
2021

North Mississippi Regional Center

Employee Enrollment Guide



Contacts:
Adrienne - 601-499-2978 or Layne - 601-499-2985



Medical Plan Benefits



MEC Plus Plan	
Covered Benefits	In-Network
Deductible (single/family)	\$0/\$0
Coinsurance	100%
Out-of-Pocket Maximum (single/family)	\$0/\$0
PPO Network	Multiplan Limited Network
Chronic Disease Management (CDM) Benefit	Covered Services at 100% (61 services) for 26 Predefined Chronic Diseases
Preventive Care/ Screening/Immunization (MEC)	Covers 100% of the government's listed Preventive and Wellness Benefits
Inpatient Hospital Services	* \$500 1X admission benefit, maximum of 1 admission per benefit period. * \$200 daily Inpatient Hospital benefit, 60 maximum days per benefit period.
Outpatient Surgery Services	NOT COVERED
Outpatient Physician Office Visit Benefit (PCP and Specialist Visits)	* \$60 daily benefit with a maximum of 4 days per benefit period. Unlimited Telemedicine Calls.
Emergency Room Services	* \$100 daily benefit with a maximum of 2 days per benefit period.
Imaging (CT, PET Scans, MRIs) (Non-Emergency Room Only)	NOT COVERED
Laboratory Outpatient and Professional Services (Non-Emergency Room Only)	* \$50 daily benefit with a maximum of 3 days per benefit period.
X-rays and Diagnostic Imaging (Non-Emergency Room Only)	* \$50 daily benefit with a maximum of 3 days per benefit period.
Prescription Drugs	
Cerpass Discount Card	NO
Generic	\$10 copay
Preferred Brand	\$50 copay
Monthly Maximum (single/family)	\$250/\$500
Fully Insured Life AD&D Benefit	\$5,000 Employee Only
Fully Insured Critical Illness Benefit	\$10,000 Critical Illness Option
RealTimeTelemed	
Telemedicine	Unlimited Calls
Geo Fencing ER and Rx	Unlimited Access
RealTime Choices Transparency Program	Unlimited Access
RealTime Health Diabetic Program	N/A

* Designates that benefits are covered by a separate fully insured limited medical indemnity plan.

MEC Plus Plan - Member Cost Per Pay Period (Bi- Weekly Rates)

Employee Only:	\$ 32.31
Employee & Spouse:	\$ 79.49
Employee & Child(ren):	\$ 111.50
Family:	\$ 160.55



Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65–75
2. Alcohol Misuse screening and counseling
3. Unhealthy drug use screening
4. Aspirin use for adults ages 50–79 to prevent Cardiovascular Disease and Colorectal Cancer when prescribed by a physician
5. Blood Pressure screening for all adults
6. Cholesterol screening for adults
7. Colorectal Cancer screening for adults starting at age 45 and continuing until age 75. This does not include Cologuard or FIT–DNA testing. Cologuard or FIT–DNA testing is not covered under the Plan.
8. Depression screening for adults
9. Type 2 Diabetes screening for adults
10. Diet counseling for adults
11. Fall Prevention to include physical therapy to prevent fall in community dwellings age 65 and older to prevent fall in community dwellings age 65 and older
12. Hepatitis B screening for adults
13. Hepatitis C screening for adults at high risk and one time for everyone between the ages of 18 and 79 years old.
14. HIV screening for all adults
15. Immunization vaccines for adults: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella
16. Lung Cancer Screening for adults age 50–80 who are at high risk because they smoke 20 packs a year (or have quit in the past 15 years)
17. Obesity screening and counseling for all adults
18. Sexually Transmitted Infection (STI) prevention counseling and screening for adults
19. Skin Cancer behavioral counseling for adults to age 24 with fair skin
20. Tobacco Use screening, counseling and cessation interventions for all adults
21. Syphilis screening for all adults
22. Latent tuberculosis infection screening for all adults.
23. Statin preventive medication for adults ages 40–75 years with no history of cardiovascular disease, 1 or more cardiovascular disease risk factors and a calculated 10 year cardiovascular disease event risk of 10% or greater.
24. Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis (PrEP) for person considered at high risk of HIV acquisition per USPSTF guidelines on identification of persons at high risk. The USPSTF recommends that the following persons be considered for PrEP: 1) Men who have sex with men, are sexually active, and have one of the following characteristics: (a) A serodiscordant sex partner (ie in a sexual relationship with a partner living with HIV), (b) Inconsistent use of condoms during receptive or insertive anal sex, or (c) A sexually transmitted infection (STI) with syphilis, gonorrhea, or chlamydia within the past 6 months; 2) Heterosexually active women and men who have 1 of the following characteristics: (a) A serodiscordant sex partner (ie in a sexual relationship with a partner living with HIV), (b) Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg a person who injects drugs or a man who has sex with men and women), or (c) An STI with syphilis or gonorrhea within the past 6 months; and 3) Persons who inject drugs and have 1 of the following characteristics: (a) Shared use of drug injection equipment or (b) risk of sexual acquisition of HIV (see above). It is important to note that men who have sex with men and heterosexually active persons are not considered to be at high risk if they are in a mutually monogamous relationship with a partner who has recently tested negative for HIV. In addition, all persons being considered for PrEP must have a recently documented negative HIV test result. Prior notification is required before PrEP is covered by the Plan; contact the Plan Supervisor at the number on the identification card.

Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Aspirin for pregnant women at high risk for preeclampsia.
3. Bacteriuria urinary tract or other infection screening for pregnant women
4. BRCA counseling and genetic testing for women at higher risk
5. Breast Cancer Mammography screenings every 1 to 2 years for women age 40 and over
6. Breast Cancer Chemoprevention counseling as well as breast cancer testing and medications for women with increased risk for breast cancer
7. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. Non–network services will be payable as network services.
8. Cervical Cancer screening
9. Chlamydia Infection screening
10. Contraception: Food and Drug Administration–approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
11. Diabetes screening for women with a history of gestational diabetes who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes
12. Domestic and interpersonal violence screening and counseling for all women
13. Folic Acid supplements for women who may become pregnant when prescribed by a physician
14. Gestational diabetes screening
15. Gonorrhea screening for all women
16. Hepatitis B screening for pregnant women
17. Human Immunodeficiency Virus (HIV) screening and counseling
18. Human Papillomavirus (HPV) DNA Test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
19. Osteoporosis screening over age 60
20. Preeclampsia screening in pregnant women with blood pressure measurements throughout pregnancy.
21. Routine prenatal visits for pregnant women
22. Rh Incompatibility screening for all pregnant women and follow–up testing
23. Tobacco Use screening and interventions for all women and expanded counseling for pregnant tobacco users
24. Sexually Transmitted Infections (STI) counseling
25. Syphilis screening
26. Urinary Incontinence screening
27. Well–woman visits to obtain recommended preventive services
28. Perinatal Depression counseling interventions for pregnant and postpartum persons at risk.
29. Anxiety screening in adolescent women and adult women, including but not limited to, those who are pregnant or postpartum.
30. Behavioral screening for pregnant persons to promote healthy weight gain and prevent excess weight gain

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. Bilirubin concentration screening for newborns
5. Blood screening for newborns
6. Blood Pressure screening
7. Cervical Dysplasia screening
8. Congenital Hypothyroidism screening for newborns
9. Depression screening for adolescents age 12 and older
10. Developmental screening for children under age 3, and surveillance throughout childhood
11. Dyslipidemia screening for children.
12. Fluoride Chemoprevention to include supplements for children without fluoride in their water source when prescribed by a physician and fluoride varnish to primary teeth through age 5.
13. Gonorrhea preventive medication for the eyes of all newborns
14. Hearing screening for all newborns and 3 additional screenings at periodic ages up to age 21
15. Height, Weight and Body Mass Index measurements for children.
16. Hematocrit or Hemoglobin screening for children
17. Hemoglobinopathies or sickle cell screening for newborns
18. Hepatitis B screening for adolescents
19. HIV screening for adolescents
20. Immunization vaccines for children from birth to age 18 —doses, recommended ages and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hemophilus influenza Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus and Varicella
21. Iron supplements for children ages 6 to 12 months when prescribed by a physician
22. Lead screening for children
23. Maternal depression screening for mothers of infants at 1, 2, 4 and 6 month visits
24. Medical History for all children throughout development ages: 0 to 11 mos., 1 to 4 yrs., 5 to 10 yrs., 11 to 14 yrs., 15 to 17 yrs.
25. Obesity screening and counseling
26. Oral Health risk assessment for young children up to age 10.
27. Phenylketonuria (PKU) screening in newborns
28. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
29. Skin Cancer behavioral counseling for adolescents age 10 and up who have fair skin
30. Tobacco Use screening, counseling and interventions to prevent initiation of tobacco use
31. Tuberculin testing for children
32. Vision screening for all children



Your Chronic Disease Management Program



The American Health Data Institute is excited to be your chronic disease management partner! Our program covers 27 chronic conditions like, asthma, diabetes, high blood pressure, high cholesterol, and coronary artery disease, just to name a few. If you or a family member have been diagnosed with a chronic illness you have access to talk to a Registered Nurse called a **Healthcare NavigatorSM Nurse Coach**. Our Nurse Coaches are here to work with you to enhance self-care, identify warning signs, access resources for assistance and live a healthier lifestyle.

How Does the Program Work?

1

STEP 1

If you have one of the 27 chronic conditions you will receive an introductory letter inviting you to partner with our Healthcare Navigator Nurse Coaches.

2

STEP 2

Following the introductory letter, you can either contact one of the nurses or they will reach out to you. During the initial call with the Nurse Coach you will explore possible choices for self-managing your illness(es).

3

STEP 3

You and the Healthcare Navigator Nurse Coach will discuss your healthcare needs and create a personalized service plan. The Healthcare Navigator Nurse Coach is there as your partner to help you self-manage your chronic condition.

It's Easy!

Start Now and Take
Control of Your Health!



Chronic Disease Management (CDM)



American Health Data Institute

Chronic Disease	Minimum Annual Care Recommended
Asthma	2 Clinical Evaluations 1 Spirometry (for patients 10 years of age or older)
Atrial Fibrillation	1 Clinical Evaluation
Chronic Obstructive Pulmonary Disease	1 Clinical Evaluation 1 Spirometry
Chronic Venous Thrombotic Disease <i>*previously listed as Thrombo-embolic Disease</i>	1 Clinical Evaluation
COPD with Pulmonary Hypertension/Cor	2 Clinical Evaluations 12 months of supplemental O2 Tx
Chronic Kidney Disease	1 Clinical Evaluation 1 Hgb or Hct 1 Serum Creatinine 1 Serum Potassium 1 Serum Calcium 1 Serum Phosphorus
Congestive Heart Failure	1 Clinical Evaluation 1 Serum Creatinine 1 Serum Potassium
Coronary Artery Disease	1 Clinical Evaluation 1 LDL
Depression	1 Clinical Evaluation
Diabetes	2 Clinical Evaluations 2 Glycohemoglobins 1 Serum Creatinine 1 Lipid Panel IF no nephropathy Dx or ACE/ARB Rx, 1 Urine Albumin/Creatinine ratio, Total Protein
Epilepsy	1 Clinical Evaluation
Human Immunodeficiency Virus Infection	2 Clinical Evaluations 2 CBCs 1 T-Cell/CD-4 Count 2 HIV Quantifications 1 Pap Smear (for women only, 21 years of age or older)

Chronic Disease	Minimum Annual Care Recommended
Hyperlipidemia	1 Lipid Panel
Hypertension	1 Clinical Evaluation 1 Serum Creatinine
Hyperthyroidism	1 Clinical Evaluation 1 TSH 1 T4
Hypothyroidism	1 Clinical Evaluation 1 TSH
Metabolic Syndrome	1 Clinical Evaluation 1 Lipid Panel 1 FBS or HgbA1c
Multiple Sclerosis	1 Clinical Evaluation
Parkinson's Disease	1 Clinical Evaluation
Peripheral Arterial Disease (Atherosclerosis)	1 Clinical Evaluation 1 LDL
Pre-Diabetes	1 Clinical Evaluation 1 Lipid Panel 1 FBS or HgbA1c
Polymyalgia Rheumatica	2 Clinical Evaluations 2 ESR or CRP 1 CBC
Pulmonary Hypertension (unrelated to COPD)	2 Clinical Evaluations
Regional Enteritis (Inflammatory Bowel Disease)	1 Clinical Evaluation
Rheumatoid Arthritis	1 Clinical Evaluation
Sleep Apnea	1 Clinical Evaluation
Ulcerative Colitis (Inflammatory Bowel Disease)	1 Clinical Evaluation



RealTime Telemed



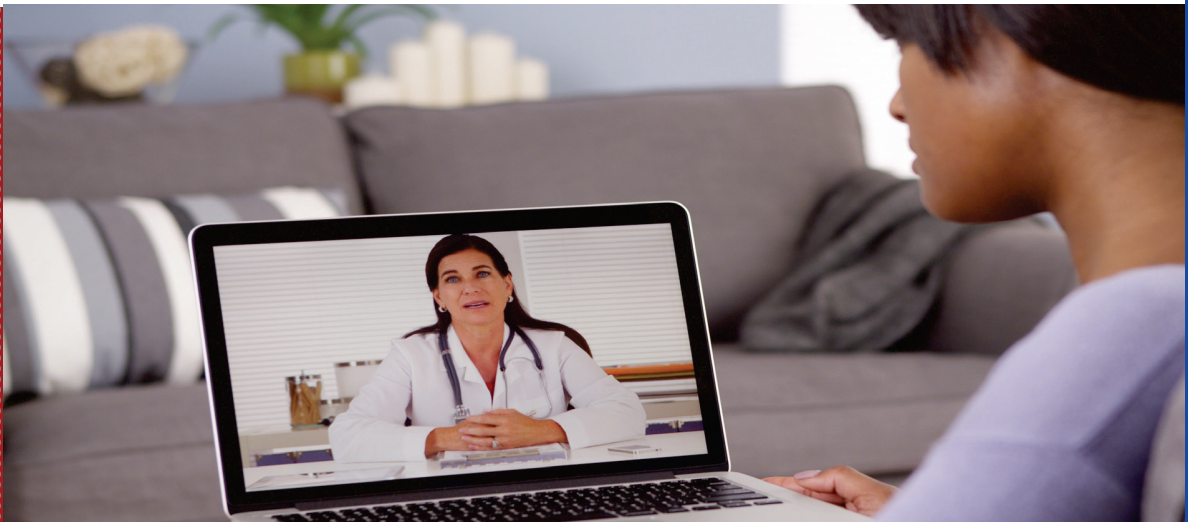
CONSULT WITH A BOARD – CERTIFIED DOCTOR



RealTimeTelemed gives you access to doctors 24/7/365.

You can access a board – certified doctor by phone or the mobile application – at anytime, from anywhere. RealTimeTelemed was designed as an alternative to costly urgent care, ER visits or days of waiting for an appointment to see your primary care doctor for non – emergency medical issues.

Phone or
Video
Consultations



Healthcare when and where you need it:

- \$0 Copay
- US Board – Certified Doctors
- 10 Minute average call – back time
- Prescriptions sent directly to your pharmacy
- 24 hours a day
- 365 days a year
- 7 days a week

Non – emergency conditions treated:

- | | |
|----------------|----------------------|
| • Acne | • Insect bites |
| • Allergies | • Nausea/ Vomiting |
| • Cold/Flu | • Pink eye |
| • Constipation | • Rashes |
| • Cough | • Respiratory issues |
| • Diarrhea | • Sore throat |
| • Ear problems | • Urinary problems |
| • Fever | |
| • Headache | |

RealTime Choices



What will a procedure actually cost? Should you use a hospital or a surgery center?

RealTimeChoices is a healthcare price transparency solution Powered by Healthcare Blue Book . Specifically, we give you the ability to shop for and receive a fair price for healthcare services. You are able to quickly and easily understand what you should pay for specific services in your geographic area. We identify the fair price for more than 200 common procedures including surgery, labs and image tests.



RealTimeChoices
AN AMERICAN HEALTH DATA INSTITUTE PRODUCT

Provides you with the data necessary to make intelligent decisions.

RealTimeChoices is delivered directly to you via a website and a mobile app. You are guided by a simple 'traffic light' image that helps you zero in on the best answer to your healthcare need.

Provider Listing
Providers are displayed by cost rating - least expensive to most expensive. Check the provider's network status and price before making an appointment.
Service: Knee Arthroscopy
Fair Price: \$9,300
Facilities
Comprehensive Surgery Center (1 review)
Westside PAC (1 review)
Health City Veterinary Hospital (1 review)
Highlands South A&C (1 review)
St. Ignace Hospital (1 review)
St. Ignace Hospital (1 review)
St. Ignace Hospital (1 review)
St. Ignace Hospital (1 review)

below fair price

slightly above fair price

most expensive
providers and facilities



Now, you have choices.

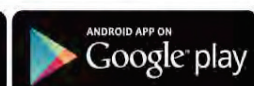
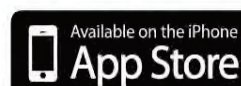
Download the Mobile App!

1. Go to the Apple App Store or Google Play to search for **RealTimeChoices**.
2. Select the **RealTimeChoices** app and tap the **Install** button.
 - Permissions may be required to allow the **RealTimeChoices** app to access your location and zip code.
3. Enter the mobile access code, which is found on the **RealTimeChoices** website in the box titled **Fair Prices on the Go**.
4. Tap **Search Costs** to search for a procedure.

Use the app to compare prices for common medical tests and procedures while you're in your doctor's office. Green is the **fair price**.

ShopSmart™ procedures will show a list of providers. Get the best value with providers labeled in green.

If you have questions regarding the **RealTimeChoices** app, please contact **Customer Service** using the phone number listed on your member identification card or this packet.





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 Adrienne Buckles 601-499-2978 adrienne.buckles@hubinternational.com



300 Concourse Blvd., Ste. 300, Ridgeland, MS 39157

North Mississippi Regional Center

EMPLOYEE INFORMATION

NAME (First, MI, Last): _____ SS#: _____ BIRTHDATE: _____
 ADDRESS : _____ CITY: _____ STATE: _____ ZIP: _____
 SEX (M/F): _____ MARITAL STATUS: _____ HIRE DATE: _____
 EMPLOYEE OCCUPATION: _____ CELL PHONE #: _____ E-MAIL: _____

Key Benefit Administrators—MEC Plus Plan

	BI WEEKLY PREMIUM	Notes:
___EMPLOYEE ONLY	\$ 32.31	
___EMPLOYEE/SPOUSE	\$ 79.49	
___EMPLOYEE/CHILDREN	\$111.50	
___EMPLOYEE/FAMILY	\$160.55	
___DECLINE		

DECLINING COVERAGE DUE TO EXISTENCE OF OTHER COVERAGE:

___ Spouse's Employer Plan ___ Tri-Care ___ VA Eligibility
 ___ Covered by Medicare ___ Individual Plan ___ I (we) have no other coverage at this time
 ___ COBRA from Prior Employer ___ Medicaid ___ Other _____

DEPENDENTS

Spouse Name: _____ M/F: _____ SS#: _____ Birth Date: _____
 Child 1: _____ M/F: _____ SS#: _____ Birth Date: _____
 Child 2: _____ M/F: _____ SS#: _____ Birth Date: _____
 Child 3: _____ M/F: _____ SS#: _____ Birth Date: _____

BENEFICIARY INFORMATION

PRIMARY: (Name): _____ (%): _____ (Birth Date): _____ (Relationship): _____ (SS#): _____
 PRIMARY: (Name): _____ (%): _____ (Birth Date): _____ (Relationship): _____ (SS#): _____
 CONTINGENT: (Name): _____ (%): _____ (Birth Date): _____ (Relationship): _____ (SS#): _____
 CONTINGENT: (Name): _____ (%): _____ (Birth Date): _____ (Relationship): _____ (SS#): _____

DATE: _____

EMPLOYEE SIGNATURE: _____