

MVP Minimum Value Plan

The Minimum Value Plan (MVP) is a high deductible plan offering very limited coverage. This MVP excludes some categories of services that are typically covered by plans being offered on the Exchange and individual market. The MVP covers the following services after your \$6,500 deductible is met. Emergency Room Services, Inpatient Hospital Services, Primary Care and Specialist visits, Imaging, Laboratory Services, X-rays and Diagnostic Imaging, and certain Generic and Preferred Brand drugs. Please pay close attention to the list of excluded benefit categories outlined below.



RealTimeHealth is a diabetic management program that uses a state of the art cellular based glucometer to automatically, consistently and accurately take and record a member's glucose readings.



RealTimeChoices is a healthcare price transparency solution that gives you the tools you need to better manage your healthcare.

The MVP offers a very limited benefit plan design excluding the following major service categories:

- Mental/Behavioral Health and Substance Abuse Disorder Services
- Rehabilitative Speech Therapy
- Rehabilitative Occupational and Rehabilitative Physical Therapy
- Skilled Nursing Facility
- Outpatient Facility Fees
- Outpatient Surgery Physician/Surgical Services
- Specialty Drugs (including compound drugs)
- Drugs related to mental health such as ADHD

The MVP offers a plan design with a \$6,500 single deductible and a \$13,200 family deductible. The Coinsurance responsibility is 40% paid by the enrolled member. The out-of-pocket maximum is \$6,500 for single and \$13,200 for a family.

As a MVP member, you will receive a medical ID Card that needs to be presented to your medical provider at your time of service.

Note: Because almost every benefit category is subject to the deductible it is important that you budget for the \$6,500 deductible which comes out to be \$541 a month in addition to your maximum premium contribution.

IMPORTANT

In order to enroll in the MVP program, there is an additional application that must be completed by the applicant. This application is mandatory and will require extensive information to complete. Below is a listing of items that are needed to complete the application.

- **Prior Medical Insurance information including:** Name of Carrier, Policy No., Effective Date, Termination Date (if applicable), Policy Holder's Name, Member ID, Employer Name, List of the Dependents covered on previous policy. This includes all Employer Sponsored Medical Plans, Medicaid, Medicare, Champus and Tricare.
- **Other Health Insurance Information including:** Name of Carrier, Policy No., Effective Date, Termination Date (if applicable), Policy Holder's Name, Member ID, Employer Name, List of the Dependents covered on previous policy. This includes all Employer Sponsored Medical Plans, Medicaid, Medicare, Champus, Tricare, etc.
- **Dependent information:** Full Name, Date of Birth, Social Security No., Date of Birth, Gender, Height, Weight. This includes minor dependents and spouses.
- **Medical History for the Past Five Years:** Physician Visit History, Chronic Condition History, Name, Address and Phone Number of diagnosing and treating physicians, begin and end date of treatment, treatment description and degree of recovery.

MVP Benefit Counselor Line

PLEASE READ CAREFULLY

KEYSOLUTION MVP BENEFIT COUNSELOR LINE

The MVP Benefit Counselors are only available for questions specific to the MVP. If you have questions about any other parts of the KeySolution 5M program please contact your Human Resources representative and they will be happy to help answer any questions you might have.

WHAT DO I NEED PRIOR TO CALLING?

You must request, complete and return the MVP Health Questionnaire (MHQ) from your Human Resources Department. Prior to calling, please ensure that you have a copy of your most recent payroll stub readily available. Please allow five business days after submitting your MHQ before calling the counselor line. KBA must receive your MHQ prior to taking your call.

WHAT CAN I EXPECT FROM THIS CALL?

Our MVP Benefit Counselors are happy to help with any questions related to the KeySolution 5M MVP. The Benefit Counselor will walk through your contribution requirement for the MVP (9.86% of your gross annual income). They will also walk through the benefit categories that are and are not covered by the MVP.

PRE-CALL CHECKLIST

- Request Health Questionnaire from HR
- Complete Health Questionnaire
- Return Health Questionnaire to HR
- Obtain Copy of Recent Payroll Stub
- Wait Five (5) Business Days Before Calling

CONTACT

Key Benefit Administrators
Account Resource Service Hotline

1.877.816.5788

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 adults ages 50-59 to prevent Cardiovascular Disease and Colorectal Cancer when prescribed by a physician
4. Blood Pressure screening for all adults
5. Cholesterol screening for all adults
6. Colorectal Cancer screening for adults starting at age 56 and continuing until age 75
7. Depression screening for adults
8. Type 2 Diabetes screening for adults
9. Diet counseling for adults
10. Fall Prevention to include physical therapy to prevent fall in community dwellings age 65 and older
11. Hepatitis B screening for adults
12. Hepatitis C screening for adults at high risk and one time for everyone born between 1945-1965
13. HIV screening for all adults
14. Immunization vaccines for adults: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella.
15. Lung Cancer Screening for adults age 55-80 who are at high risk because they smoke 30 packs a year (or have quit in the past 15 years)
16. Obesity screening and counseling for all adults
17. Sexually Transmitted Infections (STI) prevention counseling and screening for adults
18. Skin Cancer behavioral counseling for adults to age 24 with fair skin
19. Tobacco Use screening, counseling and cessation interventions for all adults
20. Syphilis screening for all adults
21. Latent tuberculosis infection screening for adults
22. Statin preventive medication for adults ages 40-75 years with no history of cardiovascular disease, 1 or more cardiovascular disease risk factors and a calculated 10 year cardiovascular disease event risk of 10% or greater.

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Aspirin for pregnant women at high risk for preeclampsia
3. Bacteriuria urinary tract or other infection screening for pregnant women
4. BRCA counseling and genetic testing for women at higher risk
5. Breast Cancer Mammography screenings every 1 to 2 years for women age 40 and over
6. Breast Cancer Chemoprevention counseling as well as breast cancer testing and medications for women with increased risk for breast cancer
7. 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.
8. Cervical Cancer screening
9. Chlamydia Infection screening
10. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
11. Diabetes screening for women with history of gestational diabetes who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes.
12. Domestic and interpersonal violence screening and counseling for all women
13. Folic Acid supplements for women who may become pregnant when prescribed by a physician
14. Gestational diabetes screening
15. Gonorrhea screening for all women
16. Hepatitis B screening for pregnant women
17. Human Immunodeficiency Virus (HIV) screening and counseling
18. Human Papillomavirus (HPV) DNA Test: HPA DNA testing every three years for women with normal cytology results who are 30 or older
19. Osteoporosis screening over age 60
20. Preeclampsia screening in pregnant women with blood pressure measurements throughout pregnancy
21. Routine prenatal visits for pregnant women
22. RH Incompatibility screening for all pregnant women and follow-up testing
23. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
24. Sexually Transmitted Infections (STI) counseling
25. Syphilis screening
26. Urinary Incontinence screening
27. Well-woman visit to obtain recommended preventive services

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. Bilirubin concentration screening for newborns
5. Blood screening for newborns
6. Blood pressure screening
7. Cervical Dysplasia screening
8. Congenital Hypothyroidism screening for newborns
9. Depression screening for adolescents age 12 and older
10. Developmental screening for children under age 3, and surveillance throughout childhood
11. Dyslipidemia screening for children
12. Fluoride Chemoprevention to include supplements for children without fluoride in their water source when prescribed by a physician and fluoride varnish to primary teeth through age 5
13. Gonorrhea preventive medications for the eyes of all newborns
14. Hearing screening for all newborns and 3 additional screenings at periodic ages up to age 21
15. Height, Weight and Body Mass Index measurements for children
16. Hematocrit or Hemoglobin screening for children
17. Hemoglobinopathies or sickle cell screening for newborns
18. Hepatitis B screening for adolescents
19. HIV screening for adolescents
20. Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hemophilus influenza type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
21. Iron supplements for children ages 6-12 months when prescribed by a physician
22. Lead screening for children
23. Maternal depression screening for mothers of infants at 1, 2, 4 and 6 months visits
24. 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
25. Obesity screening and counseling
26. Oral Health risk assessment for young children up to age 10
27. Pheylketonuria (PKU) screening in newborns
28. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
29. Skin Cancer behavioral counseling for adolescents age 10 and up who have fair skin
30. Tobacco Use screening, counseling, and cessation interventions for children and adolescents
31. Tuberculin testing for children
32. Vision screening for children.

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