

American Business Solutions Summary of Benefits

The following summary is applicable for full-time employees working more than 30 hours per week. This is a brief summary. Please refer to full benefit summaries that are accessible via your CARE Center 800-724-8802 or via accessmysbc.com.

Benefit	Effective Date	
American Business Solutions CARE Center	Effective Immediately for All Employees	American Business Solutions HealthCARE Center 1-800-724-8802 or carecenter@opoc.us American Business Solutions PersonalCARE Advocate <ul style="list-style-type: none"> ▪ Independent, confidential, personal ▪ Questions regarding all non-retirement employee benefits ▪ Claims questions, coverage concerns, coordination of care, billing resolution
Health	1 st of the Month Following 30 Days of Employment	HSA 6200: <ul style="list-style-type: none"> • Deductible (In Network): \$6,200 / \$12,400 • Out of Pocket Maximum (In Network): \$6,900 / \$13,800 • Preventive Care: 100% • Office Visit: 100% after Deductible • Specialist Visit: 100% after Deductible • Urgent Care Visit: 100% after Deductible • Emergency Room Visit: 100% after Deductible • Prescriptions: 100% after Deductible (Level 1 Pharmacy) 90% after Deductible (In-Network) PPO 5000: <ul style="list-style-type: none"> • Deductible (In Network): \$5,000 / \$10,000 • Out of Pocket Maximum (In Network): \$7,350 / \$14,700 • Preventive Care: 100% • Office Visit: \$30 Copay • Specialist Visit: \$60 Copay • Urgent Care Visit: \$75 Copay • Emergency Room Visit: \$350 Copay, then 80% Coinsurance • Prescriptions: \$10/\$40/\$70 Copays (Level 1 Pharmacy) \$20/\$50/\$80 Copays (In-Network) PPO 1000: <ul style="list-style-type: none"> • Deductible (In Network): \$1,000 / \$2,000 • Out of Pocket Maximum (In Network): \$3,200 / \$6,400 • Preventive Care: 100% • Office Visit: \$30 Copay • Specialist Visit: \$60 Copay • Urgent Care Visit: \$75 Copay • Emergency Room Visit: \$350 Copay, then 80% Coinsurance • Prescriptions: \$10/\$40/\$70 Copays (Level 1 Pharmacy) \$20/\$50/\$80 Copays (In-Network) <p style="text-align: right;">Anthem</p>
Dental	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • Annual Maximum: \$1,500 per person • Deductible: \$50 Single, \$150 Family • Preventive Services: 100% • Basic Services: 90% after Deductible • Major Services: 60% after Deductible <p style="text-align: right;">Anthem</p>
Vision	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • In-Network Exam: \$20 Copay • Glasses - Lenses: \$20 Copay, 100% single, bifocal, trifocal • Glasses - Frame: \$20 Copay, \$130 allowance, 20% off amount over \$130 • Contacts: \$0 Copay, \$130 allowance, 15% off amount over \$130 • Laser Vision Correction: Savings may vary <p style="text-align: right;">Anthem</p>
Life and AD&D	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • Life Insurance amount: \$50,000 • Accidental Death & Dismemberment amount: \$50,000 • Benefit reduces by 25% at age 65, and by 50% at age 70 <p style="text-align: right;">Anthem</p>
Long Term Disability	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • Benefit amount: 60% of monthly earnings up to \$8,000 per month • Maximum benefit duration: Social Security Normal Retirement Age • Elimination period: 90 days after disabling injury or illness <p style="text-align: right;">Anthem</p>

Take care of yourself

Use your preventive care benefits



And Its Affiliate HealthKeepers, Inc.

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.¹ As long as you see a doctor or use a pharmacy in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

¹ The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.

² Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

³ You may be required to get preapproval for these services.

⁴ Check your medical policy for details.

⁵ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁶ This benefit also applies to those younger than age 19.

⁷ Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

American Business Solutions *CARE* Center

Save Time, Save Money, Get Answers!

**Your Personal *CARE* Advocate Can Assist You
Pre, During and Post Use of Your Plan.**

- Compare ratings and cost of facilities and procedures / Obtain procedure estimates
- Identify prescription savings
- Access wellness and other health management programs
- Understand all of your benefits

- Find an in-network doctor
- Resolve claims problems and billing disputes
- Financial assistance options / Make payment arrangements
- Understand how your cards work / Order a new card

**Call Your Personal *CARE* Advocate Today!
800-724-8802 or carecenter@opoc.us
7:30am – 6pm EST Monday – Friday**



Dear Team Member,

As an employee, the health benefits available to you represent a significant component of your compensation package. Your benefits also provide important protection for you and your family in the case of illness or injury.

To find out more about the benefits offered to you by your employer, your plan documents are available for review.

All of your plan documents can be found on the web at:

- www.accessmysbc.com
- To access your plan documents, you will need to enter your employer code: **5A9EEF4**
- A paper copy is also available, upon request from your HR department

Thanks for making American Business Solutions a Success,

Your HR Team



AUTHORIZATION FOR USE AND DISCLOSURE OF PRIVATE HEALTH INFORMATION

Description of PHI to be released to OPOC.us:

I hereby authorize my health plan(s), my healthcare providers and their applicable business associates to disclose the following Private Health Information ("PHI") pertaining to me: enrollment, claims, payment and managed care information to OPOC.us for the purpose of assisting me in my quest to obtain health care services and/or approval or payment for health care services.

- Diagnosis and/or treatment for alcoholism and/or drug use or dependency -Genetic test results and/or related treatment
- Diagnosis and/or treatment regarding mental health issues -Medical records for specified dates of service

Identification of person(s) authorizing release: **(Please complete ALL items.)**

Name of Member: _____ Date of Birth: _____
First Name Last Name MM/DD/YY

Phone No.: _____ Email: _____ Contact Preference: _____
Phone Email

Address: _____
Street Address City State Zip Code

Employer: _____ SSN: _____ Insurance Company: _____ ID: _____

Spouse Name: _____ Date of Birth: _____

Dependent Name*: _____ Date of Birth: _____

Dependent Name*: _____ Date of Birth: _____

Dependent Name*: _____ Date of Birth: _____

***Please note that dependents over the age of 18 must sign a separate release.**

I understand that information used or disclosed based on this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations. This will expire on the date the CARE Center services terminate or the date of my request, whichever comes first.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to OPOC.us's Privacy Officer at the above address. I understand that revocation of this authorization will not affect any action OPOC.us or other parties took in reliance on this authorization before it received my written notice of revocation.

I understand that OPOC.us provides administrative and informational services only and does not provide health insurance or medical services nor does it recommend treatment. Consequently, independent health care practitioners, who are not employees or agents of OPOC.us, will provide all my medical services.

Member Signature: _____ Date: _____

Spousal Signature: _____ Date: _____

AUTHORIZATION FOR USE AND DISCLOSURE OF ONLINE ACCOUNT INFORMATION

- Yes, I am granting OPOC.us electronic access to my online account so that my Explanation of Benefits can be pulled for substantiations.
 - I have an online account and the information is listed below.
 - I do not have an online account and authorize OPOC.us to create one for me.
- No, I am not granting online access to OPOC.us. Please contact me for any substantiations at _____.

Login Name: _____ Password: _____

Security Question/Answer: _____ Security Question/Answer: _____