

**2017 OFFER OF MEDICAL BENEFITS**

**ACKNOWLEDGMENT OF RECEIPT**

I, \_\_\_\_\_, hereby acknowledge receipt of the 2017 offer of health benefits.

I have been provided with the Enrollment Guideline packet as well as with information pertaining the application and open enrollment deadlines. I have been offered a plan for myself and dependents that provides both minimum essential coverage, and minimum value. The cost to me is not higher than 9.5% of my wages.

I understand that if I do not enroll by the indicated dates, it will be understood that I have declined coverage for the entire year of 2017, and will not be able to enroll into benefits until January 1, 2018.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign

**2017 OFERTA THE BENEFICIOS MEDICOS**

**CONSTANCIA DE RECIBO**

Yo, \_\_\_\_\_, for medio de la presente hago constancia que recibi la oferta de beneficios medicos para el año 2017.

He recibido el paquete y Folleto de Aplicacion junto con informacion perteneciente a las fechas de aplicacion y registro. Me han ofrecido un plan que contiene covertura para mi y mis dependientes esencial minima y de valor minimo. El costo para mi no es mayor de 9.5% de mi ingreso.

Entiendo de que si no aplico y registro en las fechas dadas, se entendera de que he renunciado al seguro medico for el año 2017, y de que no podre registrarme nuevamente hasta el primero de Enero del año 2018.

Fecha: \_\_\_\_\_

\_\_\_\_\_  
Nombre

\_\_\_\_\_  
Firma

Dear Employee,

This notification is to inform you that you are eligible for medical benefits under open enrollment effective the 1st of the month following 60 days from the date of hire.

**Application Enrollment Deadline:**

Upon 30 days of receipt of this notice

**Decline Benefits:**

No formal declination of coverage will be necessary, you may disregard this notice.

An application not received by the 30th day of receipt of this notification will result in a lost opportunity to enroll into benefits until August 1<sup>st</sup> of 2017.

**Types of coverage:**

1. **Minimum Essential Coverage (MEC):** This coverage ONLY covers 63 preventative services. Please note that MEC does NOT cover any additional services. This plan meets the minimum requirement to eliminate the Individual Mandate Penalty.
2. **TransAmerica(Limited Medical Indemnity):** This plan is not major medical health insurance. The schedule of benefits reflect a **reimbursement to the provider**. Please note, this plan does not eliminate the individual mandate penalty.
3. **Elements Choice (MVP):** This coverage is a minimum value plan. This program features a \$6350 deductible in which all services are subject to the deductible (preventative services are not subject to the deductible). ***Please be informed, you must pay the first \$6350 of all medical costs before the policy benefits will contribute.***
4. **Premier Access Dental:** Dental coverage is available under both the HMO and PPO networks. Dental coverage includes preventative, basic and major procedures. Please reference the benefit summary in this guide for pricing and plan details.
5. **Premier Access Vision:** Vision coverage includes an annual vision exam along with specific eyewear benefits. Please reference the benefit summary in this guide for pricing and plan details.

Costs of the MVP plan will be based on affordability mandated under the Affordable Care Act. Employees will not pay greater than 9.5% of their salary on medical benefits. Rates will be calculated upon interest.

Thank you,

Employnet Benefits Team