



PLAN BENEFITS

Overview of Essential Benefit Administrators Plans



EBA Plan Benefit Overview

EBA Plans were designed with the consumer and current Health Insurance trends in mind, to provide the lowest cost Healthcare solutions to individuals and families.



Basic plans with low costs and no annual deductible

Our plans were designed to cover your everyday medical needs. That is how we can start our plans at just \$100/month for an individual.**



Low copays and no unexpected bills

Everyone has received an unexpected bill that caused a financial burden. Not with EBA! A \$25 copay takes care of your in-network physician visits.*



Dedicated and exclusive provider network

You won't have to worry about finding a provider to accept your plan, because we have over 550,000 EASY to access providers who participate NATIONWIDE.



Guaranteed acceptance and quick coverage

Rest easy knowing that our plans are guaranteed issue without any medical questions asked.



Year round enrollment

You can enroll all year round with or without a qualifying life event. There are not any special enrollment periods.



Access to healthcare coordinators 24/7

We verify coverage 24 hours a day-7 days a week in English and Spanish.

*First Health in-network providers only

** EBA's MEC Plans do not provide comprehensive major medical coverage, they do not intended to replace major medical insurance, and do not meet the minimum value requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CRM 5.00. These plans do not guarantee compliance with the ACA. Individuals who purchase these plans independently herby acknowledge a relationship with EBA's member groups. If you are qualified to receive a tax credit or subsidy in a plan under the Health Insurance Exchange and you enroll in this plan, you may not be able to receive the tax credit or subsidy before the next exchange open enrollment unless you have a qualifying life event. This plan contains a 30-day written cancellation period.

EBA Commitment to Service Excellence

Individual and Employee benefits consist of three parts - the coverage itself, implementation and on-going customer service. Essential Benefit Administrators has invested heavily in people and systems to make it easy to do business with us. We reduce your administration downtime with easy-to-use online billing and enrollment support, backed by a National Service Organization spanning our entire network of sales and service offices. Our service and sales professionals are committed to assisting you in every step; from designing an affordable, customized benefit plan to assure smooth and effortless implementation, to assisting employees with questions and service requirements.

EBA Flexible and Innovative Benefits and Services

Essential Benefit Administrators is the leading provider of MEC plans, specializing in innovative and flexible individual and employee benefits solutions. Our plan offerings are flexible and is tailored for each individual client's needs. All our products and services are marketed through independent brokers and agents to individuals and employers of all sizes.

EBA Plans Highlights

Fixed indemnity medical plan. Pays a limited fixed dollar amount for the following medical expenses resulting from medically necessary treatment, accidental injury or sickness of a covered member:

- ✓ **Physician Visits**
Benefit is payable to an in-network office, urgent care or emergency room.
- ✓ **Wellness Visit**
Benefit is payable to in-network providers without a copay.
- ✓ **Diagnostic, Laboratory and X-Ray**
Preventative services outline in MEC are covered at 100% and not covered services, will be repriced subject to the First Health network fee schedule.
- ✓ **Telephonic Benefits***
Benefit is provided for telephonic triage and consults.
- ✓ **Rx Discount Card***
Unlimited discounts for all policy holders with top 10 contracted retail pharmacies.

MINIMUM ESSENTIAL COVERAGE PLAN

The Essential Solution MEC Plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

Minimum Essential Coverage

<p>Plan Pays 100% of the 63 Required Preventive Services, When Utilizing a First Health Network Provider</p>	<p>15 Services for Adults 22 Services for Women 26 Services for Children</p>
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Monthly Rates

Individual	\$100
Individual + Spouse	\$200
Individual + Child(ren)	\$200
Family	\$250

First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.MyFirstHealth.com



Below is a partial list of services covered by the Minimum Essential Coverage plan.

You can view a full list of covered services online at www.healthcare.gov/preventive-care-benefits/.

Covered Services For Adults

- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Type 2 Diabetes screening for adults with high blood pressure
- Colorectal Cancer screening for adults over 50
- Aspirin use for men and women of certain ages
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Obesity screening and counseling for all adults
- Diet counseling for adults at higher risk for chronic disease y Depression screening for adults
- Alcohol Misuse screening and counseling
- Immunization vaccines for adults - doses, recommended ages, and recommended populations vary: Hepatitis, Hepatitis B, Herpes, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Well-woman visits to obtain recommended preventive services
- Contraception coverage for women: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs

Covered Services For Children

- Autism screening for children at 18 and 24 months
- 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
- Depression screening for adolescents
- 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
- Obesity screening and counseling
- Vision screening for all children
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Alcohol Misuse screening and counseling
- Medical History for all children throughout development; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years.
- Oral Health risk assessment for young children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
- Developmental screening for children under age 3, and surveillance throughout childhood
- 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, and 15 to 17 years
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Hearing screening for all newborns
- Hematocrit or Hemoglobin screening for children

EBA ESSENTIAL PLANS 2018

EBA Essential Plans provide affordable coverage that meets the requirements under the Affordable Care Act, which avoids members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

MEC Plus				MEC Premium Plus		
	Age 18-44	Age 45-59	Age 60+	Age 18-44	Age 44-59	Age 60+
Primary	\$125	\$135	\$150	\$170	\$190	\$205
Spouse	\$105	\$115	\$125	\$150	\$160	\$180
Per Child up to 18		\$80		\$105		

Benefits Coverage	MEC Plus	MEC Premium Plus
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at No Charge	Covered at No Charge
Primary Doctor & Pediatric-sick visits	\$25 co-pay – 5 Visits per Year	\$25 co-pay – Unlimited Visits
Specialist Doctor	\$35 co-pay – 1 Visit per Year	\$35 co-pay – 5 Visits per Year
Laboratory Services and Imaging	Preventive Care only included	Preventive Care only included
X-Rays	Preventive Care only included	Preventive Care only included
Urgent Care	\$50 co-pay – 2 Visits per Year	\$50 co-pay – 3 Visits per Year
Emergency Room Admission	Not Included	\$250 co-pay – 1 Visit per Year
Outpatient Surgery, Hospice, Skilled Nurse	Not Included	Not Included
In Patient Surgery/Services	Not Included	Not Included
Maternity Pre/Post Natal Consultation	Not Included	\$25 co-pay – 3 Visits
Mental Health, Substance Abuse Consultation	Not Included	\$25 co-pay – 1st 3 visits
RX	Discount for Generics	Discount for Generics

* Rates are the same for male and female

Under the EBA Essential Plans, EBA will not pay benefits for any loss, injury or sickness that is caused by, or results from:

- Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Commission of or active participation in a riot or insurrection;
- Declared or undeclared war or act of war;
- Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
- An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency; Flight in, boarding or alighting from an Aircraft except as:
 - a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
- Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
- Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein; Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;

- Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
- Elective Abortion. Elective Abortion means an abortion for any reason, other than to preserve the life of the female upon whom the abortion is performed;
- Mental and nervous disorders;
- Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
- Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II, or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
- Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness;
- Treatment or services provided by a private duty nurse;
- Organ or tissue transplants and related services;
- Personal comfort or convenience items;
- Rest or custodial cures;
- Hearing aids.
- An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident

In addition, benefits will not be paid for services or treatment rendered by any person who is:

- employed or retained by the Policyholder; Subscriber;
- living in the Insured Person's household;
- an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
- the Insured Person



- The insurance coverage provided herein may be considered a welfare benefit plan pursuant to the Employee Retirement Income Security Act of 1974 ("ERISA"). If ERISA applies the plan sponsor has certain responsibilities. Please consult with your legal or tax counsel for guidance as to whether ERISA would apply to this coverage and the responsibilities of a plan sponsor.
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- *Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. If applicable, state specific Exclusions and Limitations pages will be provided at the end of the proposal.
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- This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit EBA from providing insurance, including, but not limited to, the payment of claims.
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- Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").