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SUMMARY OF BENEFITS & COVERAGE (SBC)

Under the Affordable Care Act, insurance companies and group health plans will provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage.

This Summary of Benefits and Coverage (SBC) document will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It will summarize the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. It will also contain a uniform glossary of terms commonly used in health insurance coverage such as "deductible" and "co-payment"

ACA requires group health plans and/or insurance issuers to create and distribute a SBC to participants in certain situations:

- 30 days before the plan's renewal
- With enrollment materials or during the open enrollment period
- After a special enrollment
- 60 days before making mid-year changes to medical plans
- Upon request

For a complete list of SBC distribution circumstances, visit <http://www.dol.gov/ebsa/faqs/faq-aca8.html>

AETNA - Aetna includes the SBC within the group's renewal packet, but a complete list is also available on Aetna's Producer World.

Aetna Technical Support for SBCs: (800) 225-3375

BCBSIL - SBCs are available on Blue Access for Producers in both English and Spanish. The "Plan Effective Date" and "Plan Ending Date" are customizable.

BCBSIL Technical Support for SBCs: (855) 756-4448

BCBSIL Stock Request Line: (800) 203-0585

Email: stock_request@bcbsil.com

UHC – Group specific SBCs are available on Employer eServices.

Employer eServices Technical Support: (800) 651-5465

Instructions on how to access SBCs for all three carriers will be outlined in the following pages.



Aetna SBC Search



1. Go to www.aetna.com/producer
2. Log into Producer World

Producer World® Log In

User Name:

Password:

SECURE LOG IN

Forget Your [Password](#) Or [User Name?](#)
[Register](#) | [Your Privacy](#)

Why Register?

Aetna's online service center developed to meet the informational needs of our producers, general agents and firm employees including access to:

- Get quotes
- Find compensation information
- Check license status
- Set up direct deposit
- Get reporting
- And more

REGISTER NOW

3. Click on “Small Group”





Forms Library

- Products
- Get a Quote
- Order Enrollment Kits
- Forms
- Tools

Compensation: [Compensation Forms](#): (Commission Schedules & Required Materials, Assignment of Commissions) and [Direct Deposit Authorization Form](#) (available to Compensation Designees only)

Small Group: [Order Enrollment Materials](#) (Enrollment Forms, Sales Materials, Kits) or select Small Group Business Forms by state.

FORMS
Aetna Sa



4. Click on "Get SBC"

aetna Producer World Small Group

The Health of Business, Well Planned.

Products Find all the Small Group Account broker activities you'll need on this page.

Get a Quote

Order Enrollment Kits

Forms

Tools

Contacts

Some Aetna Small Group and Select markets are evolving to a new 2-100 employee segment.

Products & Programs

Product Brochures

Get SBC Summary of Benefits and Coverage (SBC) New

SBC search offers you three ways to search. Now you can search by plan sponsor billing account number, plan ID, or perform a general search.

Quoting, Underwriting, Enrollment

Quoting & Renewal Center

eBusiness

A secure portal to access eEnrollment on your clients. [Learn more](#)

Underwriting Rules

Multi State Medical Product Locator Tool

5. You can search by a specific group's account number, a plan ID number, or do a general search

aetna

Fri., Mar. 14, 2014

Welcome to our Summary of Benefits and Coverage (SBC) Search Tool!

Please note: SBCs with coverage effective dates of 2013 and earlier do not have supplemental materials associated with the SBC. Supplemental materials are supported for SBCs with a coverage effective date of 1/1/2014 or later.

The SBCs in Mandarin, Tagalog, Spanish, and Navajo are provided upon request. If the SBC in the language you are searching for is not available at this time, please contact your Aetna representative for further assistance.

Select a Carrier: Aetna

Account Number Search Plan ID Search General Search

Billing Account Number*:

*Required Fields

Consistent with your agreement/contract with Aetna, you acknowledge and agree to all distribution requirements associated with all applicable Summary of Benefits and Coverage events.

Submit Clear

6. When you choose General Search, you will need to complete all fields marked with a “*”

Welcome to our Summary of Benefits and Coverage (SBC) Search Tool!

Select a Carrier:

Account Number Search | Plan ID Search | **General Search**

State*: Product:

Effective Date*: On/Off Exchange:

Group Size*: Language:

*Required Fields

Consistent with your agreement/contract with Aetna, you acknowledge and agree to all distribution requirements associated with all applicable Summary of Benefits and Coverage events.

7. Click Submit. A statement may appear to warn you of long retrieval times

Select a Carrier:

Account Number Search | Plan ID Search | **General Search**

State*: Product:

Effective Date*: On/Off Exchange:

Group Size*: Language:

Due to the volume of plans offered in some states, the retrieval time of your requested documents may exceed 30 seconds.

*Required Fields

Consistent with your agreement/contract with Aetna, you acknowledge and agree to all distribution requirements associated with all applicable Summary of Benefits and Coverage events.

8. A list of available SBCs will be shown. Check the box next to the plan(s) you want to download

Plan Name
<input type="checkbox"/> IL Bronze OAMC 5000 80/50 HSA
<input type="checkbox"/> IL Bronze Savings Plus OAMC 5000 80/50 HSA TIF
<input checked="" type="checkbox"/> IL Gold Savings Plus OAMC 1250 80/50
<input type="checkbox"/> IL Silver Savings Plus OAMC 2500 100/50 HSA TIF
<input type="checkbox"/> IL Bronze HMO 5000 60%
<input checked="" type="checkbox"/> IL Silver Savings Plus HMO 2000 70%
<input type="checkbox"/> IL Bronze OAMC 5000 100/50 HSA
<input type="checkbox"/> IL Platinum Savings Plus OAMC 500 80/50
<input type="checkbox"/> IL Bronze OAMC 3500 80/50 HSA
<input type="checkbox"/> IL Silver HMO 1500 70%
<input type="checkbox"/> IL Gold Savings Plus HMO 750 70%
<input type="checkbox"/> IL Bronze Savings Plus OAMC 5000 80/50 HSA
<input type="checkbox"/> IL Bronze Savings Plus OAMC 5000 100/50 HSA
<input type="checkbox"/> IL Gold OAMC 1250 80/50

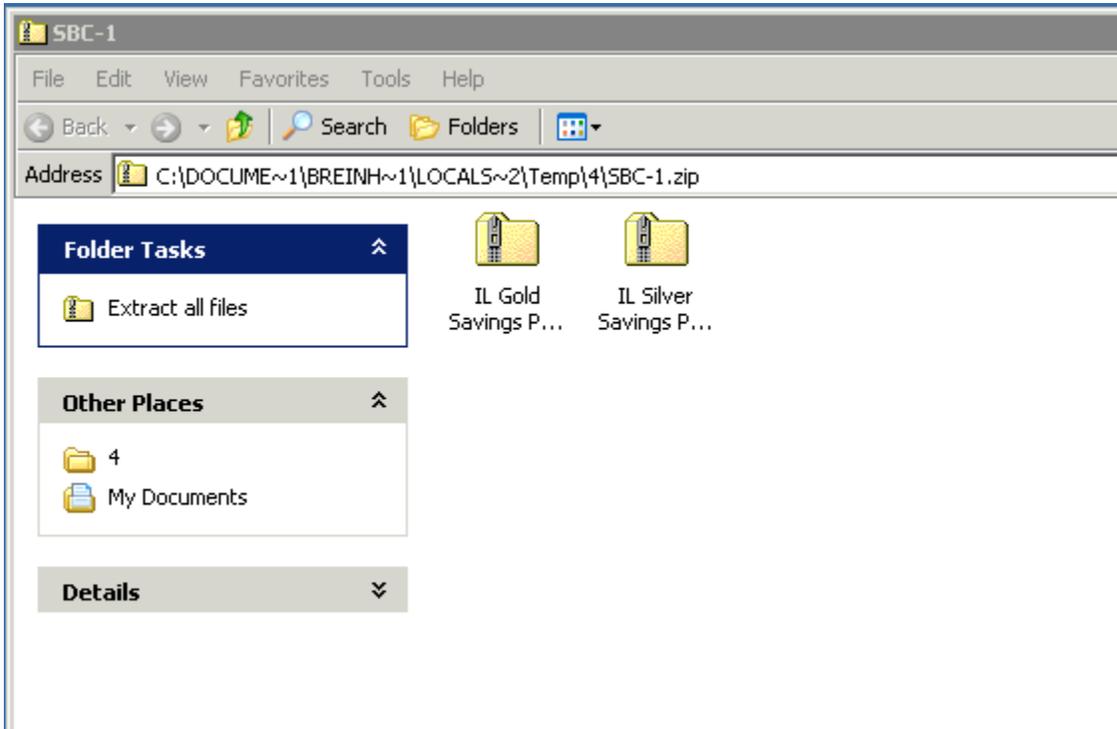


9. Scroll to the bottom of the page and click “Download”

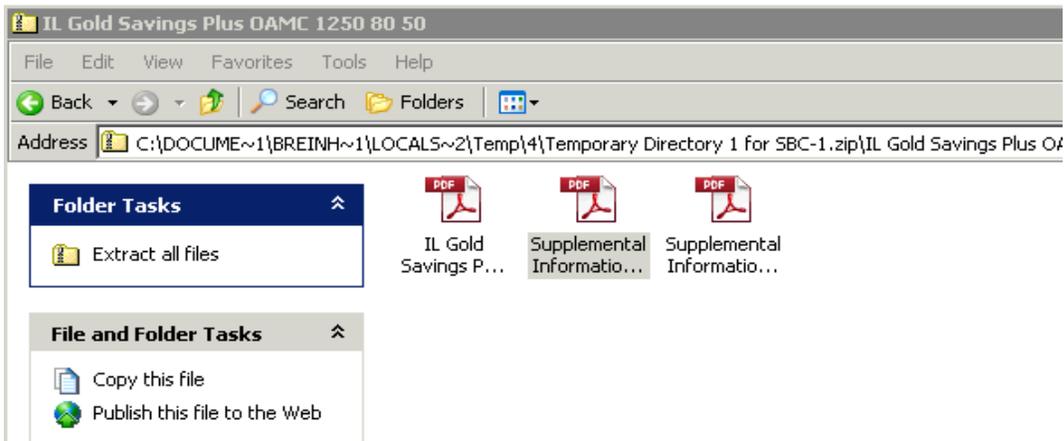
<input type="checkbox"/>	IL Silver OAMC 2000 70/50
<input type="checkbox"/>	IL Gold OAMC 1000 80/50 \$30
<input type="checkbox"/>	IL Silver PPO 2000 70/50
<input type="checkbox"/>	IL Silver HMO 2000 70%
<input type="checkbox"/>	IL Silver OAMC 6350 100/50

 **Download**

10. The SBCs will be sent to a .zip file. Double click the zip file



11. Your SBC is now viewable as a PDF



BCBSIL SBC Search



Go to: <https://ben-sum-mgr.rrd.com/secure/login/?custName=HCSC>

1) Log in using the following:



Welcome
This site requires authentication.
Enter your information below and press **Log In**.
If you don't remember your account information, click the Forgot Password Link.

Login

Customer Name:	<input type="text" value="HCSC"/>
User Name:	<input type="text" value="HCSCgenID"/>
Password:	<input type="password" value="....."/>

[Forgot your User ID/Password?](#)

← Password= BlueSBC2017!

2) Use the drop-down menu to select one of the two options:

Group 2016-2017 Q1 = Use this option if the group's renewal is *prior* to April 1, 2017

Group 2017 New = Use this option for group's who renew *on or after* April 1, 2017

Make your selection and hit "Next Step"

Logout

Create Summary

Document Type:



- 3) Select the year of the renewal you are creating an SBC for.
 Select the state the company is located in.
 Put in a partial Plan name (you can put in the full plan name, but on occasion this will confuse the system).
 Select the language you want the SBC.
 Select "Search"

***If searching for a grandfathered plan (*not* transitional/grandmothered): enter _GF in the Plan description field

Logout

Search Customize

Choose one or more criteria below to search for matching plans and press search.

Plan Year: 2017 ▼

Corporate Entity: IL ▼

Product Type Display: -- Select -- ▼

Plan ID:

Plan Name: G515

Plan Description:

Language: ENG ▼

Search

- 4) Look under the "plan name" column to locate the exact plan you are looking for
 Once located, click the appropriate plan listed on the far left side (under column "product type")

Logout

Search Customize

Choose one or more criteria below to search for matching plans and press search.

Plan Year: 2017 ▼

Corporate Entity: IL ▼

Product Type Display: -- Select -- ▼

Plan ID:

Plan Name: G515

Plan Description:

Language: ENG ▼

Search

Product Type	Product Type Display	Plan ID	Plan Name	Language	Plan Description
Blue PPO	IL - Blue PPO	GPSE50PPOSILO	G515PPO Blue PPO Gold(SM) 014	ENG	\$500Ded_\$5,000OOP_\$15/\$30/\$50

5) It will highlight the chosen plan. Click “next step”.

Logout

Search Customize

Choose one or more criteria below to search for matching plans and press search.

Plan Year: 2017
Corporate Entity: IL
Product Type Display: -- Select --
Plan ID:
Plan Name: G515
Plan Description:
Language: ENG
Search

Product Type	Product Type Display	Plan ID	Plan Name	Language	Plan Description
Blue PPO	IL - Blue PPO	GPSE50PPOSIL0	G515PPO Blue PPO Gold(SM) 014	ENG	\$500Ded_\$5,000OOP_\$15/\$30/\$50

Next Step ←

- 6) Plan effective date = The date of the plans renewal
Plan Ending date = Exactly one year after their renewal
Coverage For = Use the drop-down menu to select “All”
Hit “Generate Proof”

Logout

Search Customize

Plan Effective Date: 4/1/2017
Plan Ending Date: 3/31/2018
Coverage For: All
Generate Proof

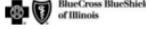
- 7) Confirm this is the SBC you were looking for & that the Coverage Period is correct.
 Click on “Generate Final Copy” if everything looks good.
 Click on “Make Changes” if you need to make an adjustment.

Your proof will be displayed below.
 Please review it carefully and take one of the following actions:

Make Changes
Generate Final Copy

previewstatementcontent 1 / 9

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Coverage Period: 4/1/2017-3/31/2018

 **G515PPO Blue PPO Gold™ 014** Coverage for: All | Plan Type: PPO

⚠ The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsil.com/member/policy-forms/2017 or by calling 1-800-541-2768. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall	Individual: Participating \$500	Generally, you must pay all of the costs from providers up to the deductible amount before

Once you Generate Final Copy, you will be able to enter an email address to have it sent to, or you can print the document.

To print, hover your mouse over the gray area above the SBC and a menu will appear where you can click the printer button. Or hover your mouse over the SBC, right click, and select to print.

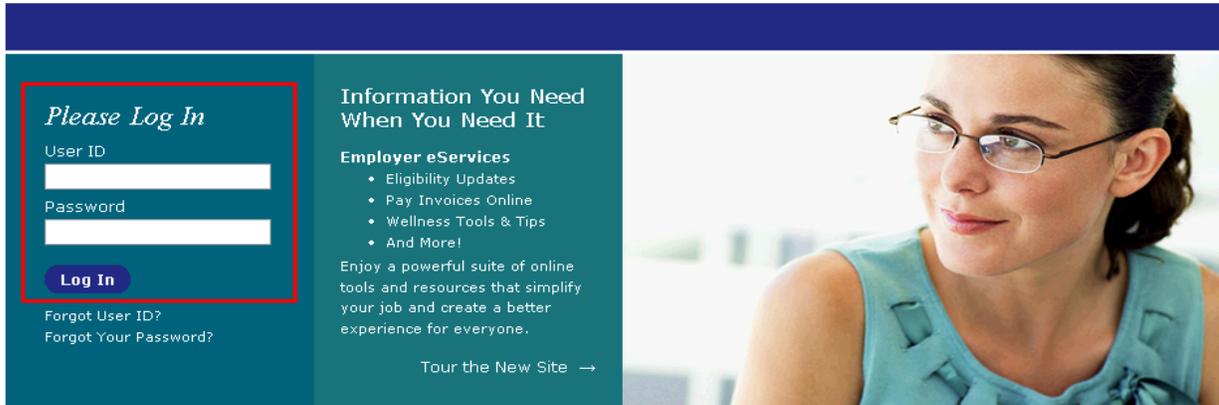
UnitedHealthcare SBC Search



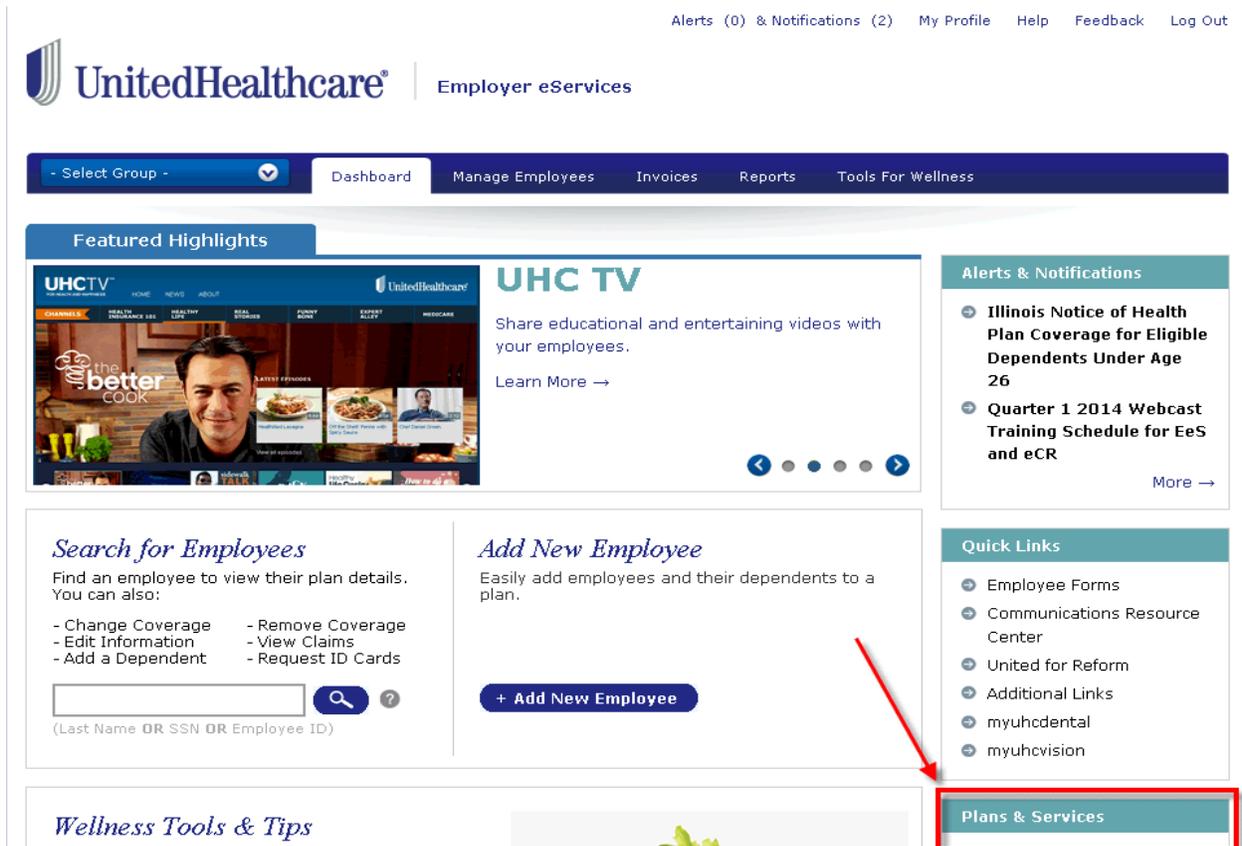
Employer eServices

1. Go to www.employereservices.com
2. Enter your "User ID" and "Password"

Employer eServices



3. Scroll down the page to "Plans & Services"



4. Choose “Summary of Benefits and Coverage”

The screenshot shows a web interface with several sections:

- Top Left:** A section titled "You can also:" with a list of actions: "- Change Coverage", "- Edit Information", "- Add a Dependent", "- Remove Coverage", "- View Claims", and "- Request ID Cards". Below this is a search input field with a magnifying glass icon and a question mark icon. A note below the field reads "(Last Name OR SSN OR Employee ID)".
- Top Center:** A "plan." label and a blue button labeled "+ Add New Employee".
- Top Right:** A sidebar menu with "Employee Forms" and "Plans & Services" sections. Under "Employee Forms" are "Communications Resource Center", "United for Reform", "Additional Links", "myuhcdental", and "myuhcvision". Under "Plans & Services" are "Benefit Admin Kits", "Benefit Plan Coverage Documents", "Summary of Benefits and Coverage" (highlighted with a red box), and "Provider & Network".
- Bottom Left:** A section titled "Wellness Tools & Tips" with a description: "Easily promote wellness topics and online tools that help your employees take a more active role in their health." Below are three bullet points: "Promote March's Health Topic: Nutrition", "Build a Wellness Newsletter", and "Build a Wellness Calendar". A link at the bottom says "Access Hundreds of Wellness Materials →".
- Bottom Center:** An image of a bowl of fresh salad.

5. Search by the group’s name. You can search by typing in the first few letters of the group’s name with an asterisk at the end. Click “Continue”

The screenshot shows a "Select Policy" dialog box with the following elements:

- Header:** "Select Policy" with a close button (X) on the right.
- Text:** "Select a Policy and Continue." followed by a "Show All" link.
- Search Bar:** A text input field containing "ABC Demo*" with a magnifying glass icon and a question mark icon to its right.
- Table:** A table with two columns: "Number" and "Name ▲". The table is currently empty.
- Buttons:** "Cancel" and "Continue" buttons at the bottom.

6. Click on the policy number to view the PDF



Welcome Back, Beth

ABC DEMO GROUP | Dashboard | Manage Employees | Invoices | Tools For Wellness

Summary of Benefits and Coverage

The Summary of Benefits and Coverage document is intended to provide consumers with a concise document explaining, in plain language, simple and consistent information about health plan benefits and coverage. It will summarize the key features of the plan, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

For more information on the Summary of Benefits and Coverage document and other Health Care Reform act information, please visit http://www.uhc.com/united_for_reform_resource_center.htm.

UnitedHealthcare will distribute the Summary of Benefits and Coverage to members according to the Summary of Benefits and Coverage rules.

Note: In the pre-enrollment situation, UnitedHealthcare will not know the identities of eligible but unenrolled members so we anticipate relying upon our employer customers, or broker acting on their behalf, to deliver the Summary of Benefits and Coverages to new hires mid-year, and at enrollment.

Employer Name: ABC

Please select the desired policy term to view the Summary of Benefits and Coverage document.

Policy Number	State	Activity Date	Policy Term ▼
0K0000	IL	12/16/2014	02/01/2015-01/31/2016
0K0000	IL	02/05/2014	02/01/2014-01/31/2015
0K0000	IL	12/16/2013	02/01/2014-01/31/2015

