



Essential StaffCARE

Affordable Care Act Compliant Minimum Essential Coverage (MEC) Plan Enrollment Form



Certified

EMPLOYMENT GROUP

HOW TO ENROLL

1. You **MUST** complete the Enrollment Form on the **back of this page**.
 - You **MUST** complete the Employee Information Section as part of your new hire process.
 - You **MUST Accept** or **Decline** the MEC Plan.
 - You **MUST Sign** and **Date** even if you decline coverage.
2. You **MUST** return the Enrollment Form (**this page only**) to your Branch Manager.
3. Please keep the last page for your records.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The MEC Wellness/Preventive Plan is an employer-sponsored, self-funded plan that has been deemed to be in compliance with ACA rules and regulations. More information about Preventive Services may be found on the government website at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

ENROLLMENT FORM

MEC S PM v.2.0B

REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK
(Must Be Filled Out)**

Social Security Number _____ - _____ - _____

Date of Birth ___/___/_____ Sex M F

Name _____

Street Address _____

City _____ State ___ ZIP _____

Home Phone Number _____ - _____ - _____

Do you or any dependents have Medicare? _____

Yes No If "Yes":

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ___/___/_____

Name(s) of Covered Person(s)

1. _____

2. _____

3. _____

MEC WELLNESS/PREVENTIVE

Monthly Rates

\$62.00 Employee Only

\$69.02 Employee + 1

\$73.67 Employee + Family

NO to MEC Wellness/Preventive

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____ - _____ - _____

Date of Birth ___/___/_____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____ - _____ - _____

Date of Birth ___/___/_____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____ - _____ - _____

Date of Birth ___/___/_____ Sex M F

Relationship: Spouse Child Domestic Partner

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time, and I understand that making no benefit selection is a declination of coverage.

► SIGNATURE _____ Date ___/___/_____

Minimum Essential Coverage (MEC) Covered Benefits (ACA Compliant Plan)

Monthly Rates

MEC PREVENTIVE SERVICES	In-Network	Non-Network
15 Preventive Services for Adults	100%	40%
22 Preventive Services for Women	100%	40%
26 Covered Preventive Services for Children	100%	40%
PPO Network: First Health Network, 1-800-226-5116, www.firsthealth.com For more information about preventive services, please visit www.healthcare.gov.		
Employee Only \$62.00	Employee + 1 \$69.02	Employee + Family \$73.67

PLAN INFORMATION

The MEC Wellness/Preventive Plan will **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. This plan **DOES NOT** cover medical services. This plan provides coverage for preventive services such as immunization and routine health screening. It does not cover conditions caused by accident or illness. This plan satisfies the federal healthcare reform Individual Mandate. **By purchasing this plan, you will not be taxed for failing to purchase insurance required by the Affordable Care Act.**

PAYMENT INFORMATION

The MEC Wellness/Preventive Plan will utilize a direct payment process. You will receive information in the mail with further instructions on how to set up payment. This payment option will require a credit card for payment so the premium can be automatically deducted.

AVAILABILITY OF SUMMARY HEALTH INFORMATION FOR THE MINIMUM ESSENTIAL COVERAGE PLAN

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: essentialstaffcare.com/sbcmec. A paper copy is also available, free of charge, by calling Essential StaffCARE Customer Service 1-866-798-0803.

MEMBER SERVICES

Essential StaffCARE Customer Service: **1-866-798-0803**

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and policy booklets.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time. Bilingual representatives are available.
- Members can also visit www.paisc.com and click on "Your Plan" and enter their group number.

MEC WELLNESS/PREVENTIVE PLAN FREQUENTLY ASKED QUESTIONS

Can I receive a subsidy on the Exchange?

No, if you enroll into the MEC Wellness/Preventive Plan you will not qualify for a subsidy at the health insurance exchange as this plan will meet the definition of Minimum Essential Coverage. Please **DO NOT** enroll into the MEC Wellness/Preventive Plan if you wish to obtain or wish to continue receiving Federally subsidized coverage from the health insurance exchange

Do these plans satisfy the Individual Mandate?

Yes, by enrolling into the MEC Wellness/Preventive Plan you will be meeting your Individual Mandate obligations.

How do I enroll?

Enrolling in the MEC Wellness/Preventive plan is easy. You can enroll by completing an Essential StaffCARE enrollment application and returning it to your manager.

When can I enroll in the plan?

You are able to enroll in the MEC Wellness/Preventive Plan within 30 days of your hire date or during your employer's annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

What is a qualifying life event?

A qualifying life event is defined as a change in your status due to one of the following:

- Marriage or divorce
- Birth or adoption of a child(ren)
- Termination
- Death of an immediate family member
- Medicare entitlement
- Employer bankruptcy
- Loss of dependent status
- Loss of prior coverage

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible

dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

When does coverage begin?

Coverage begins the 1st of the month following receipt of your first monthly payment.

Does this plan cover medical services?

This plan is in compliance with ACA rules and regulations. It covers wellness and preventive services only.

Are dependents covered?

Yes. Eligible dependents include your spouse and your children up to age 26.

Is there a pre-existing clause for the MEC Wellness/Preventive Plan?

There are no restrictions for pre-existing conditions in this plan. Even if you were previously diagnosed with a condition, you can receive coverage for related services as soon as your coverage goes into effect.

When should I expect an ID card?

An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents within 10 business days of your effective date, or if you have a change of address, please contact the Essential StaffCARE Customer Service at 866-798-0803. Present your ID card to the provider at the time of service. These ID cards are used for identification purposes and providers use them to verify eligibility status.

How can I make changes or enroll if I initially declined?

To make changes or enroll if you initially declined, contact your employer and request a change form. Changes are effective the 1st of the month following the date of the change request. You can cancel or reduce coverage at any time. Please remember that you may only enroll or add additional insured members during an open enrollment period or within 30 days of a qualifying life event.

PLEASE NOTE: Your Company has chosen to take your deductions for the MEC Wellness/Preventive Plan on a **Post-Tax** basis.