



Healthcare Program



**Keep all your employees smiling
with a comprehensive healthcare plan through
Specialty Contractors Benefit Trust**

MBCEA Plan Description



What is the MBCEA Health Benefit Program?

It is an exclusive Group Health Benefit program available to all MBCEA member firms with two (2) or more employees. The program offers MBCEA members a solution to the high cost of healthcare and employee benefits. The Specialty Contractors Benefit Trust was established to provide benefits for eligible employees and dependents of member employers. To secure these benefits, the trustees have entered into an insurance arrangement with certain underwriters at Lloyd's, London which guarantees all eligible benefits from the first dollar to the limits of the plan.

What Types of Plans are Available?

There are two flexible plan types available. Many options exist for deductible, co-pays, out-of-pocket, and coinsurance. Each plan type is a PPO and allows the employer to design/customize a benefit plan to attract and retain employees in their particular market. If there are over 40 employees enrolled, an employer can offer two plans: i.e., a low cost option that the employer contribution should be based upon, and a high cost option that the employee can access by paying for the difference through a higher contribution.

Plan 1: PPO based plan with up to \$5 million in lifetime benefits. Plan features include: choice of office visit copays, deductibles, coinsurance limits, and prescription drug benefit options. Optional dental and vision coverage can also be offered on a voluntary basis.

Plan 2: Consumer Driven HSA Plan options. This plan design offers three high deductible options that enable your employees to setup tax-qualified Health Savings Accounts. All contributions to the HSA and earnings are tax-free if funds are used for medical expenses.

All Specialty Contractors Benefit Trust plans require at least 75% participation among eligible full-time employees and at least 50% of the plan cost for employee coverage must be paid by the employer.

Other participation requirements include:

- A signed Employer Participation Agreement
- Employer Wage & Tax Statement
- Completed Health History for all participating employees and dependents.

Please Note: Specialty Contractors Benefit Trust plans may not be available in all states and plan benefits are subject to change.

Summary of Benefits - Sample 100/70 Plan

(OTHER PLAN OPTIONS AVAILABLE: 90/70, 80/60, 70/50 and HSA-COMPATIBLE PLAN DESIGNS)

PLAN BENEFIT MAXIMUMS

ANNUAL PER PERSON	\$1,000,000
LIFETIME PER PERSON	\$2,000,000 or \$5,000,000

PLAN FEATURES

		NETWORK	NON-NETWORK
DEDUCTIBLE	Individual Family	Starting at \$250 Starting at \$750	Starting at \$750 Starting at \$2,250
COINSURANCE LIMIT	Individual Family	Starting at \$1,000 Starting at \$2,000	Starting at \$3,000 Unlimited
COINSURANCE RATE		100%	70%
OUT OF AREA COINSURANCE RATE		N/A	70%
HOSPITAL DEDUCTIBLE	Per admission, in addition to Deductible & Coinsurance	\$250	\$250

PHYSICIAN SERVICES

		NETWORK	NON-NETWORK
PRIMARY CARE PHYSICIANS	Co-Pay	\$0 up to \$40	Subject to deductible & Coinsurance
SPECIALISTS	Co-Pay	\$0 up to \$80	Subject to deductible & Coinsurance
PREVENTATIVE SERVICES (including but not limited to the below)	Co-Pay, then 100% In-Network Coinsurance	\$0 up to \$40	Subject to deductible & Coinsurance
WELL BABY CARE UNDER AGE 2	Calendar Year Maximum	\$1000	\$1000
ROUTINE PHYSICAL EXAM AGE 2 AND OVER	Calendar Year Maximum	\$300	\$200
MAMMOGRAPHY SCREENING	Calendar Year Maximum	\$250	\$250

HOSPITAL SERVICES*

		NETWORK	NON-NETWORK
INPATIENT	Hospital Deductible may apply	100%	70%
OUTPATIENT	Hospital Deductible may apply	100%	70%

*Subject to Deductible, Coinsurance Rate and Coinsurance Limit.

OTHER MAJOR MEDICAL SERVICES*

		NETWORK	NON-NETWORK
LABORATORY / RADIOLOGY / DIAGNOSTIC CARDIOLOGY (Free Standing Facility only)	Co-Pay Applies Deductible waived, then	100%	70%
ALLERGY SKIN TESTING		100%	70%
CHEMOTHERAPY		100%	70%
DIAGNOSTIC IMAGING	Included but not limited to: CT Scans, MRI MRA, PET/SPET Scans, Stress Tests	100%	70%
INFUSION THERAPIES		100%	70%
MAMMOGRAPHY	Non-Screening	100%	70%
MATERNITY SERVICES		100%	70%
PHYSICAL THERAPY (INPATIENT)		100%	70%
RADIATION THERAPY		100%	70%
STERILIZATION PROCEDURES		100%	70%
OTHER PHYSICIAN CHARGES		100%	70%
ANESTHESIOLOGY		100%	70%
OUTPATIENT SURGERY		100%	70%

*Subject to Deductible, Coinsurance Rate and Coinsurance Limit.

Summary of Benefits - Sample (continued)

EMERGENCY SERVICES

		NETWORK	NON-NETWORK
EMERGENCY ROOM	\$100 Co-Pay, Deductible waived, then	100%	70%
URGENT CARE CENTERS	\$40 Co-Pay, Deductible waived, then	100%	70%
AMBULANCE SERVICES	\$5,000 - Calendar Year Maximum	100%	70%

SPECIAL SERVICES*

		NETWORK	NON-NETWORK
EXTENDED CARE FACILITY / SKILLED NURSING	60 Days - Calendar Year Maximum	100%	70%
REHABILITATION CARE FACILITY	30 Days - Calendar Year Maximum	100%	70%
HOME HEALTH CARE	120 Visits - Calendar Year Maximum	100%	70%
HOSPICE CARE	180 Days - Calendar Year Maximum \$25,000 LIFETIME MAXIMUM	100%	70%
PHYSICAL AND / OR OCCUPATIONAL THERAPY	\$2,000 - Calendar Year Maximum	100%	70%
SPEECH THERAPY	\$1,000 - Calendar Year Maximum	100%	70%
VISION THERAPY	\$1,000 - Calendar Year Maximum	100%	70%
DURABLE MEDICAL EQUIPMENT	\$10,000 - Calendar Year Maximum	100%	70%
PRE-ADMISSION TESTING	Deductible Waived, then	100%	70%
SECOND SURGICAL OPINION	Deductible Waived, then	100%	70%
ORGAN TRANSPLANT	\$500,000 - Calendar Year Maximum	90%	50%
ASSISTANT SURGEON FEES	Eligible fees are 25% of covered surgeon fees	100%	70%
MENTAL HEALTH		100%	70%

*Subject to Deductible & Coinsurance Rate and Coinsurance Limit.

OTHER SERVICES**

		NETWORK	NON-NETWORK
CHIROPRACTIC CARE (all services, including Physical Therapy performed by a Chiropractor)	Co-Pay applies, then \$1,500 - Calendar Year Maximum	100%	70%
CARDIAC REHABILITATION	\$2,500 - Calendar Year Maximum	50%	50%
SLEEP STUDIES / PAIN THERAPY / FOOT DISORDERS	\$2,500 - Calendar Year Maximum per category	50%	50%
TEMPORO-MANDIBULAR JOINT SYNDROM DYSFUNCTION (TMJ)	\$1,000 LIFETIME MAXIMUM	100%	70%

**Subject to Deductible & Coinsurance Rate - Coinsurance payments do not accrue toward Coinsurance Limit and some services are not eligible for 100% Coinsurance Rate.

RX OPTIONS

	RETAIL	MAIL ORDER
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5 PLANS TO CHOOSE FROM

Please Note: Calendar year deductible amounts apply except where a co-payment is stated. This description is intended as a brief overview of the actual Plan. Please refer to your Summary Plan Description (SPD) for the actual benefits, limitations, and exclusions. If there are any inconsistencies between this schedule and the SPD, the SPD shall govern.