



## Medical Insurance

Full time employees; those who work 30 hours or more per week (130 hours per month) are eligible to enroll in the Protocall Medical Plans after completing a 60 day waiting period. Documents describing the terms and conditions, rates and levels of coverage are provided to employees at the time of hire. All relevant plan documents are also available on the company website at [www.protocallgroup.com/employees/benefits](http://www.protocallgroup.com/employees/benefits).

Payment for medical insurance must be made through a pre-tax payroll deduction. In the event that an insurance payment is not taken through a payroll deduction, the employee is required to pay their portion of the premium for insurance directly to Protocall within 5 days of the missed deduction. Payment must be in the form of a money order, certified check or regular check. Any fees incurred by Protocall as a result of insufficient funds, must be paid for by the employee. Failure to pay the employee portion of the premium will result in termination of insurance.

**Please make all checks payable to:**

The Protocall Group

**Send Checks to the following address:**

Attention: Human Resource Department  
1 Mall Drive, Suite 203  
Cherry Hill, NJ 08002

Once an employee enrolls in the insurance, if employment becomes inactive or terminates, employees may be eligible for benefits continuation through COBRA (see below). Notification of COBRA eligibility will be sent US Mail and requires a response in writing to continue coverage.

*Medical insurance provided by The Protocall Group is subject to change at any time. Any change of plan eligibility, plan designs or rate, will be provided to employees. Please see the company website for updates.*

## Plan Year 2019: Medical plan Overview

*(Effective January 1, 2019 – December 31, 2019)*

### 1. *Why must I choose between medical coverage or paying a tax penalty?*

- The Affordable Care Act (ACA) requires all individuals to have at least “minimum essential coverage” which went into effect as of January 1, 2014, and beyond or pay a penalty tax. You can prevent “Individual Mandate” penalty tax by purchasing a qualified plan through your employer or through the government healthcare marketplace. You may qualify for a government subsidy – go to [Healthcare.gov](http://Healthcare.gov) or 1.800.318.2596 to view your other health insurance options.

### 2. *What are the ACA tax penalties for people without the required minimum coverage?*

- The tax penalty is the “greater percentage of” your adjusted household income or the combined per person penalty of each person in your family. This Individual Mandate tax penalty also increases each year.

### 3. *When can I enroll?*

- You will be notified in writing if you meet the qualifications for eligibility. Notifications will be mailed to your address on file approximately 45 days after your first day of work. You can enroll at that time or during the annual open enrollment period. The insurance will go into effect the first of the month following your first 60 days of work.

### 4. *What coverage is being offered?*

- 1) **MEC Plan**- Minimum Essential Coverage is required to avoid the ACA penalties. It contains the Preventive and Wellness Benefits required by ACA and provides coverage for many preventive services. You can elect this benefit by itself or add it to the fixed indemnity plan. Your cost for an individual would be \$13.85 per week. **This is a minimal cost plan that can help you avoid an individual penalty**
- 2) **\*MEC Plus Plan**- Minimum Essential Coverage Plus is ACA compliant. It not only contains the preventative and wellness benefits by ACA but also covers the strategically selected benefits, including affordable copays for outpatient services such as doctor’s office visits, emergency treatments, diagnostics, x-ray, prescription drug coverage and more. The MEC Plus has no inpatient hospitalization or inpatient/outpatient surgery. Your cost for the individual plan would be \$32.44 per week.
- 3) **\*MVP- Bronze Plan**- Value Plan is ACA compliant. It not only contains the Preventive and Wellness Benefits required by ACA, but it also covers strategically selected medical benefits, including affordable copays for outpatient services such as doctor’s office visits, emergency treatments, diagnostics, x-ray, prescription drug coverage and more. The MVP has limited inpatient hospitalization or surgery. Your cost for the individual plan would be **9.56%** of your weekly gross pay.

**\*Other Offerings**- \$10,000 Term Life Insurance Policy with all above plans **except for #1**



## Plan Year 2019: Frequently Asked Questions

### **1. Who is eligible to enroll?**

- New employees must maintain at least 30 hours worked per week. After a 60 day waiting period the enrollment process will begin
- Eligible dependents include spouses, domestic partners, and unmarried children or step-children under age 26.

### **2. When can I enroll?**

- If you are eligible, you will receive written notification approximately 45 days after your first day of work. Detailed in this notification will be information on how to enroll.
- You may also enroll during the open enrollment period so long as you maintain eligibility.
- If you do not elect coverage during these eligibility periods, you will not be able to enroll until the next open enrollment period, unless you experience a qualifying event.

### **3. After Enrolling, when will my benefits go into effect?**

- New eligible elections made during open enrollment will go into effect on January 1, 2019.
- New plans after 1/1/2019 will go into effect the first of the month following 60 continuous days of employment and at least 30 hours worked per week.

### **4. How will my premiums be paid?**

- Premiums will be taken out as a post-tax deduction from your weekly check.

### **5. Where can I get detailed information on each plan?**

- You can view benefit information at: [protocallgroup.com/employees/benefits](http://protocallgroup.com/employees/benefits) or contact The Human Resources Department at 856-667-7500.

### **6. What is a Qualifying Event?**

- Marriage, divorce or legal separation, dependent loss of status and benefits, birth, adoption, or custody of a child, death of a dependent, dependent child ceases to be eligible, dependent child regains eligibility status, reduction of hours (employer approval required for consideration.)

### **7. How do I use my Medical Benefits?**

- To utilize your Medical Benefits, present your Medical Benefits ID card to your provider at the time of service.

### **8. Are Medicare/Medicaid recipients eligible for this plan?**

- Please note that the prescription drug coverage under MEC is not considered "Creditable Coverage" under Medicare Part D regulations. Medicare eligible individuals may have to pay higher costs if they delay enrolling in the Medicare Pharmacy Plan. The prescription coverage under the MVP plan is considered "Creditable Coverage" for Medicare Part D regulations. If you have Medicare/Medicaid when enrolling in Protocol Group's coverage it may reduce or discontinue your benefits.



## Benefits Continuation (COBRA)

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under *Protocol's* health plan when a “qualifying event” would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee’s hours or a leave of absence; an employee’s divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at *Protocol's* group rates. This cost may include an administration fee.