



Temporary, Permanent

Affordable Care Act Compliant, Self-Funded Minimum Essential Coverage (MEC) Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

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1. You **MUST** complete the Enrollment Form as part of your New Hire Process.
 2. Elect or decline all benefits on the Enrollment Form.
 3. You **MUST** Sign and Date the bottom of the form, even if you decline coverage.
 4. Return the Enrollment Form to your Branch Manager.
 5. Keep the Benefits at a Glance page for your records.
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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/coverage/preventive-care-benefits>. For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

Voluntary Electronic Availability of Summary Health Information for MEC/Wellness Preventive Plan

A sample copy of the Summary of Benefits and Coverage ("SBC") from Essential StaffCARE ("ESC") is available at the following link: www.enrollment.care/info/sbcmec.

While you may have other health plans, this is the link for your MEC plan with ESC. This important document explains the terms and conditions of your Health Plan, including eligibility, coverage amounts and exclusions along with your rights and responsibilities. At any time, you may request paper copies or revoke your consent to electronic delivery, free of charge, by calling 1-866-798-0803.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.



JCS MEC S PM v8.0



VSI 82410000-M-JCS

OFFICE USE ONLY LOCATION _____

Rehire Date __/__/____

ENROLLMENT FORM

MEC S PM v8.0

A. REQUIRED EMPLOYEE INFORMATION**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

Name	Social Security #	Phone	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address			Apt. #
City	State	ZIP	Date of Birth / /

B. DO YOU OR ANY OF YOUR DEPENDENTS HAVE MEDICARE? Yes No. If Yes, please fill out remainder of Section B.

Medicare Health Insurance Claim Number (HICN)	Medicare Effective Date	
Name of Covered Person(s): 1.	2.	3.

C. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION**Direct Payment Monthly Rates**

Enrolling in the **Optional MEC Wellness/Preventive Benefit** may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Rates for the MEC Wellness/Preventive Benefit are billed monthly.

**MEC Wellness/Preventive**

- \$58.19** Employee Only
- \$69.53** Employee + 1
- \$80.87** Employee + Family
- NO** to MEC Wellness/Preventive

D. REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
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Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

E. REQUIRED SIGNATURE**You MUST sign and date this form, even if you decline coverage.**

By signing below, I confirm I have read the Benefits Summary. I understand that open enrollment is only available for a limited time; that making no benefit selection is a declination of benefit coverage and benefit coverage is only available to employees who are over the age of 18.

DATE __/__/____

▶ SIGNATURE

MEC WELLNESS/PREVENTIVE PLAN BENEFITS AT A GLANCE

ACA Required Wellness and Preventive Benefits

82410000-M-JCS

ADULTS	covers 100% of the allowed amount in network; 40% out of network
Abdominal Aortic Aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol Misuse	Screening and counseling
Aspirin	Use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
Blood Pressure	Screening for all adults
Cholesterol	Screening for adults of certain ages or at higher risk
Colorectal Cancer	Screening for adults over 50 to 75
Depression	Screening for adults
Type 2 Diabetes	Screening for adults 40 to 70 years who are overweight or obese
Diet	Counseling for adults at higher risk for chronic disease
Falls Prevention	(with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
HIV	Screening for everyone 15 to 65, and other ages at increased risk
Hepatitis B Screening	for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence
Hepatitis C Screening	for adults at increased risk, and one time for everyone born 1945–1965
Immunization	Vaccines for adults—doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
Lung Cancer	Screening for adults 55–80 at high risk for lung cancer because they’re heavy smokers or have quit in the past 15 years
Obesity	Screening and counseling for all adults
Sexually Transmitted Infection (STI)	Prevention counseling for adults at higher risk
Statin Preventive Medication	for adults 40 to 75 at high risk
Syphilis	Screening for all adults at higher risk
Tobacco Use	Screening for all adults and cessation interventions for tobacco users
Tuberculosis Screening	for certain adults without symptoms at high risk
WOMEN (Including Pregnant Women)	covers 100% of the allowed amount in network; 40% out of network
Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Counseling about genetic testing for women at higher risk
Breast Cancer Mammography	Screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention	Counseling for women at higher risk
Breastfeeding	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical Cancer Screening	Pap test (also called a Pap smear) every 3 years for women 21 to 65; Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don’t want a Pap smear every 3 years
Chlamydia Infection	Screening for younger women and other women at higher risk
Contraception	Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”
Diabetes	Screening for women with a history of gestational diabetes who aren’t currently pregnant and who haven’t been diagnosed with type 2 diabetes before
Domestic and Interpersonal Violence	Screening and counseling for all women
Folic Acid	Supplements for women who may become pregnant
Gestational Diabetes	Screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea	Screening for all women at higher risk
Hepatitis B	Screening for pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV)	Screening and counseling for sexually active women
Osteoporosis	Screening for women over age 60 depending on risk factors
Preeclampsia Prevention and Screening	for pregnant women with high blood pressure
Rh Incompatibility	Screening for all pregnant women and follow-up testing for women at a higher risk
Sexually Transmitted Infections (STI)	counseling for sexually active women
Syphilis	Screening for all pregnant women or other women at increased risk
Tobacco Use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users

continued on next page

MEC WELLNESS/PREVENTIVE PLAN BENEFITS AT A GLANCE

ACA Required Wellness and Preventive Benefits

Urinary Incontinence Screening	for women yearly
Well-Woman Visits	To get recommended services for women under 65
CHILDREN	covers 100% of the allowed amount in network; 40% out of network
Alcohol, Tobacco, and Drug Use Assessments	for adolescents
Autism	Screening for children at 18 and 24 months
Behavioral Assessments	for children of all ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Bilirubin Concentration Screening	for newborns
Blood Pressure	Screenings for children: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Blood Screening	for newborns
Cervical Dysplasia	Screening for sexually active females
Depression	Screening for adolescents beginning routinely at age 12
Developmental Screening	for children under age 3
Dyslipidemia	Screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders. Ages: 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Fluoride Chemoprevention	Supplements for children without fluoride in their water source
Fluoride Varnish	for all infants and children as soon as teeth are present
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing	Screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
Height, Weight, and Body Mass Index	Measurements for children ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Hematocrit or Hemoglobin	Screening for children
Hemoglobinopathies	Or Sickle Cell screening for newborns
Hepatitis B Screening	for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S. -born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11–17 years
HIV	Screening for adolescents at higher risk
Hypothyroidism Screening	for newborns
Immunization	Vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis (Whooping Cough), Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
Iron	Supplements for children ages 6 to 12 months at risk for anemia
Lead	Screening for children at risk of exposure
Maternal Depression	Screening for mothers or infants at 1, 2, 4, and 6-month visits
Medical History	For all children throughout development: Ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Obesity	Screening and counseling
Oral Health	Risk assessment for young children: Ages: 0 to 11 months; 1 to 4 years; 5 to 10 years
Phenylketonuria (PKU)	Screening for newborns
Sexually Transmitted Infection (STI)	Prevention counseling and screening for adolescents at higher risk
Tuberculin	Testing for children at higher risk of tuberculosis: Ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Vision	Screening for all children

MONTHLY MEC PREMIUM		Policy Number 82410000-M-JCS
Employee Only	\$58.19	Employee + Family \$80.87
Employee + 1	\$69.53	

MEMBER SERVICES

For frequently ask questions regarding the MEC Wellness Preventive Benefit, please go to <https://enrollment.care/info/bcs/mmdp>.

PLEASE NOTE: To make changes or cancel coverage by telephone call (800) 269-7783. Your Company has chosen to take your payroll deductions on a **Post-Tax** basis.

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 and to add, change, or cancel coverage.
- 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 "Members."