

2017 Benefits Summary New Hire Enrollment



Plan Offerings



People 2.0 values the contributions of its employees and we offer benefit solutions that are in full compliance with the Affordable Care (ACA). The Minimum Essential Coverage (MEC) Plans provides affordable coverage that meets the requirements under the ACA, which avoids members from paying the “Individual Mandate” penalty. Plans available are dependent upon your eligibility – please refer to chart below

Minimum Essential Coverage

- Plan pays 100% of the ACA Required Preventive Services when utilizing a Multiplan/PHCS network provider.

Minimum Essential Coverage PLUS

- Prescription Drug coverage, co-pays and lower Out of Network costs than the standard MEC Plan.

MVP - Minimum Value Plan

- Minimum Value Plan ; major medical including hospitalization that meets the ACA Affordability Guidelines of 9.69% of your income for Employee Only coverage.

In addition to the health benefits, employees will have an opportunity to elect ancillary benefits; dental, vision, disability and life insurance. Please carefully review this enrollment guide so you understand the benefits being offered and can make the right choices for you and your family.

Plans Available	Eligible Employees	Enrollment Period	Coverage Effective	Satisfies ACA “Individual Mandate”
MEC (Minimum Essential Coverage)	Full-Time and Part-Time	30 days from start date	1st of the Month following 30 days on payroll	Yes
MEC Plus Plan	Full-Time and Part-Time	30 days from start date	1st of the Month following 30 days on payroll	Yes
Dental, Vision, Short-Term Disability and Life Insurance	Full-Time and Part-Time	30 days from start date	1st of the Month following 30 days on payroll	No
MVP - Minimum Value Plan	Full-Time only	30 days from start date	1st of the Month following 30 days on payroll	Yes

Examples:

First Paid in August - Coverage Effective October 1st

First Paid in September – Coverage Effective November 1st

Questions regarding benefits, pricing or enrollment, please contact the People 2.0 Benefits Department by emailing benefits@People20.com or by calling (610) 235-2973.

1. You can also view plan offerings on the Employee Portal log onto:

<https://portal.people20.net/Gateway/login.aspx>

2. To view Network Providers

PHCS/MultiPlan for the MEC/MEC Plus plans

(to verify Provider participation or find a Network Provider in your area):

<http://www.phcs.com/>

For MVP only CIGNA

(to verify Provider participation or find a Network Provider in your area):

<https://hcpdirectory.cigna.com/web/public/providers>

3. To Enroll Online for all plans employees should log onto:

<https://www2.benefitelect.com/be/people20/>

First time users will need to set up your login information by selecting the Register button

4. To Enroll By Phone: 844-631-6104

5. Employees with questions regarding benefits should contact People 2.0 Human Resources:

Email: HR@People20.com Call: 610-235-2973

In Network vs. Out of Network Coverage

An in-network provider is one contracted with the health insurance company to provide services to plan members for specific pre-negotiated rates. An out-of-network provider is one not contracted with the health insurance plan. You will notice differences in the coverage for In Network and Out Network. The plan that you choose will dictate the type of coverage you have, and the rate you pay. Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider.

Copay

A copay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You will also have a copay when you get a prescription filled. The HDHP plan is not a Copay plan, whereby the PPO offers copays.

Coinsurance

Coinsurance is a health care cost sharing between you and the insurance company. The HDHP is a coinsurance plan. It is a split of the cost of the services - the number you see is the number the insurance company pays. You pay the remainder. Example: For an X-Ray; member would first need to have met their deductible, then the plan would cover 90% of the X-Ray and the member would pay 10%.

Annual Lifetime Maximum

The Affordable Care Act prohibits health plans from putting annual or lifetime dollar limits on most benefits you receive.

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Health Plan Minimum Essential Coverage (MEC)



The Minimum Essential Coverage (MEC) Plans provides affordable coverage that meets the requirements under the ACA, which avoids members from paying the “Individual Mandate” penalty. Plans available are dependent upon your eligibility.

Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for ages 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults starting at age 50, limited to one every 5 years
7. Depression screening
8. Type 2 diabetes screening
9. Diet counseling
10. HIV screening
11. Immunizations, vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, influenza (flu shot), measles, mumps, rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella)
12. Obesity screening and counseling
13. Sexually Transmitted Infection (STI) prevention counseling
14. Tobacco use screening and cessation interventions
15. Syphilis screening

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BRCA counseling and genetic testing for women at higher risk
4. Breast Cancer mammography screenings every year for women age 40 and over
5. Breast Cancer Chemo Prevention counseling for women
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
7. Cervical Cancer screening
8. Chlamydia infection screening
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
10. Domestic and interpersonal violence screening and counseling for all women
11. Folic Acid supplements for women who may become pregnant when prescribed by a physician
12. Gestational diabetes screening
13. Gonorrhea screening
14. Hepatitis B screening for pregnant women
15. Human Immunodeficiency Virus (HIV) screening and counseling
16. Human Papillomavirus (HPV) DNA test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
17. Osteoporosis screening over age 60
18. Routine prenatal visits for pregnant women
19. Rh Incompatibility screening for all pregnant women and follow-up testing
20. Tobacco Use screening and interventions and expanded counseling for pregnant tobacco users
21. Sexually Transmitted Infections (STI) counseling
22. Syphilis screening
23. Well-woman visits 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. Blood Pressure screening
5. Cervical dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemo Prevention supplements for children without fluoride in their water source when prescribed by a physician
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body mass index measurements for children
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or sickle cell screening for newborns
16. HIV screening for adolescents
17. Immunization vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus influenzae type b
18. Iron supplements for children up to 12 months when prescribed by a physician
19. Lead screening for children
20. 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
21. Obesity screening and counseling
22. Oral Health risk assessment for young children up to age 10
23. Phenylketonuria (PKU) screening in newborns
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
25. Tuberculin testing for children
26. Vision screening for all children under the age of 5

Weekly Rates – Full Time Employees

Employee	\$14.98
Employee + Spouse	\$24.64
Employee + Child(ren)	\$27.95
Family	\$35.63

Weekly Rates Part Time Employees

Employee	\$18.45
Employee + Spouse	\$28.10
Employee + Child(ren)	\$31.41
Family	\$39.09

Health Plan

MEC Plus Plan



The MEC Plus includes all of the MEC benefits on page 4, PLUS it includes Prescription Drug coverage, co-pays and lower Out of Network costs than the standard MEC Plan.

Benefits	In Network	Out Network
Provider Network	Multiplan/PHCS	
Lifetime Plan Maximum	Unlimited	
Individual Deductible	\$0	\$500
Family Deductible	\$0	\$1,000
Coinsurance	0%	60%
Individual Out of Pocket (Incl. Ded)	\$1,850	\$0
Family Out of Pocket (Incl. Ded)	\$12,700	\$0
Preventative/Well Child Care (MEC)	100%	Ded then 40%
Physicians Services	\$15 copay	Ded then 40%
Specialist Copay	\$25 copay	Ded then 40%
Imaging (CT, PET Scans, MRIs)	\$400 Copay	Ded then 40%
Diagnostic Lab & X-Ray	\$50 copay	Ded then 40%
Emergency Room	\$400 copay	
Inpatient Hospital	Not Covered	
Outpatient Surgical Center/Hosp Services	Not Covered	
Inpatient Surgery	Not Covered	
Outpatient Surgery & Minor Outpatient Surgery	Not Covered	
Retail Rx Benefit	\$15/\$25/\$75	
# Days Supply	30 Days	
Mail Order Rx Benefit	\$37.50/\$62.50/ \$187.50	
# Days Supply	90 Days	

Weekly Rates – Full Time Employees

Employee	\$ 36.12
Employee + Spouse	\$ 86.58
Employee + Child(ren)	\$ 72.88
Family	\$113.12

Weekly Rates Part Time Employees

Employee	\$ 56.96
Employee + Spouse	\$125.88
Employee + Child(ren)	\$100.65
Family	\$142.48

Health Plan

MVP - Bronze Plan



People 2.0 offers Full Time employees a Minimum Value Plan (MVP – Bronze) which includes Hospitalization.

Benefits	In Network	Out Network
Provider Network	CIGNA	
Lifetime Plan Maximum	Unlimited	
Individual Deductible	\$3,000	Not covered
Family Deductible	\$6,000	Not covered
Coinsurance	60%	Not covered
Individual Out of Pocket (Incl. Ded)	\$6,350	Not covered
Family Out of Pocket (Incl. Ded)	\$12,700	Not covered
Preventative/Well Child Care (MEC)	100%	Not covered
Physicians Services	Ded then 60%	Not covered
Specialist Copay	Ded then 60%	Not covered
Imaging (CT, PET Scans, MRIs)	Ded then 60%	Not covered
Diagnostic Lab & X-Ray	Ded then 60%	Not covered
Emergency Room	Ded then 60%	Not covered
Inpatient Hospital	Ded then 60%	Not covered
Outpatient Surgical Center/Hosp Services	Ded then 60%	Not covered
Inpatient Surgery	Ded then 60%	Not covered
Outpatient Surgery & Minor Outpatient Surgery	Ded then 60%	Not covered
Retail Rx Benefit	\$10/\$35/\$70	Not covered
# Days Supply	30 Days	
Mail Order Rx Benefit	\$20/\$70/ \$150	Not covered
# Days Supply	90 Days	

According to ACA guidelines the plan is considered affordable if you pay no more than 9.69% of your income for Employee Only. People 2.0 uses these guidelines to determine the amount you pay for Employee Only Coverage. Please review the chart to determine your average hour pay rate to determine the cost you'll pay.

	MVP Plan Weekly Deduction				
	\$7.25 to \$8.50	\$8.51 to \$10.25	\$10.26 to \$12.25	\$12.26 to \$20.00	\$20.01 or more
Employee	\$21.08	\$24.74	\$29.83	\$35.64	\$58.17
Employee + Spouse	\$130.07	\$133.73	\$138.82	\$144.63	\$167.16
Employee + Child(ren)	\$112.06	\$115.72	\$120.81	\$126.62	\$149.15
Family	\$218.35	\$222.01	\$227.10	\$232.91	\$255.44

Dental Plan

Benefits	
Provider Network	DenteMax
Annual Maximum	\$750
Individual Deductible	\$50
Family Deductible	\$150
Preventive Services	80% of U&C
Basic Services	80% of U&C
Major Services	50% of U&C
Orthodontic Services	Not Covered
Exam Frequency	2 per calendar year

Weekly Dental Rates - All Employees

Employee	\$5.28
Employee + Spouse	\$9.68
Employee + Child(ren)	\$10.55
Family	\$15.05

Vision Plan

Benefits	
Provider Network	EyeMed
Routine Eye Exam	\$10 copay
Standard Lenses	\$10 copay
Frames	\$ 0 Co-pay; \$100 frame allowance, 20% off balance over allowance.
Contacts	\$ 0 Co-pay; \$80 allowance, 15% off balance over allowance.
Benefit Frequency	24 months

Weekly Vision Rates - All Employees

Employee	\$1.38
Employee + Spouse	\$2.60
Employee + Child(ren)	\$3.07
Family	\$4.09

Life Insurance Plan

Benefits	
Employee Benefit Amount	\$20,000
Spouse Employee Benefit Amount	\$10,000
Child Benefit Amount	\$5,000

Weekly Life Insurance Rates - All Employees

Employee	\$1.38
Employee + Spouse	\$2.08
Employee + Child(ren)	\$1.73
Family	\$2.42

Short Term Disability

Benefits	
Weekly Benefit	60% of weekly salary up to \$160 per week
Benefit Duration	26 weeks
Definition of Earnings	Base Wages (excl. bonus and overtime)
Accident Waiting Period	7 days
Illness Waiting Period	7 days

Weekly STD Rate - All Employees

\$4.20