

# CB&A



**2019 Health Insurance  
Benefits and Policies  
Prescription Drug Information**

# CB&A Project Management Services, L.L.C.

300 Cahaba Park Circle, Suite 220  
Birmingham, Alabama 35242  
(205) 995-6163

## CB&A Medical Enrollment Overview

We will continue the two card health insurance approach. In addition to presenting your United Healthcare card when you are at the doctor or hospital, you will continue to present your secondary health insurance card from **HCS (Health Cost Solutions)**. *It is very important that both cards be presented at the same time. When at the pharmacy you will only need to present the United Healthcare Card.*

### 2019 SUMMARY OF EMPLOYEE BENEFITS CHANGES

#### UNITED HEALTHCARE MEDICAL

The 2019 Health Insurance renewal has been finalized. Please note the following:

- For the 2019 Renewal Period, the following Plans were analyzed and reviewed with McGriff Insurance Services:
  - One Card BCBS Option – Average Rate Increase of 54%
  - Two Card BCBS Option – Average Rate Increase of 54%
  - Two Card UHC Option with UHC managing the Prescription Plan – Rate Increases between 10% to 14%.
- Based on the analysis of benefits and rates, the “Two Card UHC Option with UHC managing the Prescription Plan” was selected for our 2019 Renewal. Employees will continue to only pay 40% of the cost.
- Because UHC will be managing the Prescription Plan, **starting April 1<sup>st</sup>, 2019 you will only need to provide the UHC Card at the Pharmacy.** You will still need to provide the UHC and HCS card at the Physician/Hospital.
- 2019 Employee Renewal Rates (**Effective April 1<sup>st</sup>, 2019**):

Coverage Type	2018	2019 Renewal	Rate Increase
Employee	\$215.13	\$236.75	10%
Employee + Spouse	\$405.67	\$460.73	14%
Employee + Child(ren)	\$377.09	\$428.04	14%
Employee + Family	\$567.63	\$631.36	10%

- The attached 2019 Renewal Schedule Of Benefits Comparison Document highlights key changes between the 2018 Current Plan and the 2019 Renewal Plan. Additional detailed information about the Plan and Prescriptions will be transmitted starting next week.
- We will be scheduling Q&A sessions over the next two weeks.

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## What do you need to do during enrollment?

- In order to communicate the details of our medical coverage, everyone currently enrolled in our medical plan will need to call in to an insurance teleconference. Our plan is to start the teleconferences next week, and we will confirm dates & times once established
- If you don't want to make any changes to your current benefit elections, you don't need to take any action. All of your current benefit elections will automatically carry over and remain effective for 2019.

**NOTE:** After your initial enrollment, you **cannot** make changes to your coverage unless you experience a change in family status, such as:

- Gain coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation

You have 30 days from a change in family status to make changes to your current coverage.

## **REMINDERS:**

- Enrollment teleconference meetings schedule: **Next Week - TBD**

Attachments included:

- Schedule of Benefits Effective 4/1/19
- Detail insurance information to be sent at a later date.



CB & A Project Management, LLC.  
Schedule of Benefits  
Effective April 1, 2019

<b>Comprehensive Major Medical Expense Benefits</b>	<b>Preferred Provider (PPO)</b>
<b>Deductible Per Calendar Year</b>	
Individual	\$2,000
Family	\$4,000 Family Max \$2,000 Max Per Individual
<b>Percentage Payable - For most Services</b>	100% after deductible & Co-payments
Out of Pocket Single	\$2,200
Out of Pocket Family	\$4,400
<b>PCP Physician Office Visits</b>	\$0 Co-pay will apply for visits 1-3 \$45 Co-pay will apply after 3 <sup>rd</sup> visit
<b>Specialist Physician Office Visits</b>	\$0 Co-pay will apply for visits 1-3 \$65 Co-pay will apply after 3 <sup>rd</sup> visit
<b>Emergency Room Services</b>	\$250 Co-pay
<b>In-Patient Hospital</b>	\$250 Co-pay (Days 1-5)
<b>Out-Patient Hospital</b>	\$250 Co-pay
<b>Outpatient Diagnostic Lab, X-ray &amp; Pathology</b>	100% of allowed amount after \$250 Co-pay
<b>Intensive Outpatient Program(IOP) &amp; Partial Hospitalization Program (PHP)</b>	100% after the \$60 daily hospital co-pay
<b>CAT Scan, MRI, PET/ERCP, angiography/arteriography, cardiac cath/arteriography, UGI endoscopy, Muga-gated cardiac scan &amp; colonoscopy</b>	100% of allowed amount after \$250 Co-pay per procedure
<b>Preventive Care</b>	100%
<b>Prescription Drug Coverage</b>	
Tier 1	\$10
Tier 2	\$35
Tier 3	\$60
<b>Mail Order – 90 day Prescriptions</b>	
Tier 1	\$30
Tier 2	\$105
Tier 3	\$180



<b>Comprehensive Major Medical Expense Benefits</b>	<b>Preferred Provider (PPO)</b>	<b>Out of Network Benefits</b>
<b>Deductible Per Calendar Year</b>		
Individual	\$2,000	\$3,200
Family	\$4,000 Family Max \$2,000 Max Per Individual	\$6,400 Family Max \$3,200 Max Per Individual
<b>Percentage Payable - For most Services</b>	100% after deductible & Co-payments	50% after deductible
Out of Pocket Single	\$2,200	\$3,520
Out of Pocket Family	\$4,400	\$7,040
<b>PCP Physician Office Visits</b>	\$0 Co-pay will apply for visits 1-3 \$45 Co – pay will apply after 3 <sup>rd</sup> visit	50% after deductible
<b>Specialist Physician Office Visits</b>	\$0 Co-pay will apply for visits 1-3 \$65 Co-pay will apply after 3 <sup>rd</sup> visit	50% after deductible
<b>Emergency Room Services</b>	\$250 Co-pay	50% after deductible
<b>In-Patient Hospital</b>	\$250 Co-pay (Days 1-5)	50% after deductible
<b>Out-Patient Hospital</b>	\$250 Co-pay	50% after deductible
<b>Outpatient Diagnostic Lab, X-ray &amp; Pathology</b>	100% of allowed amount after \$250 Co-pay	50% after deductible
<b>Intensive Outpatient Program(IOP) &amp; Partial Hospitalization Program (PHP)</b>	100% after the \$60 daily hospital co-pay	50% after deductible
<b>CAT Scan, MRI, PET/ERCP, angiography/arteriography, cardiac cath/arteriography, UGI endoscopy, Muga-gated cardiac scan &amp; colonoscopy</b>	100% of allowed amount after \$250 Co-pay per procedure	50% after deductible
<b>Preventive Care</b>	100%	Not Covered
<b>Prescription Drug Coverage</b>	<b>Covered Under the United Healthcare Plan</b>	
Tier 1	\$10	\$10
Tier 2	\$35	\$35
Tier 3	\$60	\$60
<b>Mail Order – 90 day Prescriptions</b>		
Tier 1	\$30	\$30
Tier 2	\$105	\$105
Tier 3	\$180	\$180

# CB & A Project Management, LLC. Medical & Rx Benefit Instructions

**To maximize your benefits please follow the instructions with check boxes  that apply to you.**

1.  At Provider (Physician/Hospital)      Show both ID Cards (UHC & HCS)
2.  At Pharmacy      Show just the UHC ID Card  
 Pay co-pay      If applicable
3.      Provider submits claim to UHC & HCS. Pharmacy submits claim to UHC.
4.      UHC processes claim, applies discounts & mails Explanation of Benefits (EOB) to you.
5.  Mail, email or fax Itemized Bill & UHC EOB should a provider and/or facility will not file with you secondary policy:  

Health Cost Solutions	<a href="mailto:eob@hcsbenefits.com">eob@hcsbenefits.com</a>
PO Box 1439	(615) 333.4196 Fax
Hendersonville, TN 37077	(877) 435.0119 Toll-Free Fax
6.      HCS processes the claim and issues any applicable payment to you or the Provider.
7.      HCS mails EOB to you.
8.      Provider will then bill you for any applicable money due.

## ***PLEASE REMEMBER!***

If a provider will not submit your claim to HCS, please keep in mind we must have a copy of both the Itemized Bill & the UHC EOB in order to process and pay your supplemental coverage claim. Health Cost Solutions will then promptly adjudicate your claim based on the schedule of benefits of your Supplemental coverage.

**Feel free to call Health Cost Solutions  
at 1-800-526-3919 with any questions  
or visit [www.managebenefits.com](http://www.managebenefits.com)**



# ***Billing Procedures for Your Patient***

***Employees of CB & A Project Management, LLC.: Please complete the lines marked Employee and Patient. Give this form to your Physician's Billing Department for their records.***

**To: Provider of Medical Service**

**Employee:**

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**Patient:**

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When calling the UHC for benefits on your above referenced patient you will be told that the insured has a \$3,000 deductible for an Individual **or** a \$9,000 deductible for a Family.

For benefits applied to the UHC's deductible the insured's employer ***pays 100% of all charges applied toward the UHC's deductible after a \$2,000 Deductible maximum for Individual and \$4,000 maximum per family has been met.***

This additional benefit is known as the employer's self-funded plan. For information on the self-funded plan, you may call Health Cost Solutions at (800) 526-3919. UHC will not have any information regarding the self funded plan.

## **Procedure for Filing Claims:**

You will submit your claim to the UHC as well as Health Cost Solutions as secondary coverage. After UHC processes the claim they will send an Explanation of Benefits to you and a copy to the insured.

Please submit the UHC EOB and itemized bill to Health Cost Solutions. On behalf of the employer, Health Cost Solutions will process charges applied toward the deductible as indicated above and send you a check.

Again, please call Health Cost Solutions for information regarding benefits under the UHC's deductible if you have any questions – 800-526-3919.



Health Cost Solutions  
 PO Box 1439  
 Hendersonville, Tennessee 37077

# Explanation of Benefits: How to Interpret



HEALTH COST SOLUTIONS

Employer Name  
 Group Number 123456

Test Member  
 1234 Member Lane  
 Hendersonville, Tennessee 37077

This is where you find out what benefits were paid for each service.

This is where you find out how much you owe for each service.

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Patient's Name Type of Service	Service Date(s)	Billed Charges	PPO Disc.	Expl. Codes	Patient Obligations				Percentage		Benefit Payment
					Ineligible	Co-Pay	Deductible	Co-Ins	Patient	Plan	
<b>JESSICA</b>											
Claim Number: 10035720557069100 CEDAR CREEK PEDIATRICS & ADOLE											
<b>HIGHLANDS PPO DISCOUNT APPLIED - DISCOUNT NOT BILLABLE TO THE PATIENT</b>											
Preventive Svcs	10/03/2005	159.00	46.30	01					0%	100%	112.70
Office or Other Outpatient Svcs	10/03/2005	81.00	17.55	25 01	63.45				0%	100%	0.00
Pathology and Laboratory Svcs	10/03/2005	43.00	29.78	01					0%	100%	13.22
Pathology and Laboratory Svcs	10/03/2005	29.00	21.44	01					0%	100%	7.56
Surgical Services	10/03/2005	10.00	2.50	01					0%	100%	7.50
Pathology and Laboratory Svcs	10/03/2005	20.00	14.33	01					0%	100%	5.67
Patient Account Number: 123456789		Totals:	342.00	131.90		63.45	0.00	0.00	0.00		146.65

Patient Portion: \$63.45

<b>MELISSA</b>											
Claim Number: 10035720557105500 WOMENS CARE GROUP											
<b>HIGHLANDS PPO DISCOUNT APPLIED - DISCOUNT NOT BILLABLE TO THE PATIENT</b>											
Surgical Services	09/29/2005	20.00	10.25	01				0.97	10%	90%	8.78
Specialty Svcs	09/29/2005	11.00	2.75	01				0.82	10%	90%	7.43
Patient Account Number: 123456789		Totals:	31.00	13.00		0.00	0.00	0.00	1.79		16.21

Patient Portion: \$1.79

Claim Number: 10035720557496700 BLOUNT MEMORIAL HOSPITAL											
<b>HIGHLANDS PPO DISCOUNT APPLIED - DISCOUNT NOT BILLABLE TO THE PATIENT</b>											
Pathology and Laboratory Svcs	09/29/2005	100.00	35.00	01				6.50	10%	90%	58.50
Patient Account Number: 123456789		Totals:	100.00	35.00		0.00	0.00	0.00	6.50		58.50

Patient Portion: \$6.50

Explanations, whenever they apply, are located here.

- Explanations:  
 01 PPO DISCOUNT  
 25 EXCEEDS PLAN LIMITS OF COVERAGE

Your next monthly explanation of benefits, if any claims are submitted, will arrive the week of: 12/7/05

**Electronic EOB's are now available!** When medical claims have been paid for any family member you may receive your family EOB via your personal e-mail address. To enroll simply e-mail both your name and your group number listed on this EOB to: [mycob@managebenefits.com](mailto:mycob@managebenefits.com).

If any portion of your claim has been denied in whole or in part, you or your authorized representative has the right to appeal any adverse benefit determination or claim denial within 180 days of the date received. Your appeal should be submitted to P.O. Box 1439 Hendersonville, TN 37077, Attn: Appeal Department. You will be notified of the Plans decision on review no later than 60 days after receipt of your request by the Plan.

If your appeal is denied following the review, and the Plan's appeal procedures have been exhausted, you have the right to bring civil action under section 502 (a) of ERISA.

You will receive an BOB for you and your covered dependents on a monthly basis.





## *Health Cost Solutions Website*

HCS offers internet based access via [www.managebenefits.com](http://www.managebenefits.com). Plan participants can check eligibility, view claims status, view the summary plan description, request additional ID cards, or print an explanation of benefits.

### ***To request a PIN Number:***

**Website Address** [www.managebenefits.com](http://www.managebenefits.com)

1. Click "Need a Pin?" to request a new PIN number.
2. Complete the PIN Request Form → by entering the required information exactly as it appears on your medical ID card or an Explanation of Benefits (EOB) and include the dashes when entering your Employee ID (123-45-6789).

**Your PIN will be sent to the e-mail address entered.**

### ***To Log in:***

- (1) Enter your employee ID with no dashes (123456789).
- (2) Enter the PIN number emailed to you.

### **Available Options:**

- **View Claims for:** Select a name from the drop down list and click on the "**View**" button. Click on the **claim number** associated with the Date of Service or Provider. Review claim details and click "**Expl. Of Benefits**" to view explanation of benefits. **Click here to open EOB.**
- **Available Documents:** Click here to see available documents for your group (i.e. summary plan description).
- **Change my PIN number:** Click here to change your PIN.
- **Temporary ID Card:** Click here to view and print a temporary ID card.
- **Request a new ID Card:** Click here to order a permanent ID card and/or print a temporary ID card.



## **Contacts Information (Member)**

### **Health Cost Solutions (HCS)**

P.O. Box 1439

Hendersonville, TN 37077

**Customer Service:** 800-526-3919

Receptionist will ask you for your group number.

***Your Group Number – 652-318***

**\*\*When calling customer service, you will be connected to a claims examiner that specializes in the processing of claims for your Employer.**

**Fax:** 615-333-4196 or Toll Free 877-435-0119

**Email:** [eob@hcsbenefits.com](mailto:eob@hcsbenefits.com)

**Website:** [www.managebenefits.com](http://www.managebenefits.com)