

PUBLIC SUBMISSION

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Summary of Benefits and Coverage and the Uniform Glossary

Comment On: EBSA-2011-0023-0001

Summary of Benefits and Coverage and Uniform Glossary

Document: EBSA-2011-0023-DRAFT-0014

Comment on FR Doc # 2011-21193

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General Comment

First some comments about the HHS comment process, the options for comment dump a citizen into the top-level regulations.gov website, requiring a confusing and unnecessary search to find the appropriate location, why not just list a direct link right to the reg? The harder to find the greater the barrier to citizen participation.

This type of form is crucial to ever getting pricing signals to consumers. We need to the tools to learn to shop for medical services. The glaring omissions I see here on the very helpful examples for speciific situations (eg pregnancy and birth), are 1) the "costs you pay" is merely a summary over mutiple visits and procedures-for a consumer to fully understand how their coverage works it must be broken down to show each event 2) it doesn't appear that this reflect differences before and after annual deductibles are met? 3) it would be more helpful if there were at least two examples of more routine and les expensive situations like a visit to urgent care for stitches and follow-on appt, and a routine check-up. The ideal is that each provider should offer a spreadsheet-type online calculator for the consumer to enter costs to calcualte their share, to double-check versus their actual invoice. I am certain that I am commonly billed incorrectly, but the math and multiple medical provider adjustments are so confusing that I could never figure it out myself, between deductibles and differnt coverages for different procedures and prescription types. Please do not let insurers claim to much expense here, they should have teh capacity to generate this information, and it will actually help them in the long run to market their prodcuts with specific info. I expect that a 3rd party provider will provide a software vehicle to alllow insurers to input

their coverage structure and output the consumers information. Please see the minimal info provided in support of my employers plan choices, very confusing with minimal explanation. Thanks!

Attachments

summary of benefits 110109



Summary of Employee Benefits

November 1, 2009 to October 31, 2010



Medical Insurance

Opes Advisors offers employees three medical options through Anthem Blue Cross. A benefit comparison is detailed below. Highlights of each plan include:



HMO - A \$20 co-pay applies for office visits. You must choose a Anthem Blue Cross Primary Care Physician for you and your dependents.

PPO - The Anthem Blue Cross PPO plan offers employees benefits from both In-Network and Out-of-Network physicians and facilities. It is always less expensive to use In-Network providers, and you can find a list of providers by visiting the Anthem Blue Cross website at www.anthem.com/ca, or by speaking with your Human Resources representative.

HSA - Similar to the PPO, the HSA plan offers benefits from both In-Network and Out-of-Network providers. With this plan, members can take advantage of a Health Savings Account, or HSA, which is used to pay for medical care expenses and prescriptions.

↳ outside CA - blue card

embedded deductible

non-embedded

Plan	Anthem Blue Cross	Anthem Blue Cross PPO		Anthem Blue Cross HSA	
	<i>A only</i> HMO	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	100%	80%	60%	80%	60%
Individual Deductible	None	\$500	\$750	\$3,000	\$3,000
Family Deductible	None	\$1,500	\$2,250	\$6,000	\$6,000
Individual Out-of-Pocket Max.	\$1,500	\$3,000	\$6,000	\$5,000	\$10,000
Family Out-of-Pocket Max.	\$3,000	\$6,000	\$12,000	\$10,000	\$20,000
Office Visit	\$20	\$30	40% <i>patient</i>	20%**	40%**
Lab Work/X-rays	20% <i>80%</i>	20%	40%	20%**	40%**
Well Baby	\$20	\$30	40% <i>patient</i>	No Charge	40%**
Preventive	\$20	20%	40%	No Charge	40%**
Inpatient Hospital	\$250 per day (3 day maximum)	20%	\$500 + 40%	20%**	40%**
Outpatient Hospital	20%	20%	40% (limited to \$350/day)	20%**	40%** (limited to \$350/day)
Emergency	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	20%**	20%**
Prescriptions - Generic	\$10	\$10	\$10	\$10**	\$10**
Prescriptions - Brand Name	\$25*	\$25	\$25	\$30**	\$30**
Prescriptions - Non-Preferred	\$40*	\$40	\$40	\$50**	\$50**
Maximum Benefits	Unlimited	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000

* After \$150 deductible

** After deductible

This document is intended to serve as a brief overview of benefits offered by Opes Advisors. If there is any difference between this summary document and the details contained in the legal plan documents, the plan documents are always the final authority. Nothing in this document should be construed to reflect an employment contract. Opes Advisors reserves the right to modify any content of this document at anytime.

*- if on PPO or HSA → deductible credit to Nov. 1
no individual credit*

"change every year"

*only what meets to meet
not
150*



Medical Insurance



KAISER PERMANENTE

The Kaiser plan features a \$25 co-pay for office visits and no annual deductible. As a Kaiser member you can receive medical care at any Kaiser facility. Simply present your ID card to receive services.

<i>Plan</i>	<i>Kaiser Permanente</i>
	HMO
Coinsurance	100%
Individual Deductible	None
Family Deductible	None
Individual Out of Pocket Max.	\$1,500
Family Out of Pocket Max.	\$3,000
Office Visit	\$25
Well Baby	\$5 per visit
Preventive	\$25
Lab Work/X-Rays	\$10 per visit
Inpatient Hospital	\$500 per admission
Outpatient Hospital	\$100 per procedure
Emergency	\$100 (waived if admitted)
Prescriptions - Generic	\$15
Prescriptions - Brand Name	\$35
Prescriptions - Non-Formulary	Not covered
Maximum Benefits	Unlimited



Dental Insurance



Opes Advisors provides employees an excellent Premier Access PPO plan. The dental PPO plan provides benefits from the Premier Choice Network (PCN) and both In-Network and Out-of-Network dentists, as described in the plan design below. Premier Choice and In-Network dentists are limited to charging the contracted rates they have in

place with Premier Access and employees will pay less for dental services by using these providers. You will be responsible for the difference between the contracted rate and the actual charge if you use an Out-of-Network dentist. You can find a list of PCN and In-Network professionals by visiting the Premier Access website at www.premierppo.com, or by speaking with your Human Resources representative.

<i>Dental</i>	<i>PCN Network</i>	<i>PPO Network</i>	<i>Non-Network</i>
Preventative Care	100%	100%	100%
Basic Care	90%	80% after deductible	80% after deductible
Major Care	60%	50% after deductible	50% after deductible
Deductible	\$25	\$50	\$50
Orthodontic Services	50% with \$2,000 lifetime maximum		12-month waiting period
Maximum Benefit	\$1,500 per calendar year		



Long Term Disability Insurance



Opes Advisors offers Long Term Disability insurance to all eligible employees, as described in the plan design below. The coverage is available through Unum.

<i>Long Term Disability</i>
60% of Earnings up to \$10,000 per month
90 day elimination period

→ to SST age
65 or 67



Employee Assistance Program

LifeBalance™

Unum Provident offers an Employee Assistance Program (EAP) to all employees. This program provides confidential counseling and referral services for eligible employees and dependents. The EAP assists employees and their dependents in addressing work related and personal issues and provides referrals in such areas as childcare, eldercare, legal, financial, etc. Counselors and behavioral experts are available 24 hours a day, seven days a week via the toll free number 1-877-259-3785..

For more information log on to www.lifebalance.net .

User ID: filice
Password: wellness



Individual Insurance



Filice Insurance provides health insurance options for both group and individuals. If you are interested in signing up for individual and/or short term coverage, please contact Keith Erickson at (925) 299-7208 or keith@filice.com .

GROUP NUMBERS, WEBSITES, AND CUSTOMER SERVICE NUMBERS

Customer Service numbers are available to provide assistance should you have any questions regarding your benefits. Please have your ID number, group number and any detailed information regarding your question or concern available at the time you call. Additionally, it is important to notify your Human Resources department of any address changes that occur.

<i>Carrier & Plan</i>	<i>Group Number</i>	<i>Website</i>	<i>Customer Service</i>
Anthem Blue Cross HMO	TBD	www.anthem.com/ca	(800) 227-3560
Anthem Blue Cross PPO	TBD	www.anthem.com/ca	(800) 888-8288
Anthem Blue Cross HSA	TBD	www.anthem.com/ca	
Kaiser Permanente HMO	2788	www.kp.org	(800) 464-4000
Premier Access Dental	TBD	www.premierppo.com	(888) 715-0760
UNUM LTD	147744	www.unum.com	(800) 858-6843



Account Manager: Michelle Rumberg
Email: mrumberg@filice.com
Phone: 925-299-7200
Fax: 925-962-1989

Visit your benefits website for further explanation at:

www.filice.com/benefits/opesadvisors