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# Program Requirements



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# MBA Trust Program Requirements

## Reminders to Remain in Compliance With Eligibility Provisions

The MBA Trust contract runs from October 1st through September 30th of each year. Regardless of a company's effective date with the Trust, all rate and/or benefit modifications will be implemented on the Trust's renewal anniversary date of October 1st.

### Eligibility & Participation Criteria

Eligibility and participation requirements for companies enrolled in the program are as follows:

#### I. Company Eligibility Requirements

- The company must be actively engaged in an income-generating business licensed in the state of Washington.
- The company must contribute a minimum of 75% towards the total employee rate; however, please note that there is no requirement for the company to make any contributions towards the cost of covering the employee's family.
- The company must be headquartered in and have a minimum of 50% of its workforce located in the carrier's service area.
- Access to the MBA Trust requires the company to be a **current member of a sponsoring or endorsing trade association or organization** (Master Builders Association of King & Snohomish Counties, Associated Builders & Contractors, Associated Builders & Contractors - Inland Pacific Chapter, Northwest Marine Trade Association, Painting and Decorating Contractors of America, Safety Management Advocacy Resources Training). **Annual Membership Dues and Access Fees (if applicable) must be maintained each year to continue participation in the MBA Trust.**

**Please Note:** Companies cancelled from the MBA Trust for any reason are not eligible to re-apply for 24 months.

#### II. Definition of an Eligible Employee/Subscriber

An Eligible Employee/Subscriber is an active employee or owner of the company who:

- Has satisfied the company's health insurance probationary period.
- Has met the company's full-time employment requirement.
- Is paid on a regular, periodic basis through the company's payroll system.
- Is actively employed, working the minimum hours defined by your company on the intended effective date unless they are on a COBRA extension.
- Is reported on the group's payroll system, appearing on the Employer Quarterly Report of Wages (Forms 5208 A & B) filed with the Washington State Employment Security Department.

**Ineligible participants include: Former Active Employees; Contract Employees (1099 employees); Independent Contractors or Sub-Contractors; Employee's residing in the State of Hawaii; Retirees; Part-time Employees; and Inactive or Retired Owners.**

Each company may establish their probationary period (zero to six-months) and full-time employment criteria (minimum 20 hours - maximum 40 hours per week) upon enrollment. The MBA Trust Administrators will apply this criteria to applications submitted in determining a member's eligibility.

**All employees** meeting the definition of an Eligible Employee/Subscriber as stated above and working the contractual minimum hours per week are considered to be "eligible full-time" employees and subject to participation guidelines. This includes employees who may be covered by another insurance program (i.e. covered under a spouse's insurance plan) or who may currently be waiving coverage. **No employee is allowed to waive coverage in lieu of compensation.**

**Please Note:** Employees covered by Medicare or military coverage may elect to waive coverage and will not count against your company's participation requirement percentage.

### III. Minimum Employee/Subscriber Participation Requirements

The MBA Trust is a **group** insurance program designed to provide coverage for participating companies with 2 or more full-time, eligible employees, including active owners.

Unlike individual plans, group plans require a specific percentage of all Eligible Employees/Subscribers to be covered on the plan. As a result, the requirements outlined below are strictly enforced.

- Companies with 2–5 eligible full-time employees: 100% participation is required (all eligible employees/subscribers must enroll).
- Companies of 6–10 eligible full-time employees: 100% participation, less one, is required (one eligible employee/subscriber may waive coverage).
- Companies of 11 or more eligible full-time employees: 80% participation (example: a company of 14 eligible employees/subscribers may waive coverage for a maximum of three employees).

Based on this criteria, if your company is eligible for employee waivers, employees (or active owners) waiving coverage must sign a “Waiver of Insurance Form.” These forms must be submitted to the Trust Administrator to be kept on file as this form includes information on Federal HIPAA regulations and special enrollment rights.

**Please Note: EPK & Associates must receive an Employee/Subscriber application or a Waiver of Insurance form for each eligible full-time employee not enrolling in the MBA Trust.**

Employees/Subscribers must be removed from the company plan at the end of the month in which they terminate employment or otherwise fail to satisfy the Company’s eligibility criteria. Following the initial notification by the company, Federal COBRA Continuation Coverage services are provided for qualified companies.

The MBA Trust and insurance carriers are committed to reducing healthcare fraud, recovering money from those who are fraudulently enrolled, and identifying any company that submits fraudulent enrollment applications for any person who is not eligible to be enrolled in the MBA Health Insurance Trust.

MBA Trust insurance carriers perform group audits throughout the year to determine whether groups are in compliance with Trust participation guidelines. The audits are intended to identify participation problems so that they can be corrected and bring the group into compliance with the Health Insurance Trust guidelines. Any participating MBA Trust company may be required to provide periodic employment eligibility verification. Companies enrolling ineligible participants or failing to satisfy the Trust’s participation requirements may be cancelled from the program.

**Please Note: Based on Washington State Law, companies with only one enrolled employee/subscriber at the time of renewal will not be eligible to renew their MBA Trust contract regardless of how many they enrolled on initial sign-up.**

# Frequently Asked Questions

**Question: Does my company have to be a member of the Master Builders Association of King & Snohomish Counties to participate in the MBA Health Insurance Trust?**

**Answer:** Participation in the MBA Trust requires the company to be a current member of a sponsoring or endorsing trade association or organization (Master Builders Association of King & Snohomish Counties, Associated Builders & Contractors, Associated Builders & Contractors - Inland Pacific Chapter, Northwest Marine Trade Association, Painting and Decorating Contractors of America, Safety Management Advocacy Resources Training). **Annual Membership Dues and Access Fees (if applicable) must be maintained each year to continue participation in the MBA Trust.**

**Question: Are we required to cover all employees?**

**Answer:** Employee/Subscriber participation levels are required on the MBA Trust program. For details, please see the Minimum Employee/Subscriber Participation Requirements included on the MBA Trust Program Requirements (pages 1-2) in this guide.

**Question: Are we required to cover dependents of our employees?**

**Answer:** Companies may offer their employees the opportunity to enroll their eligible family members. The company is not obligated to make any dependent contributions. If an employee does not enroll their dependents when they initially enroll, they may add them only if there is a HIPAA qualifying event or must wait until the next Open Enrollment period to add them to coverage. An eligible dependent is defined as a subscriber's lawful spouse or child (natural, adopted, stepchild, legally placed minor). A child must be unmarried and under the age of 25 to be eligible for coverage under this plan.

**Question: Does the MBA Trust offer coverage for Domestic Partners?**

**Answer:** The MBA Trust offers all companies to include benefits for Domestic Partners. The company must have adopted its own written internal policy defining Domestic Partners and provide a copy of the policy to the Trust Administrators. If you have any questions about the requirements needed to offer this benefit, contact the MBA Trust office for more information.

**Question: Do we have to enroll all our employees on one plan?**

**Answer:** Companies with 10 or more full-time, covered eligible employees may elect to offer two medical plans. Under this Dual-Choice option, employees may choose between one Preferred or Traditional medical plan and one Point-of-Service medical plan selected by the company. If a Dual Choice is offered, the employee/subscriber and their covered family members must be enrolled on the same medical plan. An employee/subscriber may only change medical plans at Open Enrollment (September 1st of each year). A minimum of 2 employees must be enrolled on each plan to maintain a dual-choice offering.

**Question: How can we obtain a list of providers covered by the medical plan we choose?**

**Answer:** There are several ways to obtain this information. Although printed directories are available upon request, the most up-to-date list of providers is available through the MBA Trust insurance carriers' websites. In addition, members may contact the carriers' customer service department to verify that a provider has a contract under a particular plan. See below for contact information:

|                           |                                                                                  |                |
|---------------------------|----------------------------------------------------------------------------------|----------------|
| Regence BlueShield        | <a href="http://www.regence.com">www.regence.com</a>                             | 1-800-330-7206 |
| Group Health Options      | <a href="http://www.ghc.org">www.ghc.org</a>                                     | 1-888-901-4636 |
| Asuris Northwest Health   | <a href="http://www.asurisnorthwesthealth.com">www.asurisnorthwesthealth.com</a> | 1-888-344-5587 |
| Margellan Health Services | <a href="http://www.magellanhealth.com">www.magellanhealth.com</a>               | 1-800-523-5668 |

**Question: Are our employees covered if they work or travel outside of Washington?**

**Answer:** Yes, all MBA Trust plans provide worldwide coverage for employees and their covered dependents.

- Employees covered by a Regence BlueShield plan are able to obtain the highest level of benefits and are protected from “balance billing” from providers by accessing the services of a Blue Cross or BlueShield provider in other states. When traveling, check the website ([www.bluecares.com](http://www.bluecares.com)) or simply call 800-810-BLUE (2583) to find a doctor in that area.
- Employees covered by Group Health Options are covered worldwide. Contact Group Health at 888-901-4636 or on the website ([www.ghc.org](http://www.ghc.org)) for more details.
- Employees covered by Asuris Northwest Health are covered worldwide. Contact Asuris Northwest Health at 888-344-5587 or on the website ([www.asurisnorthwesthealth.com](http://www.asurisnorthwesthealth.com)) for more details.
- Employees covered by the Magellan Health Services Employee Assistance Program have 24-hour access to the call center and online services. In addition, Magellan Health Services contracts with providers in all markets to assure your employees get the assistance they need. Contact Magellan Health Services at 800-523-5668 or on the website ([www.magellanhealth.com](http://www.magellanhealth.com)) for more details.

**Question: Are prescription drugs covered on the MBA Trust benefit plans?**

**Answer:** Both Retail and Mail Order prescription drug benefits are included on all Trust medical plans. Most plans include copay/co insurance drug cards, meaning that the employee pays a flat copay or coinsurance percentage amount at the pharmacy when filling a prescription. Obtaining prescriptions through mail order saves money and time. Employees may obtain a 90-day supply through mail order rather than the 30-day maximum limited at their local retail pharmacy. Please see the Trust Benefit Plans for more details.

**Question: Are benefits provided by Alternative Providers, such as naturopaths or acupuncturists, included on MBA plans?**

**Answer:** Yes, coverage for treatment by alternative providers is included on all MBA Trust medical plans. Benefits for services such as acupuncture, massage therapy, nutritional, chiropractic and naturopathy may be limited to a specific dollar amount annually. Contact the MBA Trust office for more information.

**Question: Is dental coverage available through the MBA Trust?**

**Answer:** Yes, group dental may be added to the company's MBA benefit package. More detailed information on plans can be found in your MBA Trust Proposal. **Please Note:** This is not a freestanding benefit. Enrollment must match medical plan enrollment. If the company elects dental coverage, all employees and/or dependents covered on the medical plan will get dental coverage. Employees and/or dependents not covered on the medical plan will not have access to the dental coverage.

**Question: Is vision coverage available through the MBA Trust?**

**Answer:** Yes, there are two plans to choose from. **Please Note:** This is not a freestanding benefit. Enrollment must match medical plan enrollment. If the company elects vision coverage, all employees and/or dependents covered on the medical plan will get vision coverage. Employees and/or dependents not covered on the medical plan will not have access to the vision coverage.

**Question: Can I increase the amount of Basic Life Insurance I provide my employees?**

**Answer:** You may increase the Basic Life Insurance benefit in \$5,000 increments to \$100,000 if your company has more than 10 enrolled subscribers. For companies with less than 10 enrolled subscribers, the maximum benefit you can offer is \$30,000.

**Question: Does the MBA Trust offer my employees the opportunity to buy more Life Insurance than the company provides?**

**Answer:** You may allow your employees to apply for up to \$500,000 of Additional Term Life Insurance for very reasonable rates. Additional Life Insurance may be applied for in \$10,000 increments with a minimum benefit of \$30,000. For companies of 10 or more enrolled employees, individuals can apply for Additional Term Life Insurance within the first 30 days of the company's effective date with the MBA Trust and would be automatically approved for a minimum benefit of \$ 50,000 at the applicable rate regardless of their health conditions.

**Question: Are there waiting periods on MBA medical plans?**

**Answer:** MBA medical plans include a three-month waiting period for pre-existing conditions and a six-month waiting period for transplant-related expenses. However, full portability (i.e., crediting of time covered under a previous plan) for pre-existing conditions is available through the MBA Trust in accordance with State and Federal insurance regulations. Waiting periods for transplant-related expenses are not portable; therefore, all participants will be subject to the six-month waiting period regardless of the length of time on a prior plan.

**Question: Are there waiting periods on MBA dental plans?**

**Answer:** Preventive and basic dentistry are not subject to a waiting period. There is a six-month waiting period for major dentistry or orthodontia benefits (if applicable) only. Major dentistry includes treatment for crowns, bridges and dentures, etc.. Groups enrolling in the MBA Trust that previously had a group dental plan may receive credit towards this waiting period upon the company's initial enrollment. Employees hired after your company's initial enrollment with the Trust will be subject to this waiting period regardless of any prior coverage from a previous employer's group dental plan.

**Question: Does the MBA Trust offer a Health Savings Account (HSA) Plan?**

**Answer:** Yes, the MBA Trust offers a High Deductible Health Plan (HDHP) that is qualified to be used with Health Savings Accounts (HSAs). All companies can select these plans. Companies with 25 or more enrolled employees can offer the HDHP plan in conjunction with certain MBA Trust plans.

**Question: Can my employees receive credit for Annual Deductible accumulated under our prior group plan?**

**Answer:** Companies transferring directly from a group medical plan to the MBA Trust program are eligible to receive full credit of deductible (year-to-date) satisfied under that plan for each covered participant upon initial enrollment. Documentation from the previous insurance carrier is required to obtain these credits.

- Companies can request a group listing of deductible credits from most carriers. A fee may be charged by the carrier.

**OR;**

- Each employee may submit a copy of his or her most recent Explanation of Benefits (EOB) indicating deductible satisfied for each family member.

This information must be provided to the MBA Trust Administrator within 30-days of the company's effective date of coverage to obtain the deductible credit.

**Question: What is COBRA and how is it handled?**

**Answer:** COBRA is a federal law affecting continuation of employer-based health coverage beyond the point when termination of coverage would normally occur. MBA Trust companies subject to federal COBRA Continuation Coverage regulations (generally, companies with 20 or more full and part-time employees) are provided with COBRA services at no extra charge.

The MBA Administrator provides the billing and collection of contributions from COBRA participants. The company is required to provide Notification Requirements. Sample documents are provided at no charge to member companies.

**Question: How are we billed for coverage through the MBA Trust?**

**Answer:** Detailed monthly billing statements are sent to each participating company 1 to 2 weeks in advance of the billed month. We encourage you to review your billing statement monthly to assure all changes submitted have been processed and that no ineligible person is still on your plan. Payments are due on the first day of the billed month and become "delinquent" if not received before the 15th day of the billed month. Program cancellation will result if full payment is not received within 45-days of the payment due date.

**Question: If we cancel or terminate our coverage through the MBA Trust, can we enroll again at a later date?**

**Answer:** Any company terminating or canceling coverage from the MBA Trust for any reason is not eligible to reapply for a minimum of 24-months following its termination date.

# Value Added Features

## The Following Benefits are Included in all Plans:

### Preventive Care Coverage

All MBA medical plans are designed to include coverage for preventive care benefits such as annual physicals, well-baby checkups and cancer screenings with minimum out-of-pocket expenses to the employee. This coverage encourages members to take measures towards maintaining good health. When members are healthy, claims costs are lower, and this helps to keep rate increases at a minimum. The annual deductible (if applicable) is waived for this benefit on most MBA Trust plans.

### Wellness Programs

Get your employees started on a workplace wellness program as a complement to their health plan. Both Trust carriers provide resources to motivate employees to take more accountability for their health. There are an array of resources, tools, and programs designed to help employees improve and maintain their health. These wellness programs give your employees access to online resources, health coaches, and dedicated nurse lines to help them take charge of their health. Participation in these programs is free, voluntary, and completely confidential.

### 24-Hour Nurse Line Services

How often has a health-related concern come up in the middle of the night or on a weekend, and you're not sure whether to call the doctor or go to the emergency room for care? Now your members can call a registered nurse any time, day or night, to get those questions answered. All MBA Trust medical plan carriers now include a nurse line for members to call or access online 24-hours a day, 7-days a week.

### 24-Hour On-The-Job Coverage

All MBA plans were designed to include coverage for medical treatment received relating to on-the-job accidents when the owner or officer of the MBA Trust Company is not covered under the state's Workers Compensation Program.

### Basic Life Insurance

All MBA Trust medical plans include a \$15,000 Basic Life and Accidental Death & Dismemberment benefit. Employers may increase this amount for all employees in \$5,000 increments up to a \$100,000 maximum. The amount you elect will be provided to all eligible, enrolled employees.

### Online Resources

All MBA Trust carriers offer online management of your health care. As members of Regence BlueShield, Asuris Northwest Health, or Group Health Cooperative, your employees can register online to access the status of their claims, look for providers and look for information regarding health conditions. These are just a few of the many resources available. In addition, there are many programs that have been developed to help improve the health of your employees and offer discounts for items that might not traditionally be covered by a medical plan.

## Optional Benefits to Purchase:

### Employee Assistance Program

Everyone needs a little help now and then. Life is full of challenges and surprises, many of which can cause stress and may seem to hard to handle alone. By including the Employee Assistance Program (EAP) in your company's package of benefits, you can provide your employees with a confidential resource to obtain the help they may need but don't know how to access. In addition to counseling for a wide range of life challenges, the MBA Trust EAP provides limited Legal Consultation services.

## **Additional Term Life Insurance**

In addition to the Basic Term Life Insurance benefit included in your plan, your company may allow each employee to increase his or her amount of life insurance through the Trust's Additional Term Life Insurance program. Employees can apply for up to \$500,000 of additional term life insurance (in \$10,000 increments; \$30,000 minimum).

Additional Term Life rates are competitively priced primarily due to the dynamics of large group purchasing power of the MBA Trust. Companies offering this benefit to their employees are not obligated to pay for the Additional Life Insurance benefit and may take a payroll deduction for the applicable rate. Pricing can be found in the Renewal Guide.

## **Special Services and Support:**

### **Local Carriers, Claims Processing and Customer Service**

To ensure that your employees are provided with the best service available, all MBA Trust insurance carriers provide local claims processing, customer service and provider networks. The Trust carriers have exclusive MBA Trust Member Service units assigned to handle all aspects of customer service for participants in the Trust program. These units provide participants with prompt and accurate information about benefits and claims payments, which result in keeping the employer from having to be involved in their employee's personal health care issues.

### **Administrative Services**

Participating companies receive day-to-day benefit services from EPK & Associates, Inc., the exclusive MBA Trust Administrator. Staffed by dedicated insurance professionals, EPK is responsible for billing, eligibility, ongoing client relations, and COBRA services.

COBRA services are provided at no extra charge to MBA Trust companies subject to federal COBRA Continuation Coverage regulations (generally, companies with 20 or more full and part-time employees). The MBA Administrator handles COBRA obligations with the exception of the company's notification requirements.

EPK & Associates provides you with the assistance you need to educate your employees and easily administer your insurance plans. They are available to your group's insurance administrator as well as your employees to assist in resolving concerns with the Trust's insurance carriers.

### **Consulting Services**

Capital Benefit Services, Inc., the MBA Trust Consulting Broker, is responsible for plan analysis and design, carrier renewal negotiations, employee communications, plan comparisons, employee meetings and evaluating additional benefit options. Capital Benefit Services, Inc. can also assist with other employee benefits such as:

- Long-Term and Short-Term Disability
- Individual Plans for part-time employees or ineligible dependents
- HRA Accounts

# MBA Carrier Advantages

Our carriers each have special discount programs which further enhance the benefits provided through the MBA Trust. These programs are offered to members as a complement to their health plan and at discounts not generally available to the public. To take advantage of these special savings, your employees need only present their member identification card at the time of service or have it handy for phone or online transactions. Here are a few examples of the programs offered:

## Regence BlueShield and Asuris Northwest Health offer:

- **Fitness Club Discount Program** - You and your family may receive up to 60% off membership rates at any of the participating health clubs in the GlobalFit network, including over 30 participating clubs in Western Washington and over 1,500 clubs nationwide.
- **Weight Management Discount Program** - To aid members seeking weight-loss help, these carriers have partnered with Jenny Craig®, a well-respected weight management company, to offer discounts that make it easier to get started.
- **Hearing Aid Discount Program** – These carriers have partnered with leading providers of audiological and hearing aid services to offer you and your extended family members special savings on hearing examinations, hearing aid evaluations and hearing aid dispensing services. This program also applies to members' parents and grandparents.
- **TruVision™** - This program gives you and your family significant discounts on laser vision correction services such as LASIK and PRK eye surgery. These carriers have partnered with TruVision, Inc. to bring discounts to their members.
- **EyeMed Vision Care** - As a Regence member, you and your family are eligible for savings of 35% off complete pairs of eyeglasses, 20% off eyewear items, such as frames, lenses and lens options, and 15% off conventional contact lenses. Simply present your Regence member card or this convenient discount card, along with your prescription, when you make your purchase. This program gives you access to savings on eyewear through EyeMed Vision Care at a variety of national and private optical retailers.
- **Safe Beginnings** – As a member, you'll receive a 20% discount on Safe Beginnings products, including childproofing products; infant and toddler accessories and family safety items. The Safe Beginnings site also provides important educational information, such as preventing carbon monoxide and plant poisonings, and how to select the best safety gate, latch and electrical safety items.

## Group Health Cooperative offers:

- **Online Health Profile** – This online questionnaire and report help you to take better control of your health. Once submitted, you'll receive an online report with your health status, your risk for certain diseases, and suggestions for improving your health. When you update your profile, it will give you a comparison from your previous profile.
- **Lifestyle Coaching** – Everyone needs a little help sometimes, and a health coach may be just what you need. A health coach can help you make positive changes to your health, including better eating habits, physical activity, tobacco use, and how you cope with stress. A coach can help you stay on track and reach your own health goals.
- **Nurseline** – Have you or a family member ever become ill or injured at night or on the weekend when your doctor's office is closed? Group Health's FirstCare Nurseline is available those times when you're not sure if a trip to the emergency room is necessary. Nurses are on call 24 hours a day, 7 days a week to answer all of your questions and help you determine the best course of action.
- **Free & Clear Quit for Life Program** – If you're having trouble quitting smoking or other tobacco use, getting help and support can make all the difference. Group Health's Free and Clear program help you to prepare for your "quit" process, manage withdrawal symptoms, identify triggers, develop a support network, and learn new behaviors and skills that will help you stay tobacco free.
- **Weight Management Programs** – Group Health has teamed with Accomplish Weight Management and Weight Watchers to help you find the best way to manage your weight and stay healthy. Through Group Health, you have access to discounts toward either program. Both programs are proven to help people lose weight and keep it off over time.

# How to Enroll in the MBA Trust

## Enrollment is easy

Employers do not have to wait until their current plan's renewal/anniversary date (if applicable) to apply for coverage through the MBA Trust. Qualified companies with more than 2 full-time eligible employees/subscribers have access to the MBA Trust medical plans offered in your area and may apply for coverage effective the first of any month.

**The Trust Consultants must receive all enrollment materials no later than the 20th of the month prior to the intended effective date of coverage** (i.e., applications must be received by January 20th for a February 1st effective date). The company should not cancel any current coverage (if applicable) until applications for the MBA Trust have been accepted and approved.

## Deductible Credit for New Groups

Companies transferring directly from a comparable group medical plan to the MBA Trust program are eligible to receive full credit of deductible (year-to-date) satisfied under that plan for each covered participant. Documentation from the previous insurance carrier is required to obtain these credits.

- Companies can request a group listing of deductible credits from most carriers. A fee may be charged by the carrier.

**OR;**

- Each employee may submit a copy of his or her most recent Explanation of Benefits (EOB) indicating deductible satisfied for each family member.

This information must be provided to the MBA Trust Administrator within 30-days of the company's effective date of coverage to obtain the deductible credit.

## Waiting Period Credits for New Groups

For participants presently covered by a comparable group-sponsored health insurance plan, "credit" will be given for the continuous time covered toward the satisfaction of waiting periods except those for transplant-related services. In other words, if the participant has been covered by the current group-sponsored medical plan for more than 3-months, the pre-existing waiting period will not apply; however, all participants will be subject to the 6-month transplant-related services waiting period regardless of the time on a prior plan.

In addition, Portability of Coverage allows for any participant whose previous coverage ended within 3-months prior to the enrollment date for this program to receive credit toward the pre-existing condition waiting period. When completing the enrollment forms, participants must provide the appropriate information from their prior health insurance carrier to receive this credit.

To request enrollment forms, please call the MBA Trust Consultants at 800-545-7011, extension 6. Participation in the MBA Trust becomes effective the first of the month following receipt and acceptance of the applications as well as the first month's premium payment is made. Membership in an endorsing trade association or organization must be confirmed before coverage can be approved.

# Glossary of Terms

The following is a list of definitions commonly used regarding your health care coverage and contains definitions of terminology specific to the MBA Health Insurance Trust.

**Allowed Amount** - The amount commonly charged for a particular medical service by physicians within a particular geographic region. Previously known as UCR (Usual, Customary and Reasonable fee), allowed amounts are used by traditional health insurance companies as the basis for physician reimbursements.

**Asuris Northwest Health** - Based in Eastern Washington, Asuris Northwest Health offers an extensive health care provider network and responsive local services to that region of our state. Asuris is dedicated to providing affordable health care coverage and local service. Asuris Northwest Health is a subsidiary of Regence BlueShield.

**Blue Cross & Blue Shield Association (BCBSA)** - A nonprofit corporation located in Chicago, Illinois, formed by Blue Cross and Blue Shield Plans to act as the national coordinating agency for independent licensees of the BCBSA.

**CareEnhance** - A convenient confidential way to access health information and advice from a registered nurse over the telephone 24 hours a day, 7 days a week. Studies show this feature significantly reduces the number of work and school days missed.

**COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985)** - Federal law affecting continuation of employer-based health benefit coverage beyond the point when termination of health benefits would normally occur.

**Coinsurance** - An arrangement under which the member shares a stated portion (usually a percentage) of the cost of care. For instance, under a plan in which there is an 80% coinsurance, the carrier would pay 80% of the allowed amount for the cost of the care. The member would pay the remainder of the cost until their out-of-pocket maximum has been met.

**Common Eligibility** - A Trust Policy that states a company must have matching enrollment of all enrolled employees/dependents on all lines of coverage offered through the MBA Trust.

**Coordination of Benefits (COB)** - A provision designed to avoid duplicate payments or payments in excess of charges for benefits covered under more than one individual or group contract.

**Copayment or Copay** - A specified out-of-pocket dollar amount that a member must pay for a specified service at the time the service is rendered.

**Deductible** - A member's stated portion of the cost of care before certain contractual benefits are paid. For example, if a plan has a \$300 deductible, the deductible is met once the member has paid the first \$300 of the covered medical expenses that are subject to the annual deductible for that year. After that, the plan begins to pay a percentage toward the cost of covered healthcare services.

**Employee Assistance Program (EAP)** - An employer-sponsored service designed to promote wellness and assist employees and their families in preventing or resolving problems affecting productivity and morale. The EAP also includes limited legal consultation services.

**Employee / Subscriber** - The person whose application for coverage under a particular contract has been accepted by the MBA Health Insurance Trust and on whose behalf the rate for coverage is paid.

**Explanation of Benefits (EOB)** - Notification that is sent to members for each claim incurred. The EOB explains how the services were covered.

**Exclusions** - Provisions in the contract stating situations, services or conditions for which benefits are not provided.

**Group Health Options** - A Point-of-Service program offered through Group Health Cooperative. Beginning in 1947, it became the nation's largest consumer-governed, nonprofit health care system.

**Health Care Service Contractor** - A company similar to an insurance company, but formed under special laws and registered as such by the State Insurance Commissioner, which has participating providers who supply medical services. Regence BlueShield and Asuris Northwest Health are health care service contractors.

**HSA Plan** - Health Savings Accounts are a new form of consumer driven health plans designed to assist employers in controlling health care costs. These plans allow employees to pay for certain health expenses with funds from their Health Savings Account.

**Member** - A person covered by a MBA Trust plan. This can mean an employee/subscriber or dependent.

**PCP (Personal Care Provider or Primary Care Provider)** - The network physician chosen by a member on a Point-Of-Service plan to coordinate all health-related services.

**Point-of-Service Plan** - These are managed care plans with a variety of copay and deductible options. Members must choose a Personal Care Provider from the provider network. For the highest level of benefits, care needs to be coordinated or provided by the Personal Care Provider. Lesser coverage may be provided if the member self-refers or uses a provider outside the provider network. Members may self-refer for some care and should consult their benefit booklet for specific details.

**Portability of Coverage** - Washington State law requires health plans to credit waiting periods for pre-existing conditions if the individual was continuously covered by a comparable health plan immediately prior to the effective date under the new health plan.

**Pre-existing Condition** - In group health insurance, this is a condition for which an individual received medical care during the three months immediately prior to the effective date of coverage.

**Preferred Plans (PPO)** - Preferred plans usually cover a percentage of the cost of services once a deductible is met. Members may see any contracted Preferred (PPO) provider. Preferred Plans have a variety of coverage choices such as deductible, copay and coinsurance.

**Regence BlueShield** - A health care service contractor in Washington State. Regence BlueShield's corporate headquarters is located in Seattle, Washington, and is a charter member of The Regence Group. See the Regence website for a listing of local offices throughout the state.

**Regence Life & Health Insurance Company** - A regional life and disability carrier that underwrites term life and accidental death & dismemberment benefits for the MBA Health Insurance Trust.

**Magellan Health Services** - The nation's leading employee assistance company covering more than 55 million employees and their dependents nationwide.

**Service Area** - The geographical area covered by a network of healthcare providers.

**Traditional Plans** - Traditional plans usually provide a percentage of the cost of covered services once a deductible is met. Members may see any contracted participating (PAR) provider. Non-contracted providers are not covered.

**Vitality** - A comprehensive wellness program available to all Regence BlueShield members through the MBA Trust.