

HEALTH INSURANCE ENROLLMENT FORM



**STAFFING
BENEFITS**
GROUP

An **Esprit Benefits** company.

Requirements

- *You must complete the Enrollment Form as part of the New Hire Process.*
- *You must elect or decline coverage on the Enrollment Form.*
- *Return the Enrollment Form to your Manager.*
- *Keep the Plan Information Packet for your Records.*





Enroll Today and Avoid the IRS Tax Penalty!

The Affordable Care Act is a law that requires every person to obtain qualified health insurance or pay a tax penalty. The IRS enforces this penalty on your individual tax return. The IRS also enforces your employer to ensure they are offering these qualified health benefits. If you don't have health insurance in 2016, you WILL pay the higher of these two amounts:

- \$695 per person (\$347.50 per child under 18). The maximum penalty per family using this method is \$2,085.
- 2.5% of your yearly household income (only the amount of income above the tax filing threshold, about \$10,150 for an individual in 2014, is used to calculate the penalty. The maximum penalty is the national average premium for a Bronze plan.



Benefit Options

MEC - Minimum Essential Coverage

(Basic level of coverage required by law)

- Eliminates the personal IRS penalty under the Affordable Care Act
- Covers the required preventative services as outlined by the CMS
- Unlimited Telemedicine included-EspritDOC

Aetna Dental, Vision, Chiropractic, Hearing, and More

Bundled Benefit Card for individual employee or the whole family-same price
Valuable services and discounts



Frequently Asked Questions

When will my benefits be effective?

Your benefits will be effective on the 1st of the month following 30 days from your hire date.

What is the tax penalty I keep hearing about?

The Affordable Care Act mandates every individual in America enroll in Minimum Essential Coverage or pay a tax penalty.

May I cover my dependents?

Yes. On the enrollment form please select the coverage level you are enrolling in. Employee Only – Employee + Spouse – Employee + Children – Employee + Family.

**You may cover your children up to age 26*

Can I make changes or cancel coverage?

You will have 30 days from your hire date to enroll in benefits. You can make changes to your coverage if there is a qualifying event. A qualifying 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*
- *Medicare entitlement*
- *Loss or prior coverage*
- *Loss of dependent status*



Benefit Election Form

Please remit completed form to your employer

Employer - Please Complete This Section:

Requested Effective Date 01/01/2016 Date of Hire _____

Open Enrollment New Hire Life Status Change

Employer Name BGI Staffing Group Number _____

Employee:

First Name _____ Last Name _____

DOB _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Marital Status _____ Gender Male Female

Spouse:

First Name _____ Last Name _____

DOB _____ SSN _____

Dependents (Additional Room on Back):

Full Name _____ Gender _____

DOB _____ SSN _____

Full Name _____ Gender _____

DOB _____ SSN _____

Full Name _____ Gender _____

DOB _____ SSN _____





Benefit Election Form

Please remit completed form to your employer

Benefit Selection	Coverage	Two Deductions Per Month of:
<input type="checkbox"/> MEC	<input type="checkbox"/> Employee Only	<input type="checkbox"/> \$38.08
	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> \$57.58
	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> \$86.30
	<input type="checkbox"/> Family	<input type="checkbox"/> \$104.65



Benefit Election Form

Refusal of Coverage

I decline the Minimum Essential Coverage (MEC) and Minimal Value Plan (MVP) because I am currently enrolled in other creditable coverage:

Spouse's Plan

Other Government Sponsored Plan

Tricare

Other (Please specify) _____

I do not have other creditable coverage and understand that I face tax penalties for not enrolling in my employer's sponsored Minimum Essential Coverage plan.

Authorizations/Salary Reduction Agreement:

- I understand that in order to be eligible for the coverages I have elected, I must meet any applicable actively at work requirement as defined by the insurance contracts.
- I authorize any physician, medical practitioner, hospital, clinic, or medical related facility, insurance or reinsurance company, having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to our Insurance Companies or their legal representative, any and all such information. I authorize the use and disclosure of my Social Security Number in the administration and provision of such benefits as may apply to me or my minor children.
- I understand Special Enrollment Rules may apply if I waive coverage for myself or my dependents when initially eligible, due to other health insurance coverage. If I do not qualify under the Special Enrollment Rules, enrollment will be restricted to once a year during the annual open enrollment period, subject to the pre-existing conditions limitations.
- I authorize the Company to reduce my regular compensation per pay period for all employee benefits which I have elected and deductions made for the purpose of recovering any ineligible benefit payments. This authorization shall remain in force for this Plan Year and each subsequent Plan Year, or until my participation in the employee benefit plan(s) terminates.
- By providing my e-mail address, I Authorize and Consent to the use of e-mail for communications regarding my employee benefits. I understand that my e-mail address is private and will be used solely for benefit administration purposes.

I hereby authorize my employer to deduct from my paycheck the monthly premium agreed to on this application or a portion of it. I understand I can cancel at anytime with no obligation.

Signature _____

Date _____



MINIMUM ESSENTIAL COVERAGE

Basic Level of Care Required By Law

SERVICE	BENEFIT	BENEFIT LIMITS PER CALENDAR YEAR
Covered Preventive Service for Adults as defined by CMS Preventive Services		
Office Visit Exam & Includes Services For:	Plan pays 100% of Allowable Charges	For pregnant women at their first prenatal visit
Abdominal Aortic Aneurysm	Plan pays 100% of Allowable Charges	For women over age 60 or at high risk
Alcohol Misuse Screening and Counseling	Plan pays 100% of Allowable Charges	
Aspirin use for Men and Women	Plan pays 100% of Allowable Charges	Every 3 years for women with normal cytology results who are age 30 or older
Blood Pressure Screening	Plan pays 100% of Allowable Charges	For pregnant women follow-up testing for women at higher risk
Cholesterol Screening	Plan pays 100% of Allowable Charges	
Colorectal Cancer Screening	Plan pays 100% of Allowable Charges	For pregnant women
Depression Screening	Plan pays 100% of Allowable Charges	
Type 2 Diabetes Screening	Plan pays 100% of Allowable Charges	Screening for adults with high blood pressure only
Diet Counseling	Plan pays 100% of Allowable Charges	Screening for adults at higher risk of chronic disease
Hepatitis B Screening	Plan pays 100% of Allowable Charges	
Hepatitis C Screening	Plan pays 100% of Allowable Charges	
HIV Screening	Plan pays 100% of Allowable Charges	Screening for adults
Immunizations: *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot) *Pneumococcal *Measles, Mumps, Rubella *Meningococcal *Varicella *Tetanus, Diphtheria, Pertussis	Plan pays 100% of Allowable Charges	Listed immunizations are once per calendar year. Human Papillomavirus shots up to age 26. Pneumococcal shots for adults 65 and older
Lung Cancer Screening	Plan pays 100% of Allowable Charges	Screening for adults at higher risk
Obesity Screening and Counseling	Plan pays 100% of Allowable Charges	
Sexually Transmitted Infections Prevention	Plan pays 100% of Allowable Charges	
Syphilis Screening	Plan pays 100% of Allowable Charges	

* Please note the preventive care recommendations and immunization services listed above, though comprehensive, are subject to change and may not necessarily include all items required by law. Should there be any additional preventive services required by law which are not included above, these services will also be covered under this plan.





MINIMUM ESSENTIAL COVERAGE

Basic Level of Care Required By Law

SERVICE	BENEFIT	BENEFIT LIMITS PER CALENDAR YEAR
COVERED PREVENTIVE SERVICE FOR WOMEN - INCLUDING PREGNANT WOMEN		
Wellness Office Visits and Lab Services		
Well-Women Visits	Plan pays 100% of Allowable Charges	
Anemia Screening	Plan pays 100% of Allowable Charges	For pregnant women
Bacteriuria urinary tract or infection Screening	Plan pays 100% of Allowable Charges	For pregnant women
BRCA Counseling	Plan pays 100% of Allowable Charges	Includes genetic test for women at high risk
Breast Cancer Mammography Screening	Plan pays 100% of Allowable Charges	Screenings every 1 to 2 years for women over 40 years old
Breast Cancer Chemoprevention Counseling	Plan pays 100% of Allowable Charges	Counseling for women
Breastfeeding Consultations	Plan pays 100% of Allowable Charges	Comprehensive support and counseling from trained providers, as well as access to breast-feeding supplies, for pregnant and nursing women.
Cervical Cancer Screening	Plan pays 100% of Allowable Charges	Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test & an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening	Plan pays 100% of Allowable Charges	
Contraception	Plan pays 100% of Allowable Charges	FDA 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). Does not apply to health plans sponsored by certain exempt "religious employers".
Domestic & Interpersonal Violence Screening	Plan pays 100% of Allowable Charges	
Folic Acid Supplements	Plan pays 100% of Allowable Charges	For women who are or may become pregnant

* Please note the preventive care recommendations and immunization services listed above, though comprehensive, are subject to change and may not necessarily include all items required by law. Should there be any additional preventive services required by law which are not included above, these services will also be covered under this plan.





MINIMUM ESSENTIAL COVERAGE

Basic Level of Care Required By Law

SERVICE	BENEFIT	BENEFIT LIMITS PER CALENDAR YEAR
Gestational Diabetes Screening	Plan pays 100% of Allowable Charges	For women 24 to 28 weeks pregnant and / or at high risk of developing gestational diabetes
Hepatitis B Screening	Plan pays 100% of Allowable Charges	For pregnant women at their first prenatal visit
Osteoporosis Screening	Plan pays 100% of Allowable Charges	For women over age 60 or at high risk
Human Immunodeficiency Virus (HIV) Screening and counseling	Plan pays 100% of Allowable Charges	
Human Papillomavirus (HPV) DNA Test	Plan pays 100% of Allowable Charges	Every 3 years for women with normal cytology results who are age 30 or older
Rh Incompatibility Screening	Plan pays 100% of Allowable Charges	For pregnant women follow-up testing for women at higher risk
Tobacco Use Screening and interventions	Plan pays 100% of Allowable Charges	
Urinary tract or other infection screening	Plan pays 100% of Allowable Charges	For pregnant women
Sexually Transmitted Infection (STI) Screening and Counseling, includes Gonorrhea & Syphilis	Plan pays 100% of Allowable Charges	





MINIMUM ESSENTIAL COVERAGE

Basic Level of Care Required By Law

SERVICE	BENEFIT	BENEFIT LIMITS PER CALENDAR YEAR
COVERED PREVENTIVE SERVICE FOR CHILDREN		
Wellness Office Visits and Lab Services		
Alcohol and Drug Use Assessments	Plan pays 100% of Allowable Charges	
Autism Screening	Plan pays 100% of Allowable Charges	For children at 18 months to 24 months
Behavioral Assessments	Plan pays 100% of Allowable Charges	
Blood Pressure Screening	Plan pays 100% of Allowable Charges	
Cervical Dysplasia Screening	Plan pays 100% of Allowable Charges	
Congenital Hypothyroidism Screening	Plan pays 100% of Allowable Charges	For newborns
Dental Caries Prevention	Plan pays 100% of Allowable Charges	For children up to age 5 by the application of fluoride varnish from primary care physicians
Depression Screening	Plan pays 100% of Allowable Charges	For teenagers ages 12 to 18
Developmental Screening	Plan pays 100% of Allowable Charges	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100% of Allowable Charges	For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	Plan pays 100% of Allowable Charges	For children without fluoride in their water sources
Hearing Screenings	Plan pays 100% of Allowable Charges	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100% of Allowable Charges	
Hematocrit or Hemoglobin Screening	Plan pays 100% of Allowable Charges	
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100% of Allowable Charges	For all newborns
HIV Screening	Plan pays 100% of Allowable Charges	For children at risk
Immunizations: *Hepatitis A *Hepatitis B *Herpes Zoster *Human Papillomavirus *Influenza (Flu Shot) *Pneumococcal *Measles, Mumps, Rubella *Meningococcal *Varicella *Tetanus, Diphtheria, Pertussis	Plan pays 100% of Allowable Charges	
Iron Supplements	Plan pays 100% of Allowable Charges	For children up to 12 months at risk of anemia
Lead Screening	Plan pays 100% of Allowable Charges	
Medical History	Plan pays 100% of Allowable Charges	For all children throughout development
Obesity Screening and Counseling	Plan pays 100% of Allowable Charges	
Oral Health	Plan pays 100% of Allowable Charges	At risk assessment for your children ages newborn to age 10
Phenylketonuria (PKU) Screening	Plan pays 100% of Allowable Charges	For genetic disorders in newborns
Vision Screening	Plan pays 100% of Allowable Charges	For children to age 18
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100% of Allowable Charges	For children at higher risk, includes gonorrhea preventive medication for newborn eyes
Tuberculin Testing	Plan pays 100% of Allowable Charges	For children at higher risk of tuberculosis to age 18



Some expenses are unavoidable. Other expenses are unnecessary. What if you could eliminate or reduce the cost of those expenses? Now that's smart. Check out the following time and money-saving benefits.



EspritMed

Healthy savings for healthy families.

\$15.95 per month



Medical Bill Saver™

Experts who know the ins and outs of billing practices will attempt to negotiate a reduction in your out-of-pocket medical expenses.



Health Advocacy

Your lifeline for healthcare and insurance help.



Nurseline™

Rest assured—highly trained registered nurses are on-call 24/7 to answer your questions.



Vision

Your eyes are the windows to your health. Save 10% to 60% on glasses, contacts, laser surgery, exams and more.



Dental

Smile brighter with big savings on dental services at thousands of locations nationwide.



Chiropractic

Back out of whack? Save 30% to 50% on X-rays, diagnostic services and treatments at chiropractors nationwide.



Lab Testing

Know your numbers! Help monitor your health with 10% to 80% off typical costs of routine lab work.



MRI & CT Scans

Save 50% to 75% on usual charges for MRI, CT Scans and more at thousands of credentialed radiology centers nationwide.*



Hearing Aids

Want to save big on hearing aids? You'll save 35% at retail locations nationwide.



Diabetic Management

Diabetes can be hard to manage—big savings on supplies can make life easier.

Start Saving
TODAY!



Discount Medical Plan Application

Group Number _____ Company _____
Employee ID # _____ Date of Birth _____ [] Male [] Female
First Name _____ MI _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

EspritMed

\$15.95 per month

This package includes: Health Advocacy, Medical Bill Saver™, Nurseline™, Vision, Dental, Chiropractic, Hearing, Lab Testing, MRI & CT Scans, and Diabetic Management

Sign up now through payroll deduction!

I hereby authorize my employer to deduct from my earnings such amounts as may now or hereafter be payable to me under the discount plan purchased through EspritMed. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings. I also acknowledge all rates are deducted from my paycheck post-tax.

Your signature _____ Date _____

Your membership is effective upon ____/____/____

If no date is populated above, your membership is effective upon receipt of membership materials. This plan is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This discount card program contains a 30 day cancellation period. Member shall receive a full refund of membership fees if membership is cancelled within the first 30 days after the effective date. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309. Discount Lab Work Benefit is not available to HI, MA, MD, ND, NJ, NY, RI or SD residents. Not available to residents of FL, KS, UT, VT, WA.

Disclosures: This plan is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. **This discount card program contains a 30 day cancellation period.** The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a full refund of membership fees if membership is cancelled within the first 30 days after the effective date. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com. Not available to FL, KS, UT, VT or WA residents. Discount Lab Work Benefit is not available to MA, MD, ND, NJ, NY, RI or SD residents. *Savings may vary based on geographic location, provider and procedure performed. Available services may vary by provider.

Terms & Conditions

1. Member is defined as primary member, spouse, and all legal dependents.
2. Providers are subject to change without notice. Programs may vary in some states. Providers and locations may be removed from the network at any time.
3. This is a discount program only. The program may be cancelled or modified at anytime. You will receive notice if the plan is cancelled or materially modified.
4. Normal business hours are Monday through Friday, 7:00 am to 7:00 pm and Saturday, 8:00 am to 5:00 pm Central Time.
5. The discount company will not reimburse or pay any portion of any provider's fees. These benefits may not be used with any other discount plan or program. Listed or quoted prices are subject to change without notice.
6. Providers may offer products or services to the public at prices lower than the discounted prices. In such event, members will be charged the lower price.
7. Savings are based on the provider's normal fees. Actual savings will vary by location and the services or products purchased.
8. This discount program is a referral plan, and makes no warranties concerning the quality of care received. Providers are responsible for the professional advice and treatment provided to members.