dental  
Vision

**To Enroll or Ask Questions  
Call 1-866-301-9375, Option 1**

*Monday through Friday  
9am – 5pm EST / 8am – 4pm CST*

# Medical Benefits

Mini-Med Health Plans <sup>sm</sup> offer you the ability to select from 3 affordable plan designs to fit you and your family's individual needs and budget. Please review the benefit descriptions below and call the VBA Enrollment Center at **1-866-301-9375 opt. 1** (available Monday through Friday from 9:00am – 5:00pm EST / 8:00am – 4:00pm CST) to ask questions and enroll right over the phone.

| Benefits  | Base Plan  | Standard Plan   | Select Plan   |
|---|--|---|---|
| <b>Doctor's Office Visit</b><br>➤ Percent of charges covered by the plan<br>➤ Maximum benefit paid per visit<br>➤ Calendar year maximum (per covered family member)                               | 100% of charges covered up to \$50 per visit<br>\$300 calendar year max  | 100% of charges covered up to \$50 per visit<br>\$300 calendar year max   | 100% of charges covered up to \$60 per visit<br>\$360 calendar year max   |
| <b>Outpatient Diagnostic Work, X-ray &amp; Lab Testing</b><br>➤ Percent of charges covered by the plan<br>➤ Maximum benefit paid per visit<br>➤ Calendar year maximum (per covered family member) | 100% of charges covered up to \$50 per visit<br>\$150 calendar year max  | 100% of charges covered up to \$50 per visit<br>\$150 calendar year max   | 100% of charges covered up to \$60 per visit<br>\$360 calendar year max   |
| <b>Advanced Studies (MRI, CT Scan, EEG)</b><br>➤ Percent of charges covered by the plan<br>➤ Maximum benefit paid per visit<br>➤ Calendar year maximum (per covered family member)                | <i>Not included</i>  | 100% of charges covered up to \$100 per visit<br>\$300 calendar year max  | 100% of charges covered up to \$200 per visit<br>\$600 calendar year max  |
| <b>Preventive Care (Routine Wellness Exams)</b><br>➤ Percent of charges covered by the plan<br>➤ Maximum benefit paid per visit<br>➤ Calendar year maximum (per covered family member)            | <i>Not included</i>  | 100% of charges covered up to \$100 per visit<br>\$300 calendar year max  | 100% of charges covered up to \$150 per visit<br>\$450 calendar year max  |
| <b>Emergency Room Indemnity Benefit (Illness)</b><br>➤ Percent of charges covered by the plan<br>➤ Maximum benefit paid per visit<br>➤ Calendar year maximum (per covered family member)          | 100% of charges covered up to \$75 per visit<br>\$300 calendar year max  | 100% of charges covered up to \$75 per visit<br>\$300 calendar year max   | 100% of charges covered up to \$100 per visit<br>\$400 calendar year max  |
| <b>Accident Emergency Treatment</b><br>➤ Percent of charges covered by the plan<br>➤ Maximum benefit paid per visit   | 100% of charges covered Up to \$300 per occurrence   | 100% of charges covered Up to \$500 per occurrence  | 100% of charges covered Up to \$1,000 per occurrence  |
| <b>Surgical Benefit</b><br>➤ Inpatient Benefit<br>➤ Outpatient Benefit<br>➤ Outpatient Minor Benefit<br>➤ Outpatient Venipuncture Benefit   | <i>Not included</i>  | \$850 Calendar Year Max<br>100% of charges up to \$500<br>100% of charges up to \$250<br>100% of charges up to \$75<br>100% of charges up to \$25 | \$1,600 Calendar Year Max<br>100% of charges up to \$1,000<br>100% of charges up to \$500<br>100% of charges up to \$75<br>100% of charges up to \$25 |
| <b>Anesthesiology</b>   | <i>Not included</i>  | <i>Not included</i>   | 100% of charges up to \$250   |
| <b>In-Patient Hospital Benefit</b><br>➤ Daily Hospital Benefit<br>➤ Intensive Care Unit<br>➤ Substance Abuse<br>➤ Mental Illness Disorder<br>➤ Skilled Nursing Facility                           | \$50,000 max payable at<br>\$100 per day<br>\$200 per day<br>\$50 per day<br>\$50 per day<br>\$50 per day            | \$150,000 max payable at<br>\$300 per day<br>\$600 per day<br>\$150 per day<br>\$150 per day<br>\$150 per day                                     | \$250,000 max payable at<br>\$500 per day<br>\$1,000 per day<br>\$250 per day<br>\$250 per day<br>\$250 per day                                       |
| <b>Accidental Death &amp; Dismemberment - Employee Only</b>   | \$10,000   | \$10,000  | \$10,000  |
| <b>*First Health Network - see next page</b>  | Included   | Included  | Included  |
| <b>*Health &amp; Wellness Plans - see next page</b>   | Included   | Included  | Included  |
| <b>*Prescription Drug Program - see next page</b>   | Members Pay <b>\$10, \$20, \$40</b> or less for Preferred Brand and Generic Drugs - Discounts on Non-Preferred Drugs | Members Pay <b>\$10, \$20, \$40</b> or less for Preferred Brand and Generic Drugs - Discounts on Non-Preferred Drugs                              | Members Pay <b>\$10, \$20, \$40</b> or less for Preferred Brand and Generic Drugs - Discounts on Non-Preferred Drugs                                  |
| <b>Semi-Monthly Rates:</b>  | <b>Base Plan</b>   | <b>Standard Plan</b>  | <b>Select Plan</b>  |
| Employee Only   | \$42.25  | \$ 63.91  | \$ 98.32  |
| Employee plus Child(ren)  | \$59.41  | \$ 93.55  | \$147.58  |
| Employee plus Spouse  | \$88.95  | \$145.91  | \$233.03  |
| Family  | \$94.16  | \$154.19  | \$247.41  |

# Prescription Drug, National Network & Wellness Programs

The following benefits are included in all medical plans at no additional cost. You can view network providers and additional information by going to [www.myvba.biz](http://www.myvba.biz) and click on MEMBER SERVICES or call the Enrollment Center at 1-866-301-9375 opt. 1.

## **\$10/\$20/\$40 Tiered-Pricing Pharmacy Benefit**

The Tiered Pricing Pharmacy Plan saves money and takes the guess work out of paying for prescription medications. This program segments brand name and generic drugs into three price classifications making it easier for members to consult with their physician to find the most effective medication at the lowest cost. Discounts also apply to drugs not listed in one of the following tiers as well as maintenance medications purchased through the mail order program.

The three tiered pricing structure includes:

- **Tier I** Preferred brand and generic drugs available for **\$10 or less** for the scheduled quantity and dose
- **Tier II** Preferred brand and generic drugs available for **\$20 or less** for the scheduled quantity and dose
- **Tier III** Preferred brand and generic drugs available for **\$40 or less** for the scheduled quantity and dose

*\*Discounts available on non-preferred drugs.*

## **Mail Order Pharmacy**

To ensure members always save money on drugs priced at \$10 or more, our unique mail order program complements the neighborhood pharmacy benefit. Since most maintenance medications are purchased in 90 day supply, members maximize savings while enjoying the convenience of home delivery through the mail. Accuracy is assured by requiring every order to pass 7 checkpoints before shipping.

## **NATIONAL NETWORK**

The First Health Network provides access to one of the nation's largest and most respected networks. By going to a First Health provider you can reduce your out of pocket expenses and stretch your benefit dollars.

- Access to more than **490,000** provider locations across all 50 states and the District of Columbia
- First Health logo on medical ID card for fast and easy recognition by the provider
- Re-priced Claims will be assigned **directly to the provider** to simplify the claims process
- Discounts average **38.1%** nationally
- To find a provider online, visit [www.yourmedbenefits.com](http://www.yourmedbenefits.com).

Members retain the ability to choose any doctor they wish and have those claims assigned.

**Chiropractic Care**--Members may choose from more than 3,000 participating Doctors of Chiropractic. Members enjoy a variety of savings and services including a free consultation, 50% savings on diagnostic services, 50% savings on x-rays performed on-site and 30% savings on treatment and other services. Also, members have unlimited access to care with no limits on the number of visits. Each chiropractor's license and insurance are carefully verified before being accepted in the network. Items such as vitamins and durable goods are priced at the doctor's discretion.

**Hearing**--Members may select from 1,300 Beltone locations nationwide to receive a free hearing screening and 15% off over 70 models of auditory devices. All technologies and models are available including state of the art digital hearing aids, along with Completely-In-the-Canal, In-the Ear and Behind-the-Ear models. BelCare® standardized 12 point customer service program that ensures consistent delivery of professional and comfortable service, regardless of location.

**Nurse Hotline**--Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days a year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support. Members also have access to information on over 2,200 health-related topics via phone and internet.

**Counseling Services**--Our telephone counselors assist with problem resolution and suggest options to help members with personal issues of any size. Members receive free, unlimited telephone counseling services 24 hours a day, 7 days a week. When appropriate, members are referred to local licensed counselors.

**Vision Care**--The Coast to Coast (CTC) Vision Plan is contracted with over 12,000 participating eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures. The CTC provider network is the most comprehensive in the U.S. and includes ophthalmologists, optometrists, independent optical centers and national chain locations such as Pearle Vision, JCPenney Optical, Sears Optical, LensCrafters, and EyeMasters stores. Members save 20% to 60% on eyeglasses, including frames and lenses.

National Chains Include: Pearle Vision, Sears Optical, JCPenney Optical, Target Optical, LensCrafters, Sterling Optical, TLC Laser Vision Centers

**VIP Health & Wellness**--Vitamins & Nutritional Supplements - The mail order service provides an extensive catalog with savings on nutritional and health needs. Members request catalogs and place orders through a convenient toll-free number for a savings of 10% on over 6,000 products, sale prices included.

**Diabetic Care**--Liberty Medical Supply - is the nation's leading direct-to-consumer Medicare provider of diabetes testing supplies and medications and other diabetes management products. Through this program members save 15% off the average retail price on over 200 name brand glucose testing products.

*\*These benefits are not underwritten by Standard Security Life Insurance Company of New York*

# Frequently Asked Questions

## What type of coverage will I and my eligible dependents have?

This is a limited medical benefits plan designed to provide coverage for you and your dependents everyday healthcare needs. While these benefits are not catastrophic or unlimited in nature, they will provide useful and affordable coverage.

## When can I enroll/cancel coverage?

Care providers must enroll within 30 days upon the receipt of your first paycheck. Premiums will be deducted a month prior to your coverage start date. Coverage will begin the 1<sup>st</sup> of the month following 60 days. Your premiums will be deducted from your paycheck on a post tax basis. You may cancel your coverage at anytime. Because premium deductions are taken out a month in advance all cancellations must go forward. Meaning if you cancel your coverage in the middle of the month your deductions will continue through the end of that month and you will have coverage the following month. If a qualifying event occurs you have 30 days to make the corresponding changes.

## Who is eligible to enroll?

Care providers who work a minimum of 40 hours per pay and their eligible dependents are eligible to enroll. An eligible dependent is an employee's spouse and unwed children up to age 19. An unwed child who is dependent upon the parent's support may be covered up to age 25 for medical (up to age 23 for dental/vision), if they are a full time student.

## When will my coverage go into effect?

Coverage will go into effect the 1<sup>st</sup> of the month following 60 days from the date of your first paycheck. Claims will not be paid on services prior to the effective date.

## What happens if there is not enough money available in my check to cover the deductions?

If at the end of the month you did not have enough money to make a full monthly premium you will be terminated off of the plan and any partial deductions taken will be reimbursed to you. If you have made a full monthly premium payment, the month prior to you coverage termination you will be allowed to continue you medical plan by making premium payments directly to the carrier. Information on how to continue your medical coverage will be mailed directly to your home. Please refer to your payroll schedule to make sure your time card is turned in in a timely fashion to allow time for processing.

## Will I receive an ID card?

Yes, depending on what you have selected you will receive ID cards, a fulfillment package including additional information mailed to your home. If you enrolled in the medical and prescription plan, the package includes your ID cards, a Summary of Benefits/Certificate Booklet and Benefit Guide from Standard Security Life. If you enrolled in the dental and/or vision plans, you will receive a separate packet containing ID cards from Brokers National Life.

## Are there any Pre-Existing Condition Limitations?

There are no pre-existing condition limitations on the medical plan. However, there are several waiting periods on the dental plan.

## How do I know if my prescription drugs are covered?

You can go to [www.myvba.biz](http://www.myvba.biz) and click on the [Member Services](#) link to look up participating pharmacies and view a Formulary Drug Listing. You can also shop prices of Non-Formulary drugs.

## Who is the insurance company paying claims on this plan?

Standard Security Life Insurance Company of New York is the carrier and pays all insured claims for the Medical Plan. Brokers National Life Assurance Company pays claims on the Dental Plan. Vision Services Plan (VSP) pays claims on the Vision Plan.

## Whom can I contact if I have questions about my plans?

Contact Member Services at 1-866-301-9375 opt. 1 and a customer service representative will assist you with any questions.

## How do I submit a claim?

At the time of service, present your Standard Security, Brokers National or VSP ID card to the provider and ask the provider to file the claim directly with the carrier. If the provider is unwilling to file the claim on your behalf, you can submit the claim yourself. A claim form will be provided in your fulfillment package for all lines of coverage.

## Can I use any doctor or hospital?

Yes, you can go to any doctor. There are no network restrictions. Benefits are payable to any hospital that is accredited by JCAHO (*Joint Commission on Accreditation of Healthcare Organizations*) and meets the definition of a hospital. Most hospitals have received their accreditation. However, if you do choose to use a network provider you WILL SAVE MONEY! You can locate a network provider by going to [www.myvba.biz](http://www.myvba.biz) and clicking on the [Member Services](#) link.

## Are Medicare/Medicaid recipients eligible for this plan?

If you have Medicare/Medicaid it is NOT recommended that you enroll in coverage as Medicare/Medicaid regards this plan as Primary Coverage and may reduce or discontinue your benefits.

## Can this plan be used, if I have a separate health insurance?

Yes, the specified benefits pay in addition to any other private group or individual coverage. There is no coordination of benefits. You will file a paper claim instead of using your ID card and be reimbursed directly.

*IMPORTANT: This brochure contains an overview of the benefits provided in your policy. Please read your entire policy for complete benefits, details, limitations and exclusions.*