KEYSOLUTION℠

2021 ENROLLMENT GUIDE

Administration services by
Key Benefit Administration

Information for eligible employees of:

BLACK HORSE PIKE REGIONAL

KEYSOLUTION℠

MEC Minimum Essential Coverage

MEC provides first dollar coverage with access to one of the largest national preferred provider organizations (PPO) available with great discount savings for MEC benefits. The network savings can also be used for services not covered by the MEC. You will have access to a simple-to-use web portal for your local or out-of-town provider look up to be sure your provider is in the PPO Network.

There are preventive services covered at 100% under the required government list of Preventive and Wellness Benefits when you visit a network provider. The benefits drop to 40% if you use an out-of-network provider. Services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, prenatal visits for pregnant women and more. A full list of the covered services is included in this information.

The MEC comes with a medical ID Card that needs to be presented to your medical provider at your time of service.

Administration services provided by Key Benefit Administrators.

Minimum Essential Coverage (MEC) covers 100% of the government listed Preventive and Wellness Benefits when you visit a network provider (40% out-of-network).

84 PREVENTIVE CARE SERVICES COVERED AT 100%

UNLIMITED access to RealTimeTelemed and RealTimeChoices

VALUABLE BENEFITS FOR THE ENTIRE FAMILY

RealTimeTelemed℠
AN AMERICAN HEALTH DATA INSTITUTE PRODUCT

Access to board-certified doctors by phone or mobile application - at anytime from anywhere with a **$0 copay.** RealTimeTelemed was designed as an alternative to costly urgent care, ER visits or days of waiting for an appointment to see your primary care doctor for non-emergency medical issues.

RealTimeChoices℠
AN AMERICAN HEALTH DATA INSTITUTE PRODUCT

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

KEYSOLUTION℠

Preventive Care

Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65-75
2. Unhealthy alcohol use 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 adults
6. Colorectal Cancer screening for adults starting at age 50 and continuing until age 75. This does not include Cologuard or FIT- DNA testing. Cologuard or FIT-DNA testing is not covered under the Plan.
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 between the ages of 18 and 79 years old.
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, and 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 Infection (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 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.
23. Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis (PrEP) for person considered at high risk of HIV acquisition per USPSTF guidelines on identification of persons at high risk. The USPSTF recommends that the following persons be considered for PrEP: 1) Men who have sex with men, are sexually active, and have one of the following characteristics: (a) A serodiscordant sex partner (ie in a sexual relationship with a partner living with HIV), (b) Inconsistent use of condoms during receptive or insertive anal sex, or (c) A sexually transmitted infection (STI) with syphilis, gonorrhea, or chlamydia within the past 6 months; 2) Heterosexually active women and men who have 1 of the following characteristics: (a) A serodiscordant sex partner (ie in a sexual relationship with a partner living with HIV), (b) Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg a person who injects drugs or a man who has sex with men and women), or (c) An STI with syphilis or gonorrhea within the past 6 months; and 3) Persons who inject drugs and have 1 of the following characteristics: (a) Shared use of drug injection equipment or (b) risk of sexual acquisition of HIV (see above). It is important to note that men who have sex with men and heterosexually active persons are not considered to be at high risk if they are in a mutually monogamous relationship with a partner who has recently tested negative for HIV. In addition, all persons being considered for PrEP must have a recently documented negative HIV test result. Prior notification is required before PrEP is covered by the Plan; contact the Plan Supervisor at the number on the identification card.

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 a 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: HPV DNA testing every three years for women with normal cytology results who are 30 or older
19. Osteoporosis screening over age 65 and older and post menopausal women at increased risk
20. Perinatal Depression counseling interventions for pregnant and postpartum persons at risk.
21. Preeclampsia screening in pregnant women with blood pressure measurements throughout pregnancy.
22. Routine prenatal visits for pregnant women
23. Rh Incompatibility screening for all pregnant women and follow-up testing
24. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
25. Sexually Transmitted Infections (STI) counseling
26. Syphilis screening
27. Urinary Incontinence screening
28. Well-woman visits to obtain recommended preventive services
29. Anxiety screening in adolescent women and adult women, including but not limited to, those who are pregnant or postpartum.

Covered Preventive Services for Children

1. Alcohol and Drug Use assessments
2. Anemia screening for children
3. Autism screening for children limited to two screenings up to 24 months
4. Behavioral assessments for children limited to 5 assessments up to age 17.
5. Bilirubin concentration screening for newborns.
6. Blood screening for newborns.
7. Blood Pressure screening
8. Cervical Dysplasia screening
9. Congenital Hypothyroidism screening for newborns
10. Depression screening for adolescents age 12 and older
11. Developmental screening for children under age 3, and surveillance throughout childhood
12. Dyslipidemia screening for children.
13. 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.
14. Gonorrhea preventive medication for the eyes of all newborns
15. Hearing screening for all newborns and 3 additional screenings at periodic ages up to age 21.
16. Height, Weight and Body Mass Index measurements 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, and Varicella.
21. Iron supplements for children ages 6 to 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 month 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. Phenylketonuria (PKU) screening in newborns
28. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
29. Skin Cancer behavioral counseling for children age 6 months and up who have fair skin
30. Tobacco Use screening, counseling and interventions to prevent initiation of tobacco use
31. Tuberculin testing for children
32. Vision screening for children.

For complete information on preventative services, visit the following US Health and Human Services website: www.healthcare.gov/coverage/preventive-care-benefits

KEY BENEFIT ADMINISTRATORS

MEC Minimum Essential Coverage

	MEC
Covered Benefits	**In-Network**
Deductible (single/family)	$0/$0
Coinsurance (employee portion)	0%
Out-of-Pocket Maximum	$0/$0
PPO Network	
Emergency Room Services	N/A
Inpatient Hospital Services	N/A
Primary Care Visit to Treat an Injury or Illness	N/A
Specialist Visit	N/A
Mental/Behavioral Health and Substance Abuse Disorder Services	N/A
Advanced Imaging (CT, PET Scans, MRIs)	N/A
Rehabilitative Speech Therapy	N/A
Rehabilitative Occupational and Rehabilitative Physical Therapy	N/A
Preventive Care/ Screening/Immunization (MEC)	Covers 100% of the 84 listed Preventive and Wellness Benefits
Laboratory Outpatient and Professional Services	N/A
X-rays and Diagnostic Imaging	N/A
Outpatient Facility Fee	N/A
Outpatient Surgery Physician/Surgical Services	N/A
Chronic Disease Management (CDM) Benefit	N/A
Life AD&D Benefit	N/A
RealTime Services	
RealTimeTelemed	Unlimited Calls
RealTimeChoices	Unlimited Access