



## A Quick Look at Your Health Plan

### The MCS Group

Group #16207

**When you enroll with Meritain Health<sup>®</sup>, you're taking the next step towards a healthier, more balanced you.**

It's important for you to understand how your health plan works. This way, you can make the changes you want in your health and in your life.

#### **Get the support you need for a healthy balance**

Chances are, you try every day to keep a healthy balance in your life. But time can get away from you, or you might put other details first. That's why we're here: to help you focus and to support you each step of the way. You can think of your health care benefits as your resource to protect your body, mind and spirit.

# Benefit Highlights

## Protecting your healthy balance with preventive care

Q

**Question:**

Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

A

**Answer:**

Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Early detection, proper nutrition, and routine exercise are the keys to living a long and healthy life, and will also help to control long-term health care costs. Your employer encourages you to take the necessary steps—available to you right now—to ensure early detection and treatment of diseases.



**Built into your health plan are preventive benefits that cover:**

- Bone density test.
- Fecal occult screening.
- Mammogram.
- Pap smear.
- Physical exams.
- Prostate blood exam.
- Well-child care.

## Save when you visit network providers

This plan offers a network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

**Remember:** if you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

# Benefit Highlights

## Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of **Meritain Health's Medical Management Program**. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

### Some of these services include:

- Before admission to the hospital for elective or non-emergency services.
- Within 48 hours (two working days) after an emergency or urgent hospital admission.
- Before elective inpatient, outpatient or ambulatory surgery.
- Before inpatient substance-abuse treatment or treatment for a mental health disorder.
- Before entering an extended-care, rehabilitation or skilled-nursing facility.

Consult your Summary Plan Description for a complete listing of health care services that require precertification with a medical management nurse.

# Benefit Highlights

## Nationwide provider access at a discount

When you and your family seek health care services, you have access to Aetna's broad national provider network of health care providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals.<sup>1</sup> When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of health care.


## Locate your preferred providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or health care facility participates, visit <https://www.aetna.com/dsepublic/#/mymeritain>.



### How to access your mobile web app

#### iPhone®

- Once you log in to your member website through [www.meritain.com](http://www.meritain.com), click the  icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app instead of going through the website.

#### Android™

- Once you log in to your member website through [www.meritain.com](http://www.meritain.com), you'll be prompted with the pop-up message *Add Meritain Health to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Launch the app from your home screen and log in.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

<sup>1</sup> <https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html>

# Benefits Summary

	The MCS Group, Inc.			
	GROUP NUMBER: 16207			
	High Plan Option		Base Plan Option	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>WELLNESS - Routine Care</b>				
Services include but are not limited to: routine physical exam, x-rays, laboratory tests, and immunizations.	100%	50%, after Deductible	100%, Deductible Waived	50%, after Deductible
Well Woman exam	100%	50%, Deductible Waived	100%, Deductible Waived	50%, Deductible Waived
<b>DEDUCTIBLE</b>				
Individual	none	\$1,500	\$5,000	\$7,500
Family	none	\$4,500	\$10,000	\$15,000
<b>Coinsurance Percent</b>	100%	50%	70%	50%
<b>Out-of-Pocket Maximum</b> (Includes Deductible, Coinsurance, Physician, Inpatient, Outpatient, ER & RX copays)	\$1,500/Individual	\$10,000/Individual	\$5,000/Individual	\$10,000/Individual
	\$3,000/Family	\$30,000/Individual	\$10,000/Family	\$20,000/Family
<b>Annual Maximum</b>	Unlimited except where otherwise indicated		Unlimited except where otherwise indicated	
<b>HOSPITAL BENEFITS</b>				
Inpatient	\$250 Copay per day up to 5 days then 100% thereafter (per admission)	50%, after Deductible	70%, after Deductible	50%, after Deductible
Outpatient	100%	50%, after Deductible	70%, after Deductible	50%, after Deductible
Emergency Room	\$100 Copay, then the plan pays 100%	\$100 Copay, then the plan pays 100%	\$100 Copay then the plan pays 70%, deductible waived	Paid at the Participating provider level of benefits
Emergency Room - Non-Emergency Service	Not Covered	Not Covered	Not Covered	Not Covered
<b>SURGICAL BENEFITS</b>				
Inpatient	100%	50%, after Deductible	70%, after Deductible	50%, after Deductible
Outpatient	100%	50%, after Deductible	70%, after Deductible	50%, after Deductible
<b>PHYSICIAN OFFICE VISITS</b>				
Primary Care Physician	\$30 Copay	50%, after Deductible	\$30 Copay	50%, after Deductible
Specialist Physician	\$50 Copay	50%, after Deductible	\$50 Copay	50%, after Deductible
Teladoc Physician	\$0 Copay	Not Covered	\$0 Copay	Not Covered
<b>DIAGNOSTIC X-RAY &amp; LABORATORY SERVICES</b>				
Laboratory	100%	50%, after Deductible	100%, after Deductible	50%, after Deductible
Outpatient X-Ray	\$30 Copay	50%, after Deductible	\$50 copay	50%, after Deductible
X-Ray for Complex Imaging	\$30 Copay	50%, after Deductible	\$50 Copay	50%, after Deductible
<b>PRESCRIPTION DRUG CARD</b>				
Retail (up to 30 day supply)	\$20 Generic \$40 Preferred \$70 Non-Preferred	50% of the submitted cost, after the applicable copay	\$20 Generic \$40 Preferred \$70 Non-Preferred	50% of the submitted cost, after the applicable copay
Mail Order (up to 90 day supply)	\$40 Generic \$80 Preferred \$140 Non-Preferred	Not Available	\$40 Generic \$80 Preferred \$140 Non-Preferred	Not Available
<b>MENTAL/NERVOUS &amp; SUBSTANCE ABUSE</b>				
Inpatient	\$250 Copay per day up to 5 days then 100% thereafter (per admission)	50%, after Deductible	70%, after Deductible	50%, after Deductible
Outpatient	\$50 Copay	50%, after Deductible	\$50 copay, Deductible waived	50%, after Deductible
<b>ADDITIONAL MEDICAL BENEFITS</b>				
Ambulance Services - Emergency Use	100%	100%	100%, after Deductible	100%, after Deductible
Physical Therapy, Occupational Therapy, and Speech Therapy (up to 30 visits per calendar year)	\$50 Copay	50%, after Deductible	\$50 Copay	50%, after Deductible
Durable Medical Equipment	70% (Pre-certify if more than \$1500)	50%, after Deductible (Pre-certify if more than \$1500)	70%, after Deductible (Pre-certify if more than \$1500)	50%, after Deductible (Pre-certify if more than \$1500)
Home Health Care	\$50 copay	50%, after Deductible	\$50 copay, after Deductible	50%, after Deductible
	Limited to 60 visits/Calendar year		Limited to 60 visits/Calendar year	
Hospice Inpatient	\$250 Copay per day up to 5 days then 100% thereafter (per admission)	50%, after Deductible	70%, after Deductible	50%, after Deductible
Hospice Outpatient	100%	50%, after Deductible	70%, after Deductible	50%, after Deductible
Skilled Nursing Facility	\$250 Copay per day up to 5 days then 100% thereafter (per admission)	50%, after Deductible	70%, after Deductible	50%, after Deductible
	Limited to 120 days/Calendar year		Limited to 120 days/Calendar year	
Eye Exam	100%,	50%, after Deductible	100%, Deductible Waived	50%, after Deductible
Lenses, Contacts, Frames	Discounts Available if using Vision Savings Pass		Discounts Available if using Vision Savings Pass	
Urgent Care	\$50 Copay	50%, after Deductible	\$50 copay, Deductible Waived	50%, after Deductible
CVS Minute Clinic	100%;Deductible waived	Not Applicable	100%;Deductible waived	Not Applicable

# Benefits Summary

	The MCS Group, Inc. GROUP NUMBER: 16207 HDHP HSA Plan Option	
	IN-NETWORK	OUT-OF-NETWORK
<b>WELLNESS - Routine Care</b> Services include but are not limited to: routine physical exam, x-rays, laboratory tests, and immunizations.  GYN exam	100%, No Deductible  100%, No Deductible	Not Covered  Not Covered
<b>MAJOR MEDICAL</b> Deductible	\$3,300/Individual \$6,000/Family	Not Covered Not Covered
Coinsurance Percent Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copays)*Note each individual in a family is not required to contribute more than \$8,300 to the total family out of pocket. Annual Maximum	100% \$5,500/Individual \$10,000/Family Unlimited except where noted otherwise	Not Covered Not Covered Not Covered N/A
<b>HOSPITAL BENEFITS</b> Inpatient Outpatient Emergency Room Emergency Room - Non-Emergency Service	85% after Deductible 85% after Deductible 85% after Deductible Not Covered	Not Covered Not Covered Same as in-network Not Covered
<b>SURGICAL BENEFITS</b> Inpatient Outpatient	85% after Deductible 85% after Deductible	Not Covered Not Covered
<b>PHYSICIAN OFFICE VISITS</b> Primary Care Physician Specialist Physician Teladoc Physician	85% after Deductible 85% after Deductible 85% after Deductible	Not Covered Not Covered Not Covered
<b>DIAGNOSTIC X-RAY &amp; LABORATORY SERVICES</b> Laboratory Outpatient X-Ray X-Ray for Complex Imaging	85% after Deductible 85% after Deductible 85% after Deductible	Not Covered Not Covered Not Covered
<b>PRESCRIPTION DRUG CARD</b> Retail (up to 30 day supply)  Mail Order (up to 90 day supply)	<b>After Deductible</b> \$20 Generic \$40 Preferred \$70 Non-Preferred \$40 Generic \$80 Preferred \$140 Non-Preferred	Not Covered  Not Available
<b>MENTAL/NERVOUS &amp; SUBSTANCE ABUSE</b> Inpatient Outpatient	85% after Deductible 85% after Deductible	Not Covered Not Covered
<b>ADDITIONAL MEDICAL BENEFITS</b> Ambulance Services - Emergency Use  Physical Therapy, Occupational Therapy, and Speech Therapy (up to 30 visits/calendar year)  Durable Medical Equipment  Home Health Care  Hospice Inpatient Outpatient Skilled Nursing Facility  Urgent Care	85% after Deductible  85% after Deductible  85% after Deductible (Pre-certify if more than \$1500)  85% after Deductible  Limited to 60 visits/Calendar year 85% after Deductible 85% after Deductible 85% after Deductible Limited to 120 days/Calendar year 85% after Deductible	Same as in-network  Not Covered  Not Covered  Not Covered N/A Not Covered Not Covered Not Covered N/A Not Covered

# Your Guide to Enrollment



## Completing your enrollment

Complete, sign and return your enrollment form to your employer within 30 days of your eligibility date whether you're enrolling or declining benefits.

- **Write clearly.** If your form is unreadable, your enrollment may be delayed, or incorrect.
- **Don't forget the back side.** Missing or incomplete information will delay your enrollment.
- **Sign and date your enrollment form.** Remember to sign and date the form, even if you're declining benefits.

## Helpful tips

- Your health care plan includes a network of providers you can visit for health care services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes the RxBenefits customer service number and prescription copays.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

**All eligible employees must complete the enrollment form, whether you're choosing this plan or declining benefits. Your enrollment form is included in the back of this packet.**

# Your Guide to Enrollment




## The final step toward better balance and better living

After you've completed enrollment, your employer has approved it and after any waiting period has passed, your benefits will be effective.


Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you. If you misplace your ID card, use the Meritain Health mobile app to access your member website to get a copy of your ID on the go!

## Sample ID card

### Card front

<b>Meritain Health</b> an  aetna company		Customer Service and Eligibility Inquiries 800.925.2272 www.MERITAIN.com	
<b>Member</b>		<b>Medical Plan</b>	
<b>Sample Group</b>		Coverage: Aetna Network  Plan: Aetna Choice POS II	
Group #: 11378		<b>Deductible and OOP Amounts (Single/Family):</b> INN Ded \$XXXX/ \$XXXX OOP \$XXXX/ \$XXXX OON Ded \$XXXX/ \$XXXX OOP \$XXXX/ \$XXXX Office Visit \$XX Specialist \$XX UC \$XX ER \$XXX	
Member: MEMBER NAME		<b>Pharmacy Plan</b>	
Member ID: MEMBER ID NUMBER		RXBIN: 004336 RXPCN: ADV RXGRP: RX2738 Member: 866.475.7589 Pharmacy: 800.364.6331 	
Division: 001		RX Deductible \$XXX Ind/ \$XXX Family RX OOP Max \$XXXX Ind/ \$XXXX Family Generic \$XX Preferred \$XX Non-Preferred \$XXX	
<b>Dental/Vision Plan</b>			
Dental Plan: Aetna Dental Administrators			
Coverage:			
Vision Plan:			
Coverage:			

### Card back

<b>Claims Submission</b>	<b>Eligibility</b>
<b>Mail ALL Claims &amp; Correspondence to:</b> Meritain Health PO Box 853921 Richardson, TX 75085-3921 <b>EDI: Change Healthcare 41124 or McKesson/Relay Health 1708 or 4561</b>	Call 800.925.2272 or visit <a href="http://www.MERITAIN.com">www.MERITAIN.com</a> for inquiries regarding eligibility, claims and plan benefits.
<b>NY Electing</b>	<b>Precertification</b>
Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna.	For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits.
<b>Contact 800.343.3140 for assistance in locating an In-Network Provider.</b>	24-Hour Automated Customer Service: 800.566.9311 or <a href="http://www.MERITAIN.com">www.MERITAIN.com</a>
Printed:	 DOI INDEX #: 009



# Convenient Tools and Resources

## Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health member website**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

### Registration for the member website is easy

If you're already registered to access your online account, simply enter [www.meritain.com](http://www.meritain.com) into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy three-step process.

1

Scan the QR code and click on the link to register or visit [www.meritain.com](http://www.meritain.com). Then, in the top right corner, click *Register*.



2

Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click *Continue*.

**Please note:** You may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

3

You will need to fill in your:

- Group ID (located on your member ID card).
- Member ID (located on your member ID card).
- Date of birth
- Name.
- Zip code.
- Email address.

You can then create a username and password. After that, you will be asked to confirm your email address—then you're done! The next time you log in, just use the same username and password.



Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or health care operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, or close friends).

# Convenient Tools and Resources

## Important plan contacts

### What do you need help with?

#### In-network doctors or hospitals

Meritain Health Customer Service **1.800.925.2272**

Access your Meritain Health member website at  
**[www.meritain.com](http://www.meritain.com)**

#### The Aetna Choice® POS II provider network

Aetna provider line **1.800.343.3140**

**[www.aetna.com/docfind/custom/mymeritain](http://www.aetna.com/docfind/custom/mymeritain)**

#### My prescription drug benefits

RxBenefits Customer Service

**1.800.334.8134**

#### Precertification

Meritain Health Medical Management **1.800.242.1199**

#### Enrollment/benefit elections

The MCS Group

Human Resources representative



# Notes

<b>COMPANY NAME:</b> <u>The MCS Group</u> <b>GROUP #:</b> <u>16207</u>	<b>BENEFIT ENROLLMENT FORM</b> <b>Meritain Health®</b> an  aetna company
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**THIS FORM IS TO BE COMPLETED FOR NEW ENROLLMENTS AND COVERAGE CHANGES**

**PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM**  
**(ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)**

EMPLOYEE INFORMATION – ALL INFORMATION IS REQUIRED				
LAST NAME		FIRST NAME		MI
SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
MAILING ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS				
PRIMARY PHONE NUMBER		PHONE TYPE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK		
ARE YOU THE <b>EMPLOYEE</b> COVERED UNDER <b>ANY</b> OTHER INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. Medicare, Tricare, spouse's plan)				
IF YES, NAME OF INSURANCE: _____ EFFECTIVE DATE: _____				
TYPE OF POLICY (Retiree, COBRA, Spouse): _____ POLICY HOLDER (Self, Spouse): _____				
IF ENROLLED IN MEDICARE: EFFECTIVE DATE: PART A _____ PART B _____ MEDICARE ID _____				
ENTITLEMENT TO MEDICARE DUE TO: <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> END STAGE RENAL DISEASE (ESRD)				

EMPLOYER USE ONLY	
DATE OF HIRE	EFFECTIVE DATE
DIVISION #	DEPT. # / CLOCK #
ANNUAL SALARY: \$	
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	
<input type="checkbox"/> NEW ENROLLMENT	
<input type="checkbox"/> Active <input type="checkbox"/> Retiree	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> COBRA	
<input type="checkbox"/> ENROLLMENT CHANGE	
<input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption	
<input type="checkbox"/> Reinstatement <input type="checkbox"/> Loss of Coverage	
<input type="checkbox"/> Other: _____	
Employer Representative Signature: _____	
Date: _____	

BENEFIT SELECTION		
COVERAGE TYPE	PLAN ELECTED (IF APPLICABLE)	COVERAGE LEVEL
<input type="checkbox"/> MEDICAL/RX	<input type="checkbox"/> HIGH PLAN <input type="checkbox"/> BASE PLAN <input type="checkbox"/> HDHP HSA PLAN	<input type="checkbox"/> SINGLE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD <input type="checkbox"/> FAMILY <input type="checkbox"/> DECLINE

DEPENDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED. PROVIDE THE CONTACT INFORMATION FOR ALL ADULT DEPENDENTS AGE 18 AND OVER.)					
<b>Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP).</b> If an employee or eligible dependent did not enroll in the plan when initially eligible, he or she will be permitted to later enroll in the plan under one of the following circumstances: a. The employee or eligible dependent loses their eligibility status to participate in Medicaid or CHIP; or b. The employee or eligible dependent qualifies for premium assistance under Medicaid or CHIP at the state level in which the individual resides. The employee or eligible dependent must request enrollment in the plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days of being notified of eligibility for premium assistance from the state in which the individual resides.					
<b>DEPENDENT 1 FULL NAME</b> (REQUIRED) LAST, FIRST, MIDDLE			SOCIAL SECURITY NO (REQUIRED)		RELATIONSHIP (REQUIRED)
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
					CHECK COVERAGE <input type="checkbox"/> MEDICAL/RX
<b>DEPENDENT 2 FULL NAME</b> (REQUIRED) LAST, FIRST, MIDDLE			SOCIAL SECURITY NO (REQUIRED)		RELATIONSHIP (REQUIRED)
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
					CHECK COVERAGE <input type="checkbox"/> MEDICAL/RX
<b>DEPENDENT 3 FULL NAME</b> (REQUIRED) LAST, FIRST, MIDDLE			SOCIAL SECURITY NO (REQUIRED)		RELATIONSHIP (REQUIRED)
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
					CHECK COVERAGE <input type="checkbox"/> MEDICAL/RX
<b>DEPENDENT 4 FULL NAME</b> (REQUIRED) LAST, FIRST, MIDDLE			SOCIAL SECURITY NO (REQUIRED)		RELATIONSHIP (REQUIRED)
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
					CHECK COVERAGE <input type="checkbox"/> MEDICAL/RX
<b>DEPENDENT 5 FULL NAME</b> (REQUIRED) LAST, FIRST, MIDDLE			SOCIAL SECURITY NO (REQUIRED)		RELATIONSHIP (REQUIRED)
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS	
					CHECK COVERAGE <input type="checkbox"/> MEDICAL/RX
*IF ANY OF THE DEPENDENTS LISTED ABOVE HAVE A MAILING ADDRESS THAT DIFFERS FROM THE EMPLOYEE, PLEASE COMPLETE THE INFORMATION BELOW:					
DEPENDENT		MAILING ADDRESS		CITY	STATE
*IF YOUR CHILD IS MENTALLY OR PHYSICALLY DISABLED, PLEASE PROVIDE APPROPRIATE DOCUMENTATION. LIST THE NAME(S) OF ANY DISABLED DEPENDENTS:					
DEPENDENT		DEPENDENT		DEPENDENT	

**COMPANY NAME:** The MCS Group

**COORDINATION OF BENEFITS – SPOUSE INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS**

IS YOUR SPOUSE EMPLOYED? ☐ YES ☐ NO IF **YES**, ☐ FULL TIME ☐ PART TIME SPOUSE EMPLOYER NAME: SPOUSE DATE OF BIRTH:

INDICATE THE COVERAGE, CARRIER NAME AND EFFECTIVE DATE THAT YOUR SPOUSE IS **ENROLLED** IN WITH HIS/HER EMPLOYER

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL					
<input type="checkbox"/> PRESCRIPTION					
<input type="checkbox"/> DENTAL					
<input type="checkbox"/> VISION					

**COORDINATION OF BENEFITS – DEPENDENT CHILD(REN) INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS**

ARE ANY OF YOUR DEPENDENT CHILD(REN) COVERED BY ANOTHER PARENT/GUARDIAN OR PLAN NOT LISTED ABOVE? ☐ YES ☐ NO

EMPLOYER PROVIDING COVERAGE:

IF **YES**, COMPLETE THE QUESTIONS BELOW

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	COURT ORDER REQUIRING COVERAGE (I.E. DIVORCE DECREE, QMCSO)*	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL						
<input type="checkbox"/> PRESCRIPTION						
<input type="checkbox"/> DENTAL						
<input type="checkbox"/> VISION						

**\*COPY OF THE COURT ORDER MUST BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN CLAIMS BEING DENIED.**

**COORDINATION OF BENEFITS – GOVERNMENTAL INSURANCE (I.E. MEDICARE, MEDICAID, TRICARE, ETC.)**

IS YOUR SPOUSE AND/OR ARE ANY DEPENDENTS ENROLLED IN ANY GOVERNMENTAL INSURANCE? ☐ YES ☐ NO IF **YES**, PLEASE COMPLETE BELOW

LIST ALL FAMILY MEMBERS ENROLLED	TYPE OF COVERAGE	EFFECTIVE DATE OR IF MEDICARE COVERAGE, PART A EFFECTIVE DATE	PART B EFFECTIVE DATE (IF APPLICABLE)	MEDICARE ID NUMBER	IS MEDICARE COVERAGE DUE TO: <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD

**PLAN DECLARATION**

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective and will continue in effect indefinitely beyond that Plan Year unless I make an election change permitted under the Plan. I understand that I may change my elections during the Plan Year only if (i) I experience a "status change", as defined under the Plan, and if my change in elections is consistent with that "status change", (ii) I exercise a Special Enrollment Period Right (as described in the Notice of Special Enrollment Periods below), or (iii) I qualify (under applicable law, as determined by the Plan Administrator) to make another election change because of certain changes in cost or coverage of a benefit option, or for certain other reasons. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I hereby agree that my payroll deductions will automatically change accordingly unless I submit a new Election Form during the appropriate annual election period to change or terminate that coverage. I also understand, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase the payroll deductions, if any, I am required to make per pay period to pay for that benefit option. I understand further that, except to the extent that I am permitted to make a change under the Plan, the payroll deduction elections I have made above will continue in effect notwithstanding any changes in the features or coverage offered under the benefit options I have elected above.

I understand that my employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, my employer retains the right to amend or terminate coverage under a benefit option. Also, I understand that the employer may modify my elections for health benefit options if required to do so by a Qualified Medical Child Support Order that requires me to provide health coverage for a dependent.

**NOTICE OF SPECIAL ENROLLMENT PERIODS**

If you are declining enrollment in the Plan's health coverage options for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan's health coverage features if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources representative.

**SIGNATURE AND AUTHORIZATION**

EMPLOYEE SIGNATURE	PRINT EMPLOYEE NAME	DATE



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