MCSIG COMPLETECARE
FREQUENTLY ASKED QUESTIONS

What is CompleteCare?

CompleteCare, is a plan offered through the MCSIG which reimburses your out-of-pocket medical expenses, including co-pays, co-insurance, deductibles, and a portion of your premium, associated with an employee's (and/or their eligible dependents) enrollment in a non-MCSIG sponsored alternate group health plan.

CompleteCare will be offered on a voluntary basis to all benefit eligible employees for the first time during open enrollment this year. This will be an additional benefit option for employees. Other MCSIG Medical Plans will continue to be offered.

SECTION I. - COMPLETECARE PROGRAM

1. **What is covered under CompleteCare?** CompleteCare reimburses medical and prescription out-of-pocket costs for co-pays, co-insurance, deductibles and a portion of any premium paid for the alternate health plan (i.e. spouse's employer's plan).
2. **Is there a calendar year maximum?** Yes, the maximum amount the plan will pay per plan year for co-pays, deductibles and co-insurance is $8,150 for single coverage and $16,300 for family coverage.
3. **How are claims filed?** MCSIG CompleteCare ID Card(s) will be mailed to your home. Present your alternate group insurance plan ID card and the CompleteCare ID card at the time of service. CompleteCare will reimburse after the alternate health plan has paid. Let the provider know that CompleteCare will pay the provider directly for any co-pays, deductibles and co-insurance for eligible charges. Typically, you pay nothing out-of-pocket at the time of service and your provider should file the claim with both plans. Some pharmacies (like mail order pharmacies) do not accept the CompleteCare ID card. In those circumstances you would simply file a paper claim with Catilize Health.
4. **What happens if my spouse's network does not include my current doctor? I've been with my doctor for a long time and don't want to change now.** CompleteCare will reimburse you (up to the plan maximum limits) for services or benefits covered under the non-MCSIG plan. If the non-MCSIG plan does not include out-of-network services or benefits, they are not eligible for reimbursement under CompleteCare.
5. **If my spouse's medical plan does <u>not</u> cover a procedure, will that procedure be a covered expense under CompleteCare?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under CompleteCare and will not be reimbursed.
6. **Am I eligible for the MCSIG life insurance and Wellness program?** Yes, as a CompleteCare participant you are eligible for these programs.
7. **Am I eligible for all other MCSIG value added benefits?** No, other than life insurance and the Wellness program, all other benefits (e.g., Teladoc, Best Doctors, BridgeHealth, Acupuncture, etc.) are not eligible under CompleteCare. However, if your spouse's plan has a similar service, CompleteCare will reimburse any eligible copayments associated with that service. It is recommended you refer to your spouse's plan to inquire about all the benefits under that plan, which would become your primary coverage once you enroll in the CompleteCare Program.

SECTION II. - ELIGIBILITY

1. **Am I eligible to enroll into CompleteCare?** Anyone who has access to alternate group health coverage, other than through another MCSIG entity, may be eligible to enroll into CompleteCare. When you enroll yourself or your dependents in CompleteCare you are waiving coverage for the MCSIG Medical Plan for those who are enrolling in CompleteCare. If your spouse and/or children have group health coverage available elsewhere but you choose to remain on the MCSIG Medical Plan, they may move to the alternate coverage and may enroll in CompleteCare.
2. **What is alternate group health coverage?** Alternate group health coverage includes other employer group health plans (excluding School Districts who offer MCSIG Medical Coverage), such as one offered by your spouse's employer or a retirement plan for which you may be eligible from a previous employer. A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), Medicare, or Tricare Plans do not qualify as alternate group health coverage. If the alternate health plan coverage is a HDHP and you are able to waive the HSA, you may become eligible to enroll in CompleteCare.

3. **If I am enrolled with my children in a MCSIG Medical Plan, and my spouse is enrolled in his/her employer's plan, is my entire family eligible for CompleteCare?** During open enrollment or qualifying events your entire family is eligible to CompleteCare.

4. **I have one child covered with me under a MCSIG Medical Plan and my spouse has my other children on his/her plan. Will CompleteCare pay all the out-of-pocket expenses for my entire family?** Your entire family is eligible to enroll in CompleteCare during open enrollment or a qualifying event. CompleteCare reimburses expenses for anyone who chooses to waive coverage in the MCSIG Medical Plan to participate in CompleteCare. Therefore, in this example, CompleteCare will reimburse co-pays, deductibles and co-insurance for you and any family members who is enrolled in CompleteCare.

5. **If I have single coverage in the MCSIG Medical Plan and my spouse has single coverage in his/her group health plan, are both of us eligible for CompleteCare?** Yes, your entire family is eligible to enroll during open enrollment or a qualifying event.

6. **If my entire family is currently on the MCSIG Medical Plan and I enroll my entire family on my spouse's group plan, is my entire family eligible for CompleteCare?** Yes, the entire family would enroll into your spouse's group plan and the entire family would be covered under CompleteCare.

7. **If I am age 65 or older and Medicare is my primary coverage, am I eligible to enroll into CompleteCare?** No. If Medicare is your primary coverage, then you do not meet the definition of having alternate group coverage and you will not be eligible to enroll in CompleteCare.

8. **If my spouse and I both work for different MCSIG member districts and our only coverage options are MCSIG Medical Plans, is either one of us eligible for CompleteCare?** No, because neither one of you have access to alternate coverage through a non-MCSIG sponsored health plan.

9. **If I currently have single coverage on the MCSIG Medical Plan and I have alternate coverage with my other non-MCSIG job, am I eligible for CompleteCare?** Yes, you could enroll into the group plan through your non-MCSIG employer and you would be eligible for CompleteCare.

10. **I recently got married and I am now eligible for alternate coverage. Can I enroll in CompleteCare?** Yes, marriage is a Qualifying Event and, if your newly married status allows you to enroll in your new spouse's coverage, you may enroll in CompleteCare after you have enrolled in your alternative coverage.

11. **Is my new spouse and/or children eligible for CompleteCare?** Yes, as long as you enroll them within 30 days of marriage or for a newborn or newly adopted child, within 30 days of the event.

12. **Am I eligible for CompleteCare if my alternate coverage is a high deductible health plan with an HSA (Health Savings Account)?** No, the HSA and CompleteCare are both pre-tax plans and the IRS does not allow you to be reimbursed under both plans. If the other plan allows you to waive or opt-out of the HSA, you can become eligible to participate in CompleteCare upon providing proof that the HSA was waived.

13. **Can I enroll in CompleteCare and the Healthcare Flexible Spending Account (FSA)?** Employees may enroll in both CompleteCare and the FSA; however, employees may not be reimbursed for the same expenses under both plans. Employees enrolled in CompleteCare may wish to enroll in the FSA to cover expenses that are not otherwise covered by the medical plan. This includes expenses like dental care, contact lenses, and prescription drugs not covered by your group plan. Employees who elect to enroll in CompleteCare and the FSA should carefully evaluate their expenses so that they do not contribute too much towards the FSA and risk forfeiting the unused FSA funds at year-end.

14. **What if I waive coverage in the MCSIG Medical Plan, enroll in CompleteCare, and then lose access to coverage in my spouse's plan?** As long as you let MCSIG know within 30 days of a HIPAA Qualifying Event, you and your eligible dependents can enroll into the MCSIG Medical Plan with no lapse in coverage.

15. **When can I cancel CompleteCare?** You can change your election during open enrollment or within 30 days of a Qualifying Event and enroll in the MCSIG Medical Plan.

16. **How is my current dental and vision coverage affected?** You will remain enrolled in your current dental and vision plans.

SECTION III – ENROLLMENT

1. **How do I enroll into the CompleteCare Plan?**
    - **a.** Enroll into an alternate group health plan, such as your spouse's group plan or other group coverage. This must be a non-MCSIG sponsored health plan.
    - **b.** Complete the CompleteCare enrollment form.
    - **c.** Complete the Attestation Form; this is a required form that states you have other group health coverage. By signing this form, you are waiving the MCSIG Medical Plan for you and/or your dependents for the entire plan year.
2. **When will I receive confirmation?** You will receive a welcome letter and your new CompleteCare ID Cards in the mail at your home address after all required forms are submitted.

SECTION IV - CLAIMS

1. **How do I use the CompleteCare ID Card?**
    - **a.** First, present your alternate group health plan ID card.
    - **b.** Then, present your CompleteCare ID card. Let the provider know that CompleteCare will pay the provider directly for covered co-pays, deductibles and co-insurance. Typically, the provider will receive an EOB (Explanation of Benefits) from your group plan, then the provider can use the EOB to file the CompleteCare Claim.
    - **c.** You pay nothing; your provider will file the claim with both plans.
2. **How is reimbursement obtained?**
    - **a.** Most providers will file claims for your co-pays, deductibles and co-insurance. When you receive services from one of these providers, present the CompleteCare ID Card and the provider will file the claim. The provider will receive the payment for the out-of-pocket expenses.
    - **b.** If you receive care from a provider that does not file claims, then you need to file a paper claim. You will receive a check reimbursing you for your out-of-pocket expenses.
2. **Do all medical providers accept the CompleteCare ID Card?** Most providers accept the ID card and file claims. If the provider has questions about the coverage or claim submission process, the provider can call the toll-free number on the back of the CompleteCare ID card.
3. **Do all pharmacies accept the CompleteCare ID card?** Most pharmacies will process your claim when you present your CompleteCare ID card. However, some pharmacies, such as W mail order pharmacies, will not file a claim. You can still fill your prescriptions at these pharmacies. However, you will need to pay your out-of-pocket expenses, get a receipt, and file a paper claim to obtain reimbursement. Keep in mind that many pharmacies will provide a report listing your prescriptions and co-pays.
4. **What if I receive an invoice from a provider for a claim for out-of-pocket expenses that should have been reimbursed and paid to the provider?** Your first inquiry should be made to Catilize Health. The toll-free number is 1-877-872-4232 and the email address is completecare@catilizehealth.com
5. **Is there a time limit for submitting claims to be paid?** Yes. You will want your reimbursement in a timely manner, so please submit your claim as soon as possible but no later than 90 days after the end of the plan year each year OR within 90 days from the date you no longer participate in the plan.

SECTION V – PREMIUM REIMBURSEMENTS

1. **What if the premium for my alternate plan is higher than the MCSIG Medical Plan?** The CompleteCare plan will reimburse you for an increase in premium your spouse (or you) pay for the alternate plan up to the maximum allowable amount. The maximum amount that will be reimbursed by CompleteCare for premium reimbursement per month is: $100 per month for one person who enrolls in the alternate health plan; up to $200 per month for two persons who enroll in the alternate health plan; and up to $300 per month for three or more persons who enroll in the

alternate health plan. If the premium does not increase by adding dependents, then there is no eligible premium cost under CompleteCare.

2. **What if there is a change to my spouse's premium?** Most employers revise their premiums annually. You must inform Catilize Health. of premium changes as soon as possible, but not later than 90 days after an increase or decrease in premium contributions, so that your reimbursement can be appropriately adjusted. This information can be faxed to 877-599-3724 or emailed to completecare@catilizehealth.com.

3. **Is my premium reimbursement taxable?** Most employees pay for their medical premiums through a cafeteria plan which allows the employee to pay for the premium on a pre-tax basis. If your spouse is paying for medical coverage through the pre-tax option, the IRS requires us to tax the premium reimbursement since your spouse did not pay tax on the money. You will receive your CompleteCare premium reimbursement monthly via check from Catilize Health. You will receive an IRS Form 1099 at the end of the tax year for use in your tax preparation. Please consult your tax preparer. If your spouse has not made that pre-tax election, then you will receive a check in the mail and you will not receive an IRS Form 1099 at the end of the tax year.

4. **What documentation must I supply as proof of the premium contribution that I or my spouse pays for our alternate coverage?** When you enroll in CompleteCare, you will need to provide a current pay stub as well as a new pay stub and/or official documentation from your alternate coverage provider that includes the information listed below:

    a. Amount contributed for medical insurance premiums each payroll period

    b. Coverage level (i.e. single, ee+1, family)

    c. Frequency of pay (i.e. bi-weekly, semi-monthly, etc.)

    d. Whether the deduction is made on a pre or post tax basis