

Ace Staffing, Inc.

Effective Date: March 1, 2023 - February 29, 2024

Medical Election Form

Print Name: _____ Date: _____

Medical Benefits	United Healthcare	
Plan/Network	CRUX / NHLY NHP Plan	CRYV / 124Y
Primary Care Required	Yes - See Below	No
Deductible (Ind/Fam)	\$5,000 / \$10,000	\$6,000 / \$12,000
Out-of-Pocket (Ind/Fam)	\$8,700 / \$17,400	\$8,500 / \$17,000
Co-Insurance Percentage	20%	20%
Office Visit	\$0	\$10
Specialist	\$100	\$80
Diagnostic Lab & X-ray	20% after Deductible	50% after Deductible
Imaging: MRI, CT, Nuclear Study, etc.	50% after Deductible	50% after Deductible
Urgent Care	\$75	\$40
Emergency Room	\$250 POD + 20% after Deductible	20% after Deductible
Hospital - Inpatient	\$250 POD + 20% after Deductible	20% after Deductible
Outpatient Surgery	\$250 POD + 20% after Deductible	20% after Deductible
Prescription Drugs		
RX Deductible	Does Not Apply	Does Not Apply
Tier 1	\$10	\$10
Tier 2	\$45	\$35
Tier 3	\$85	\$70
Tier 4	N/A	N/A
Mail Order (90 days)	2.5 X Retail	2.5 X Retail
Out-of-Network		
Non-Network Deductible (Ind/Fam)	N/A	N/A
Non-Network Out-of-Pocket (Ind/Fam)	N/A	N/A
Non-Network Co-Insurance	N/A	N/A
Urgent Care	N/A	N/A
Emergency Room	20% after Deductible	20% after Deductible
<i>This is only a summary of your benefits. Your carrier policy will govern.</i>		
Primary Care Physician Selection		
Primary Care Physician Name: _____ Physician ID: _____		
<p><i>Please note that if you select an NHP HMO Plan, this is an AdventHealth only network that requires a Primary Care Physician to be assigned to you. If you do not select one at this time, you will be auto-enrolled with a physician based on your zip code. You can amend this physician online at anytime. However, it is important to go to the physician on your card or claims may not be paid.</i></p>		
Employee Rates	Circle your Weekly Payroll Deduction	
Employee	\$88.80	\$140.83
Employee + Spouse	\$426.25	\$537.59
Employee + Children	\$396.63	\$502.77
Employee + Family	\$698.55	\$857.77
<p>I understand that my employer, Ace Staffing, is providing me an opportunity to enroll in the employer sponsored benefit plan after I have completed my 60 day waiting period. Payroll deductions for the benefits I elected will be deducted from my paycheck on a weekly basis as part of a flexible plan under the internal revenue code, Section 125. I understand that this election shall remain in place until the annual open enrollment period which is February of each year. No changes to this election may take place unless I provide my employer with proof of a life qualifying event such as marriage, divorce, birth of a child, adoption or significant change in my spouse's employer sponsored plan or benefits. I further understand that I am responsible to verify my coverage election and applicable payroll deduction upon the first pay period for which deductions are made.</p>		
Signature: _____ Date: _____		
WAIVER of Coverage:		
<p>I understand that by waiving coverage at this time, I will not be allowed to participate unless I experience a life qualifying event, wait until the next open enrollment period or as a late enrollee. I am declining coverage due to existing other coverage:</p>		
<p> <input type="checkbox"/> Spouse's Employer Plan <input type="checkbox"/> COBRA from prior employer <input type="checkbox"/> I do not have other coverage at this time <input type="checkbox"/> Individual Plan <input type="checkbox"/> Tricare <input type="checkbox"/> Covered by Medicare <input type="checkbox"/> Medicaid </p>		
Signature: _____ Date: _____		