



## Integrity Staffing Services

Employee Name: \_\_\_\_\_

### Integrity Staffing Services

#### 2019 Benefits Open Enrollment Worksheet – Temporary Associates

This enrollment worksheet outlines the medical and dental insurance benefit costs for 2019.

**What you need to do:**

1. **Write your name in the space provided above** and review the new benefit costs for 2019.
2. Please confirm your selections by checking the desired level of coverage for the medical plans. ***\*If you are making any changes to your current medical selections or switching plans, you'll need to complete the Optima form as well.***
3. **Sign & date this form on page 2**
4. **Return this form to Lisa Hartley by December 18, 2018.** Please ask HR if you have any questions about paperwork, benefits, or costs

Optima Medical (Per Pay Deduction -weekly)	Employee Only	Employee & Child	Employee & Children	Employee & Spouse	Employee & Family
<b>Plus PPO 1000/25/80%</b>	<input type="checkbox"/> \$169.71	<input type="checkbox"/> \$295.65	<input type="checkbox"/> \$455.59	<input type="checkbox"/> \$433.01	<input type="checkbox"/> \$718.85
<b>Vantage HMO 5000/30/70% (not available to Associates in Winchester Branch office)</b>	<input type="checkbox"/> \$50.43	<input type="checkbox"/> \$110.76	<input type="checkbox"/> \$187.38	<input type="checkbox"/> \$176.56	<input type="checkbox"/> \$313.50
<b>Plus PPO 5000/30/70%</b>	<input type="checkbox"/> \$71.63	<input type="checkbox"/> \$144.60	<input type="checkbox"/> \$236.47	<input type="checkbox"/> \$223.50	<input type="checkbox"/> \$387.70
<b>OR</b> <input type="checkbox"/> I waive medical for 2019	<b>Reason for waiving (Required):</b>				

**REMINDER!**

After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status. Some examples of a change in family status include:

- ✓ Loss or gain of coverage through your spouse
- ✓ Loss of eligibility of a covered dependent
- ✓ Death of your covered spouse or child
- ✓ Birth or adoption of a child; marriage, divorce, or legal separation
- ✓ Switch from part-time to full-time

You have 31 days from a change in family status to make changes to your medical & dental coverage.

**Women's Health and Cancer Rights Act of 1998**

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- ✓ Reconstruction of the breast on which the mastectomy was performed;
- ✓ Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ✓ Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. If you feel an error has been made or have any questions, please contact Human Resources.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

**Notice of Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. See Human Resources with additional questions related to special enrollment provisions.

**Loss of Medicaid or CHIP entitlement**

Employees and dependents who lose eligibility under a Medicaid plan or CHIP and employees and dependents who become eligible for a premium assistance subsidy under Medicaid or CHIP must be given 60 days after the loss of coverage or determination of eligibility for assistance to request coverage under the group health plan.

**Authorization**

(I) By signing below, I authorize voluntary payroll deductions in the amount listed above. I acknowledge that my medical/dental elections will remain in force for the entire plan year, unless there is a change in my family status. I also understand that I will not be eligible to make a new decision until the next open enrollment or unless I notify my employer within 30 days of a qualifying life event. Qualifying events include but are not limited to: birth or adoption, marriage or divorce, new court order to cover a dependent, and loss of coverage elsewhere.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_