



Access Point AP Service Company Group

June 1, 2017-June 30, 2018

## ENROLLMENT

### Minimum Value Plan

*(\$4000/\$8000 Annual Deductible)*

#### Weekly Deduction Amount

Single: \$22.47

Two Person: \$117.37

Family: \$158.05

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### Community Blue 12 Plan

*(\$1000/\$2000 Annual Deductible)*

#### Weekly Deduction Amounts

Single: \$63.03

Two Person: \$214.73

Family: \$279.74

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### Simply Blue 500 Plan

*(\$500/\$1000 Annual Deductible)*

#### Weekly Deduction Amounts

Single: \$58.92

Two Person: \$204.85

Family: \$267.40

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### Blue Care Network HMO

*(\$1000/\$2000 Annual Deductible)*

#### Weekly Deduction Amounts

Single: \$42.91

Two Person: \$166.43

Family: \$219.37

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**Employer Annual cost on ALL plans is: \$2,356.68**

### **Requirement and Deadline to Enroll: 7 business days after today's signed acknowledgment form.**

**Please Note:** *If you are choosing to waive/decline coverage, please note that the Affordable Care Act regulates that you must choose either employer insurance, or insurance through the Market Place, or another vendor to avoid a fee. There is a letter regarding your New Health Insurance Marketplace Coverage Options and Your Health Coverage included in this package.*

DeWinda Webb

Benefits Administrator

AccessPoint

Direct Line (517) 908-4785

Fax (517) 321-4526

[dwebb@apteam.com](mailto:dwebb@apteam.com)



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## Dear New AccessPoint Employee:

On behalf of the Employee Benefits Department, we'd like to welcome you to Access Point. If you are a new hire for a position or combination of positions in which you work 30 or more hours per week, you may be eligible for benefits. If you recently attained more hours with Access Point and now work 30 or more hours per week, you may now be eligible for benefits and will need to **complete** the enrollment process in 7 business days.

**Waiting Period for Benefits to Start:** If you elect employee benefits, your benefits will begin the 1<sup>st</sup> of the month following 60 days of employment in which you have worked at least 30 hours each week. **If we do not receive your BCBS enrollment form by the 7<sup>th</sup> business day following your signature on this acknowledgment form, you are voluntarily stating that you have waived your option to enroll in the coverage that is being offered.**

## How do I turn in my paperwork?

Turn in completed paperwork to your local branch, fax, scan, email, or mail to DeWinda Webb (**contact information on pg. 1**).

**Please note:** If you mail your paperwork and we do not receive it by the deadline, you may miss your enrollment period and will not be eligible until the next open enrollment period.

## Can I cancel my policy?

Please review the employee premium obligation prior to accepting insurance. **You will only have 10 days after submitting your signed enrollment form to cancel your insurance unless you have a qualifying life event.** (See qualifying events on page 3.) This may have a negative financial impact to you if you have not weighed all of your options. You may opt to cancel coverage when your assignment ends. If you choose to do so please keep in mind that you will NOT be eligible again until the next open enrollment period, or if you have been without an assignment through AccessPoint for over 13 weeks.

## Do I have to submit my dependents and my social security number for benefits enrollment?

Yes. Disclosure of your Social Security number is permitted under Section 7 of the Federal Privacy Act of 1974. For health insurance and other employee benefit plans; our vendors indicate that SSN's are mandatory to identify individuals enrolling for coverage. Further, a new Mandatory Insurer Reporting law, Section 111 of Public Law 110-173, requires group health plan insurers to report SSN's in order for Medicare to coordinate payments with other insurance benefits. The SSN's for you and those of your family may be requested for these purposes. If you have questions about when or why a particular plan requires your social security number, please contact the vendor directly.

## Forms Needed:

- **Newly Enrolled in BCBS Premium Plans (SB 500 and CB12):** Acknowledgment/AP Page and Enrollment Form. **(Two Forms)**
- **Newly Enrolled in BCBS MVP Plan:** Acknowledgment/AP Page, Health Savings Account and Enrollment Form. **(Three Forms)**
- **Newly Enrolled in BCN HMO Plan:** Acknowledgment/AP Page, Enrollment Form and BCN PCP Selection Form **(Three Forms)**
- **To Decline insurance** – Waiver Form **(One Form)**
- **To Change insurance** – Change of Status Form **(One Form)**



## List of Qualifying Events

1. Change in legal marital status, including marriage, death of a spouse, divorce, legal separation or an annulment.
2. A change in the number of dependents, including birth, death, adoption, and placement for adoption.
3. A change in employment status of the employee, or the employee's or retiree's spouse or dependent, including termination or commencement of employment, a strike or lockout, a commencement of or return from an unpaid leave of absence, a change in worksite, and a change in working conditions (including changing between part-time and full-time or hourly and salary) of the employee, the employee's or retiree's spouse or dependent which results in a change in benefits they receive under a cafeteria plan or health plan.
4. A dependent ceasing to satisfy eligibility requirements for coverage due to attainment of age, student status, marital status, or other similar circumstances.
5. A change in place of residence of the employee, retiree or their spouse or dependent and the current carrier is not available.
6. Significant cost or coverage changes (including coverage curtailment and the addition of a benefit package).
7. Family Medical Leave Act (FMLA) leave.
8. Judgments, decrees or orders.
9. A change in coverage of a spouse or dependent under another employer's plan.
10. Open enrollment under the plan of another employer.
11. Health Insurance Portability and Accountability Act (HIPPA) special enrollment rights for new dependents and in the case of loss of other insurance coverage.
12. A COBRA-qualifying event.
13. Loss of coverage under the group health plan of a governmental or educational institution (a state's children's health insurance program, medical care program of an Indian tribal government, state health benefits risk pool, or foreign government group health plan).
14. Entitlement to Medicare or Medicaid.
15. Any other situations in which the group health or dental plan is required by the applicable federal or state law to allow a change in coverage.