



BasicCare

SAMPLE

Enrollment Guide

Keeping Healthcare Simple

www.basiccarellc.com



Welcome to **BasicCare**

For your family, how you define your health may include what's healthy for your budget. We understand that, and that's why we provide Affordable Care Act compliant insurance plans that can help your family stay healthy while keeping your financial health on the right track as well.

With BasicCare, you can choose the path that gets you closer to your health. Whether your goal is getting healthy, staying healthy or lower out-of-pocket costs at doctor's visits, we have coverages that will work hard for you.

We know that part of everyone's goals is knowing that you're making smart choices when it comes to your healthcare. So we give you the power to do that every step along the way. Find a doctor online, check the status of a claim and compare out-of-pocket costs before you go. You will have the right tools to manage your healthcare for a healthier you. Let's work together to keep you healthy.

In this guide you will find everything you need to get started.

BasicCare

You may not know, but under the new healthcare law, the Affordable Care Act, all individuals are required to have healthcare beginning January 1, 2014. This is commonly referred to as the Affordable Care Act individual mandate. By purchasing BasicCare you will be provided 63 preventative and wellness benefits and not be subject to Federal Tax Penalties under the new law.

Some of the benefits include:

- Immunizations
- Diet Counseling
- Oral Health Assessments
- Vision Screenings
- Cancer Screenings
- Diabetes Screenings
- Blood Pressure Screenings
- Cholesterol Screenings
- See Appendix for complete list of Benefits

Dependents and spouses can be added for an additional \$40.77 per person per month by calling **844-300-6497**



BasicCare Benefits Appendix

| BENEFITS | COVERAGE |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dental cavities prevention: preschool children | Once a year, preschool children older than 6 months whose primary water source is deficient in fluoride |
| Depression screening: adolescents | Once a year, ages 12-18 yrs |
| Depression screening: adults | Once a year, ages 18+ |
| Developmental screening: children | Once a year, ages 3 yrs or younger |
| Diabetes screening | Once a year, asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg |
| Falls prevention in older adults: exercise or physical therapy | Once a year, community-dwelling adults aged 65 years or older who are at increased risk for falls |
| Folic acid supplementation | As purchased, women planning or capable of pregnancy |
| Gestational diabetes screening | Once a year, women 24-28 weeks pregnant and those at high risk of developing gestational diabetes |
| Gonorrhea prophylactic medication: newborns | Once a year, newborns |
| Gonorrhea screening: women | Once a year, sexually active women at increased risk |
| Healthy diet counseling | Once a year, adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease |
| Hearing loss screening: Newborns | Once a year |
| Height, weight and BMI measurements: children | Once a year, ages 0-17 yrs |
| Hemoglobinopathies screening: newborns | Once a year |
| Hepatitis B screening: pregnant women | Once a year |
| HIV screening | Once a year, adolescents and adults at increased risk for HIV infection |
| Hypothyroidism screening: newborns | Once a year |
| Intimate partner violence screening and counseling | Once a year |
| Iron supplementation in children | As prescribed, aged 6-12 months who are at increased risk for iron deficiency anemia |
| Lead screening: children | Once a year, at risk for exposure |
| Medical history | Once a year, ages 0-17 yrs |
| Abdominal aortic aneurysm screening: men | Once a year, aged 65-75, previous smoker |
| Alcohol misuse counseling | Once a year, adults |
| Obesity screening & counseling: adults | 1 time per year |
| Obesity screening & counseling: children | 1 time per year, ages 6-18 |
| Oral health risk assessment: children | 1 time per year, 0-17 years |
| Osteoporosis screening: women | 1 time per year, women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors |
| Phenylketonuria screening: newborns | 1 time per year |
| Rh incompatibility screening | 1 time per year, pregnant women |
| Rh incompatibility screening | 1 time per year, Pregnant women at 24-28 weeks gestation, unless the biological father is known to be Rh (D)-negative |
| Rh incompatibility screening | 1 time per year, pregnant women |
| Rh incompatibility screening | 1 time per year, Pregnant women at 24-28 weeks gestation, unless the biological father is known to be Rh (D)-negative |

| BENEFITS | COVERAGE |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| anemia screening: pregnant women | Once a year, asymptomatic pregnant women |
| Aspirin to prevent cardiovascular disease: men | As prescribed, aged 45-79, when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm of an increase in gastrointestinal hemorrhage |
| Autism screening: children | Once a year, 18-24 mos |
| Bacteriuria screening: pregnant women | Once a year, pregnant women at 12-16 weeks gestation or at the first prenatal visit, if later |
| Behavioral assessments: children | Once a year, 0-17 years |
| Blood pressure screening in adults | Once a year, 18+ years |
| Blood pressure screening in children | Once a year, 0-17 years |
| BRCA screening, counseling | Once a year, women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes |
| Breast cancer preventive medication Consultation | Once a year, women at high risk for breast cancer and at low risk for adverse effects of chemoprevention |
| Breast cancer screening | 1 time every 2 years, women 40+ yrs |
| Breastfeeding counseling | Twice a year, to parent(s) of the child once during pregnancy and once post partum |
| Cervical cancer screening: Type A | 1 time every 3 years, women 21-65 with Pap smear |
| Cervical cancer screening: Type B | 1 time every 5 years, women 30-65 who want to lengthen the screening interval, screening with a combination of Pap smear and human papillomavirus (HPV) testing |
| Chlamydia infection screening: women | Once a year, women 24 yrs or younger and older nonpregnant women who are at increased risk |
| Contraception | As prescribed, FDA approved methods, sterilization procedures, not including abortifacient drugs |
| Cholesterol abnormalities screening: men 35 and older | Once a year |
| Cholesterol abnormalities screening: men younger than 35 | Once a year, aged 20-35 if at increased risk for coronary heart disease |
| Cholesterol abnormalities screening: women 45 and older | Once a year, increased risk for coronary heart disease |
| Cholesterol abnormalities screening: women younger than 45 | Once a year, aged 20-45 if at increased risk for coronary heart disease |
| Colorectal cancer screening | Once a year, aged 50-75 |
| STI counseling | 1 time per year, Sexually active adolescents and for adults at increased risk for STIs |
| Skin cancer behavioral counseling | 1 time per year, Ages 10-24 who have fair skin |
| Tobacco use counseling and interventions | 1 time per year, adults and pregnant women who use tobacco |
| Tuberculin screening: children | 1 time per year, ages 0-18 yrs |
| Syphilis screening | 1 time per year, persons at increased risk for syphilis infection |
| Visual acuity screening in children | 1 time every 2 years, ages 3-5 years |
| Well-woman visits | 1 time per year, women only |

| BENEFITS | COVERAGE |
|------------------------|--------------------------------------------------|
| Hep B-1 | 1 time per year, newborn |
| Hep B-2 | 1 time per year, ages 4wks-2 mos |
| Hep B-3 | 1 time per year, ages 24 wks-18 mos |
| DTaP-1 | 1 time per year, ages 6 wks- 2 mos |
| DTaP-2 | 1 time per year, ages 10 wks-6 mos |
| DTaP-3 | 1 time per year, ages 14wks-6 mos |
| DTaP-4 | 1 time per year, ages 12- 18 mos |
| DTaP-5 | 1 time per year, ages 4-6 yrs |
| Hib-1 | 1 time per year, ages 6wks- 2 mos |
| Hib-2 | 1 time per year, ages 10 wks-6mos |
| Hib-3 | 1 time per year, 14 wks-6 mos |
| Hib-4 | 1 time per year, 12-15 mos |
| IPV-1 | 1 time per year, 6 wks- 2 mos |
| IPV-2 | 1 time per year, 10 wks - 18 mos |
| IPV-3 | 1 time per year, 14 wks - 18 mos |
| IPV-4 | 1 time per year, 4-6 yrs |
| PCV-1 | 1 time per year, 6 wks - 2 mos |
| PCV-2 | 1 time per year 10 wks - 18 mos |
| PCV-3 | 1 time per year, 14 wks - 6 mos |
| PCV-4 | 1 time per year, 12-15mos |
| MMR-1 | 1 time per year, 12-15 mos |
| MMR-2 | 1 time per year, 13 mos- 6 yrs |
| Vericella-1 | 1 time per year, 12-15 mos |
| Vericella-2 | 1 time per year, 15 mos - 6 yrs |
| HepA-1 | 1 time per year, 12-23 mos |
| HepA-2 | 1 time per year, 18 mos or older |
| Influenza, inactivated | 1 time per year, 6 mos or older |
| LAIV (intranasal) | 1 time per year, 2-49 years |
| MCV4-1 | 1 time per year, 2-12 yrs |
| MCV4-2 | 1 time per year, ages 11 yrs, 8 wks-16 |
| MPSV4-1 | 1 time per year, ages 2+ yrs |
| MPSV4-2 | 1 time per year, ages 7+ yrs |
| Td | 1 time per year, ages 7-12 yrs |
| Tdap | 1 time per year, ages 7+ yrs |
| PPSV-1 | 1 time per year, ages 2+ yrs |
| PPSV-2 | 1 time per year, ages 7+ yrs |
| HPV-1 | 1 time per year, ages 9-12 yrs |
| HPV-2 | 1 time per year, ages 9 yrs, 4 wks-12 yrs, 2 mos |
| HPV-3 | 1 time per year, ages 9 yrs, 4 wks-12 yrs, 2 mos |
| Rotavirus-1 | 1 time per year, 6wks- 2 mos |
| Rotavirus-2 | 1 time per year, 10 wks- 4 mos |
| Rotavirus-3 | 1 time per year, ages 14 wks-6 mos |
| Herpes Zoster | 1 time per year, ages 60+ yrs |

Your member ID card

Now that you are enrolled in BasicCare, you will receive your ID card detailed below. Your card contains important contact information for locating a doctor, your plan and billing information for your doctor/provider. Make sure to present your BasicCare ID card when receiving care from participating providers.

Call this number to speak with a member services representative.

Call this number to speak with the pharmacy help desk

Your Insurance Plan

MAGNACARE™
DIRECT PLUS
GROUP NAME: BASIC

GROUP #: 3334

NAME: JOHN DOE

MEMBER ID#: 3334XXXXXXXX

To locate a participating MagnaCare provider please call 855-340-7730 or visit our web site at: www.magnacare.com
 When seeking care outside of the NY & NJ area, please call First Health at 800-226-5116 or visit www.myfirsthealth.com
SUBMIT CLAIMS ELECTRONICALLY VIA EMDEON (Payor#11303)
 Possession of this card does not certify eligibility or guarantee payment

BasicCare

MAGNACARE™ Rx
 Rx BIN: 610268
 Rx PCN: PHXM
 Rx GRP: 3334

First Health Network

PPO Network

Member Services: 855-340-7730

Provider Services: 855-340-7730

Pharmacy: Call the Pharmacy Help Desk at 888-975-0988 or visit www.magnacarerx.com

Claim Forms: Submit claims electronically via Emdeon (Payor#11303)
Mail completed claim forms to:

MAGNACARE
P.O. BOX 1001
GARDEN CITY, NY 11530

Locate a MagnaCare provider

Locate a Dr. within the NY & NJ area

PPO Network

For doctor/provider services use only

Front

Back

Now that you understand how your employer sponsored benefits package can bring you to a healthier lifestyle and how you have fully satisfied your individual ACA mandate you can focus on more important things in life.

Both BasicCare and your employer recognize that you may be interested in additional healthcare coverages for yourself and your family. The following pages will outline the optional coverages available for you to purchase by calling:

844-300-6497

With your busy lifestyle it's important to make your health a top priority. With your BasicCare enrollment you have numerous products available to keep you as healthy as possible. These products also work well for your budget.



Available Products Include:

- Limited Medical Plans
- Hospital Indemnity
- Major Medical
- Critical Illness
- Accidental Death and Dismemberment
- Term Life Insurance
- Dental
- Vision
- Accident Coverage Bundles
- Cancer Policies
- Premium Waiver
- Accident Disability
- Discount Benefits
- Health Risk Assessments
- Personal Health Records

The BasicCare enrollment center is available for your convenience Monday through Friday from 7am-5pm (CST). After calling a benefit counselor will discuss your individual needs to find the best fit for yourself and your dependents.



Call 877-576-8341 to speak with your benefits counselor.

Limited Medical Benefits Outline

| | Standard | Advanced | Elite |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------|---------------------------------------------|
| Monthly Premiums | \$51.54 | \$76.78 | \$96.94 |
| Daily Hospital Confinement Pays a Daily Benefit for hospitalization (resident bed patient) due to a covered Injury or Sickness for 180 Days of Confinement. Benefits begin at the end of the chosen Elimination Period and continue while hospitalized until the benefit period expires. | \$10 | \$10 | \$10 |
| First Hospital Confinement Pays the Benefit Amount for an Insured's First Hospital Confinement based on the total number of days of Hospital Confinement. Benefits for the rider will be limited to the First Hospital Confinement each Calendar Year for each Insured and will not exceed \$9000. Hospital Confinement Schedule: 1 day -\$1,000; 2 days -\$2,000; 3 days -\$3,600; 4 days -\$5,400; 5 days -\$7,200; 6 days -\$9,000. | Up to \$5,000 | Up to \$7,000 | Up to \$9,000 |
| Lump Sum Indemnity Pays the Benefit Amount for the FIRST time an Insured is confined to a Hospital (resident bed patient) due to covered Injury or Sickness. Payable one time per Calendar Year per Insured. The first day of Confinement must be in the Calendar Year for which the Benefit Amount is payable. | \$400 | \$1,000 | \$1,000 |
| Hospital Injury Indemnity Pays an additional Daily Benefit amount for each day an Insured is confined as a resident bed patient to a Hospital as the result of a covered Injury for up to 365 days for a Period of Confinement. | N/A | \$150 | \$150 |
| Intensive Care Unit Pays a Daily Benefit, IN ADDITION TO ANY POLICY BENEFITS, for each day of Confinement in a Hospital's Intensive Care Unit for any covered Injury or Sickness. This Benefit is payable for up to 20 days for any one Period of Confinement. Benefits begin on the first day of ICU confinement. | \$400 | \$500 | \$500 |
| Private Duty Nurse Pays a Daily Benefit if the service of a Private Duty Nurse is required for at least 8 hours a day while confined in a Hospital. These Benefits are offered for up to 30 days during any Period of Confinement due to Injury or Sickness. | \$100 | \$50 | \$50 |
| Emergency Accident Pays a specified Benefit Amount for Emergency Care due to a covered Injury that is rendered within 72 hours of the injury by a Physician in a Hospital Emergency Room or Physician's Office. Payment will be made for up to four such Emergency Care treatments in a Calendar Year per insured category (ie; 4 for employee, 4 for spouse, and a total of 4 for all children). | N/A | \$200 | \$200 |
| Outpatient Sickness Pays the specified Benefit Amount for treatment due to a covered Sickness received in a Physician's Office or Out-of-Hospital facility or 1 1/2 times the Benefit Amount purchased for treatment in a Hospital emergency room. Payment will be made for up to four such covered Sicknesses in a Calendar Year per insured category (4 for employee, 4 for spouse, and a total of 4 for all children). | \$75 | \$75 | \$1,000 |
| Surgical Surgical-Pays the Benefit listed in the Surgical Schedule for Surgery performed by a Physician, if due to a covered Injury or Sickness. Anesthesia-Pays 25% of the Surgical Benefit for Anesthesia administered by a Physician in connection with such Surgical procedure. (If more than one surgical procedure is performed at the same time, only one Benefit, the largest, will be paid.) | Up to \$1,000 | Up to \$1,000 | Up to \$3,000 |
| Specified Injury Pays a specific Amount for a covered Injury as indicated within the Rider for: (1) Appliances; (2) Ambulance; (3) Blood/Plasma; (4) Burns; (5) Dislocations; (6) Eye Injuries; (7) Fractures; (8) Ruptured Disk; (9) Tendons; (10) Torn Knee Cartilage; and (11) Gunshot Wound (for Primary Insured only). | Up to \$1,000 | Up to \$1,000 | Up to \$3,000 |
| Accidental Death & Dismemberment Provides a Death Benefit in addition to all other policy Benefits If an Insured's death occurs within 90 days of a covered Injury and was a result of that Injury. (Amount doubled if Injury sustained while a paying passenger in a common carrier.) Also provides a lump sum payment for Dismemberment or irrevocable Loss of Sight resulting from a covered Injury within 90 days of that Injury. | N/A | EE: \$10,000 SP: \$5,000 CH: \$5,000 | EE: \$30,000 SP: \$15,000 CH: \$5,000 |
| Diagnostic & Health Screening Pays \$100 for Diagnostic Benefit 1, \$200 for Diagnostic Benefit 2, and \$50 for the Health Screening Benefit; when performed in a Hospital, Surgical Center or Physician's office and ordered by a Physician due to an indicated injury or sickness. | Up to \$100 | Up to \$200 | Up to \$200 |

Contact Information

Member Services



Dental

For questions about your plan coverage, to order a replacement card, or for billing questions, please call Member Services at 855-340-7730.

To locate a Network Medical Provider for covered services outside of New York or New Jersey please call 800-226-5116, or visit www.myfirsthealth.com.

To locate a Network Medical Provider for covered services in New York or New Jersey please call 855-340-7730, or visit our website at www.magnacare.com.

For an out of plan Medical Provider, the Provider can call 855-340-7730 to arrange for payment.

The above information is also contained on your member ID card.



Medical

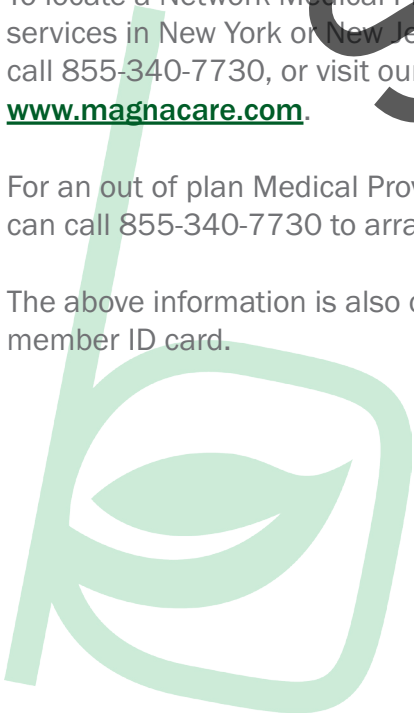
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How will I find a Health Care Provider?

Finding a specialist or doctor couldn't be easier using the First Health Network. Start by visiting www.myfirsthealth.com. On this site you will see that you can search by Zip Code, State and City or by selecting from any of the categorized providers, specialties, and conditions lists. You can also find out if your current doctor is covered under your new health care plan by entering in the providers name or facility.

First Health Provider Online Search

Find a Health Care Provider English | Español

Zip Code

OR

State

County or City

OR

Search

Show Providers that accept: **First Health Network**

Search for your Best Match Doctor

Find a provider who treats other people with your conditions, age, and gender. You will be asked to provide your health conditions, age range and gender. Information you provide is not saved in our system.

Get Started

| PROVIDERS | SPECIALTIES | CONDITIONS |
|---------------------------------------------|---------------------------|----------------------------------------------------------|
| Allied Health Professionals | Chiropractic Medicine | Asthma |
| Ancillaries | Dermatology | Chronic Kidney Disease (CKD) |
| Behavioral Health/Substance Abuse Providers | Family Practice | Depression |
| Hospitals | General Practice | Diabetes |
| Primary Care Physicians | Gynecology | Heart Disease (Coronary Artery Disease, Atherosclerosis) |
| Specialists | Internal Medicine | High Blood Pressure (Hypertension) |
| Urgent Care Centers | Obstetrics And Gynecology | High Cholesterol (Hyperlipidemia) |
| | Optometry | Knee Problems |
| | Orthopedic Surgery | Low Back Pain |
| | Orthopedics | Migraine |
| | Pediatrics | Rheumatoid Arthritis |
| | Physical Therapy | Surgical (Laminectomy) |

[Specialty Definitions](#)

While we make every effort to maintain accurate and up-to-date information, we recognize that our information may occasionally change.

The listing of providers in this directory is not a guarantee of benefits for the services the physicians (such as anesthesiologists, pathologists, radiologists, emergency medicine physicians) may not be contracted as in-network providers. Before your appointment, it is important to confirm network status and confirm if any practice limitations are applicable.

Please note that because you and your provider make all treatment decisions, the quality of care is the responsibility of the provider you select.

[Important Information About Our Provider Directory](#)

Find Your Best Match Doctor to Treat:

Common Conditions | A - C | D - I | J - O | P - Z

- Acute bronchitis
- Allergy/Hay Fever
- Asthma
- Cataract
- Cataract Removal - Eye surgery to remove a cataract
- Cholecystectomy - Surgical removal of the gall bladder
- Chronic sinus infection
- Cystourethroscopy - Treatment of bladder condition using a scope
- Diabetes
- Discission of Secondary Membranous Cataract - Laser Surgery of Secondary Cataract
- Ear infection
- Ear, nose or throat symptoms

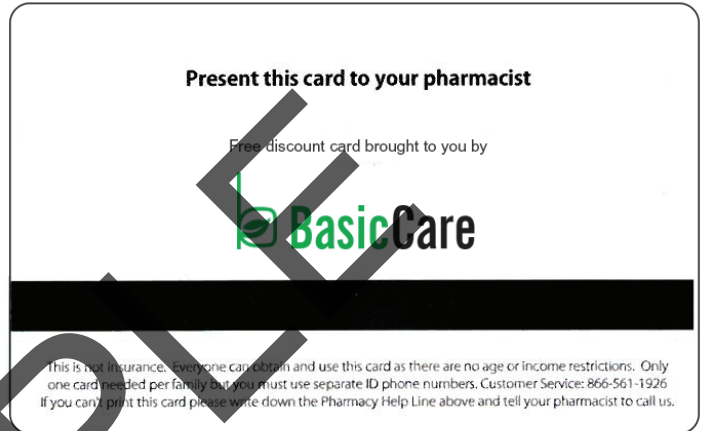
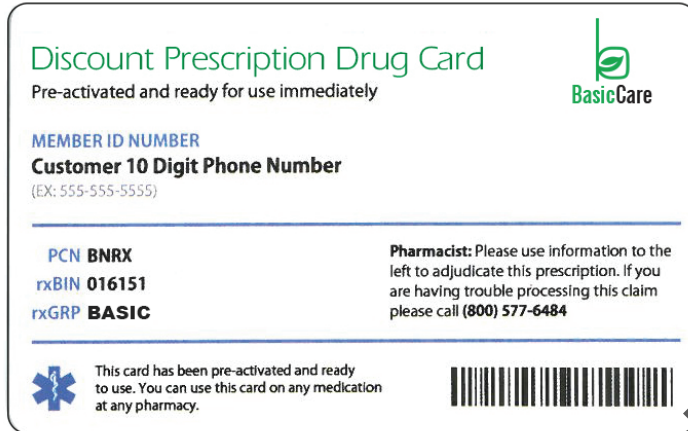
Best Match Doctor Search does not support all conditions. If you do not see your condition, [click here to search based on other criteria.](#)

[View Disclaimer](#)

Added Benefits

Discount Prescription Card

Prescription drugs are often very expensive and you may be struggling to pay high prices or insurance deductibles. Whether the prescription is for a chronic condition or for short-term illness, the cost can sometimes be a barrier to you regaining your best health. With your Discount Prescription Card included in your BasicCare Benefits plan you can receive a discount off of your prescription medicines. Simply bring your card to your local pharmacy.



*This card is not insurance. Everyone can obtain and use this card as there are no age or income restrictions. Only one card needed per family but you must use separate ID phone numbers.
Customer Service: 866-561-1926*

Med Call Assist

Included in your BasicCare Benefits plan is an affordable, fast, and easily accessible way to get medical help on the go. You will have expert medical advice available 24/7, you can be prepared to treat most forms of illness and injury, wherever you are! Just pick up the phone to get in touch with a qualified physician. No appointments, no waiting, no deductible.



After reviewing the material in this guide speak with one of our enrollment representatives about our BasicCare plan at:

844-300-6497

If you need this brochure translated to another language, please call Member Services at 800-589-6383.

Coverage for certain medical and dental preventive and wellness care is provided by your employer's Plan, as required under the Affordable Care Act. Please note that these specific coverages are mandated. These coverages also fulfill your individually mandated coverages under the Affordable Care Act. The Plan's Third Party Administrator is Magnacare. The Plan also uses First Health Network as the Plan PPO.