



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
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PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Cynthia Lindholm](mailto:Cynthia.Lindholm@sbcdglobal.net) cindvlindholm@sbcdglobal.net 949-492-3574

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Behavioral Systems Southwest, Inc.		4. Employer Identification Number (EIN) 95-3238991	
5. Employer address 118 Avenida Victoria		6. Employer phone number 949-492-3574	
7. City San Clemente	8. State CA	9. ZIP code 92672	
10. Who can we contact about employee health coverage at this job? Cynthia Lindholm			
11. Phone number (if different from above)		12. Email address cindyindholm@sbcglobal.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
Fulltime employees working 40 hours per week

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
Spouse, children from birth to age 26 regardless of student status
 - We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

**BEHAVIORAL SYSTEMS SOUTHWEST, INC**Effective Date: 09-01-2013
HMO Deductible Plan - California**PLAN DESIGN & BENEFITS**

PLAN FEATURES	IN-NETWORK
Deductible (per calendar year)	\$1,000 Individual \$2,000 Family
Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible.	
Out-of-Pocket Maximum (per calendar year)	\$3,000 Individual \$6,000 Family
Member cost sharing for certain services may not apply toward the Out-of-Pocket Maximum. In-Network expenses include coinsurance/copays and deductibles. Pharmacy expenses do not apply towards the Out-of-Pocket-Maximum.	
Lifetime Maximum	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Required
Referral Requirement	Required
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/ Immunizations 1 visit every 12 months for ages 22 and older.	Covered 100%; deductible waived
Routine Well Child Exams/Immunizations (Age and frequency schedules apply)	Covered 100%; deductible waived
Routine Gynecological Care Exams 1 exam per 12 months. Includes routine tests and related lab fees. Includes Pap smear, HPV screening, and related lab fees.	Covered 100%; deductible waived
Routine Mammograms Recommended: one baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over.	Covered 100%; deductible waived
Women's Health Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply. Includes: Screening for gestational diabetes, HPV (Human Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling.	Covered 100%; deductible waived
Routine Digital Rectal Exams / Prostate Specific Antigen Test Recommended for males age 40 and over.	Covered 100%; deductible waived
Colorectal Cancer Screening For all members age 50 and over. Frequency schedule applies.	Covered 100%; deductible waived
Routine Eye Exams Direct access to participating providers without a referral.	Covered 100%; deductible waived 1 routine exam per 24 months.
Routine Hearing Screening	Subject to Routine Physical Exam benefit.
PHYSICIAN SERVICES	IN-NETWORK
Primary Care Physician Visits	Office Hours: \$30 copay; After Office Hours/Home: \$35 copay; deductible waived
Specialist Office Visits	\$30 copay; deductible waived
Pre-Natal Maternity	Covered 100%; deductible waived
Allergy Treatment	Same as applicable participating provider office visit member cost sharing
Allergy Testing	Same as applicable participating provider office visit member cost sharing



PLAN DESIGN & BENEFITS

DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic Laboratory	Covered 100%; deductible waived
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	
Diagnostic X-ray	Covered 100%; deductible waived
Outpatient hospital or other Outpatient facility (other than Complex Imaging Services)	
Diagnostic X-ray for Complex Imaging Services	\$150 copay; deductible waived
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care Provider	\$35 copay; deductible waived
Non-Urgent Use of Urgent Care Provider	Not Covered
Emergency Room	30%; after deductible
Non-Emergency Care in an Emergency Room	Not Covered
Emergency Use of Ambulance	30%; after deductible
Non-Emergency Use of Ambulance	Not Covered
HOSPITAL CARE	IN-NETWORK
Inpatient Coverage	30% per admission; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Inpatient Maternity Coverage (includes delivery and postpartum care)	\$30 copay for Physician maternity services; 30% per stay for Facility services; deductible waived
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Outpatient Surgery - Hospital	30% per visit; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	
Outpatient Surgery - Freestanding Facility	30% per visit; after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient Mental Illness	30% per admission; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Illness	\$30 per visit; deductible waived
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Inpatient Detoxification	30% per admission; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Outpatient Detoxification	\$30 per visit; deductible waived
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	
Inpatient Rehabilitation	30% per admission; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
Residential Treatment Facility	30% per admission
Outpatient Rehabilitation	\$30 per visit; deductible waived
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	
OTHER SERVICES	IN-NETWORK
Skilled Nursing Facility	30% per admission; after deductible
Limited to 100 days; per calendar year	
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	



PLAN DESIGN & BENEFITS

Home Health Care	Covered 100%; after deductible Limited to 100 visits; per calendar year Limited to 3 intermittent visits per day by a participating home health care agency; 1 visit equals a period of 4 hrs or less.
Hospice Care - Inpatient	30% per admission; after deductible The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.
Hospice Care - Outpatient	\$30 per visit; after deductible The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.
Outpatient Speech Therapy	\$30 per visit; deductible waived Limited to 20 visits; per calendar year
Outpatient Physical and Occupational Therapy	\$30 copay; deductible waived Limited to 25 visits; per calendar year
Spinal Manipulation Therapy	Not Covered
Autism Behavioral Therapy	\$30 copay; deductible waived Covered same as any other Outpatient Mental Health benefit.
Autism Applied Behavior Analysis	Covered the same as any other expense based on the type of service performed and place of service where rendered Covered with no age or visit limit restrictions.
Autism Physical, Occupational and Speech Therapy	\$30 copay; deductible waived Covered same as any other Physical and Occupational Combined Therapy expense. No age or visit limit restrictions.
Durable Medical Equipment	Covered 100%; after deductible Limited to \$2,000; after deductible
Diabetic Supplies	Pharmacy cost sharing applies if Pharmacy coverage is included; otherwise PCP office visit cost sharing applies.
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%; deductible waived
Generic FDA-approved Women's Contraceptives	Covered 100%; deductible waived
Transplants	30% per admission; after deductible Preferred coverage is provided at an IOE contracted facility only.
Bariatric Surgery	30% per admission; after deductible The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.
FAMILY PLANNING	IN-NETWORK
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible Diagnosis and treatment of the underlying medical condition.
Comprehensive Infertility Services	Not Covered Comprehensive Infertility includes Artificial Insemination and Ovulation Induction.
Advanced Reproductive Technology (ART)	Not Covered ART coverage includes: In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum microsurgery.
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Tubal Ligation	Covered 100%; deductible waived

**BEHAVIORAL SYSTEMS SOUTHWEST, INC**

Effective Date: 09-01-2013

HMO Deductible Plan - California

PLAN DESIGN & BENEFITS

PRESCRIPTION DRUG BENEFITS	IN-NETWORK
Retail	\$10 copay for generic drugs and \$20 copay for brand-name drugs up to a 30 day supply at participating pharmacies.
Mail Order	\$20 copay for generic drugs and \$40 copay for brand-name drugs up to a 31-90 day supply from Aetna Rx Home Delivery®.
Plan Includes: Diabetic supplies, Contraceptive drugs and devices obtainable from a pharmacy and Performance Enhancing Medication. Oral fertility drugs included. Precert included with 90 day Transition of Care. Step Therapy included with 90 day Transition of Care. Formulary generic FDA - approved Women's Contraceptives covered 100% in network.	
GENERAL PROVISIONS	
Dependents Eligibility	Spouse, children from birth to age 26 regardless of student status.
Pre-existing Conditions Exclusion	On effective date: Waived After effective date: Waived

Exclusions and Limitations

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental x-rays.
- Donor egg retrieval.
- Durable medical equipment.
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids.
- Home births.
- Immunizations for travel or work except where medically necessary or indicated.
- Implantable drugs and certain injectible drugs including injectible infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.



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- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery and Aetna Specialty Pharmacy refer to Aetna Rx Home Delivery, LLC and Aetna Specialty Pharmacy, LLC, respectively. Aetna Rx Home Delivery and Aetna Specialty Pharmacy are licensed pharmacy subsidiaries of Aetna Inc. that operate through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery and Aetna Specialty Pharmacy may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacies' cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

If you require language assistance from an Aetna representative, please call the Member Services number located on your ID card, and you will be connected with the language line if needed; or you may dial direct at 1-888-982-3862 (140 languages are available. You must ask for an interpreter). TDD 1-800-628-3323 (hearing impaired only).

Si requiere la asistencia de un representante de Aetna que hable su idioma, por favor llame al número de Servicios al Miembro que aparece en su tarjeta de identificación y se le comunicará con la línea de idiomas si es necesario; de lo contrario, puede llamar directamente al 1-888-982-3862 (140 idiomas disponibles. Debe pedir un intérprete). TDD-1-800-628-3323 (sólo para las personas con impedimentos auditivos).

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to www.aetna.com. While this material is believed to be accurate as of the production date, it is subject to change.

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