Catilize Health®

MCSIG

CompleteCare

Effective Date: January 01, 2025

Overview

CATILIZE HEALTH® OVERVIEW

At Catilize Health® we believe people deserve access to quality, affordable healthcare. Your CompleteCare will transform the way you experience health insurance.

The enclosed documents will give you all the information you need to make a smooth transition to the CompleteCare.

Documents Enclosed

CompleteCare FAQ

CompleteCare Enrollment Form

CompleteCare Attestation Form

CompleteCare Claim Form

Catilize Health® Portal

Catilize Health®

A healthcare revolution – and you're invited.

COMPLETECARE
FREQUENTLY ASKED QUESTIONS

SECTION I - COMPLETECARE BENEFITS

1. **What is covered under CompleteCare?** CompleteCare reimburses eligible co-pays, deductibles, and coinsurance for qualified medical and prescription drug expenses.

2. **Is there a calendar year maximum?** Yes, the maximum amount the program will pay per calendar year for eligible co-pays, deductibles and co-insurance is $9,200 for single coverage and $18,400 for two or more. These maximums match the Affordable Care Act maximums that any individual or family unit can incur. The result is 100% reimbursement for qualified medical and prescription services with CompleteCare.

3. **Is there an employee premium contribution required for CompleteCare?** No, there is no cost to you.

4. **What happens if the network on my alternate coverage does not include my current doctor? I've been with my doctor for a long time and don't want to change now.** CompleteCare will reimburse you for eligible co-pays, co-insurance and deductibles **only** (up to CompleteCare maximum limits) for services or benefits covered under your alternate plan. If your alternate plan does not include out-of-network services or benefits, they are not eligible for reimbursement under CompleteCare. You should check the network access on your alternate plan to ensure that your providers will be covered.

5. **If my alternate group coverage does not cover a procedure or prescription, will that procedure be a covered expense under CompleteCare?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under CompleteCare and will not be reimbursed.

SECTION II - ELIGIBILITY

6. **Am I eligible to enroll into CompleteCare?** If you are a **current employee,** you and your eligible dependents who are currently enrolled on your employer's medical plan and who have access to alternate group health coverage, are eligible to enroll in your employer's CompleteCare. If you are **newly hired** and you have

alternate group coverage available, you and your eligible dependents are eligible for CompleteCare upon satisfaction of your employer's eligibility requirements.

7. **What is alternate group health coverage?** Alternate group health coverage includes other employer group health plans, such as one offered by your spouse's/domestic partner's employer, a retirement plan from a previous employer, a parent's group health plan if you're under the age of 26, or group coverage available from a second employer.

8. **What does not qualify as alternate group health coverage?** Medicare, Tricare, VA health care, Medicaid, individual policies, and limited benefit health plans do not qualify as alternate group health coverage. If your alternate coverage is through a self-employed spouse/domestic partner, please call 877-872-4232 to confirm if you would be eligible for the plan.

9. **Am I eligible for CompleteCare if my alternate coverage includes an HSA (Health Savings Account)?** Yes, you may be eligible depending on the following considerations. If these considerations are not met, your plan eligibility could be affected:
    - If the account holder of your alternate coverage is enrolled in CompleteCare, then any employee and employer contributions to the HSA must be stopped.
    - If the account holder of the alternate coverage is not enrolled in CompleteCare, they may continue to make and receive contributions to the HSA and use the HSA funds.
    - The HSA funds CANNOT be used by CompleteCare members for any CompleteCare eligible medical expenses. You cannot be reimbursed for the same expense twice.

10. **If my entire family is currently on my employer's medical plan, and I enroll my entire family in alternate group health coverage, is my entire family eligible for CompleteCare?** Yes, the entire family would enroll into your alternate group medical plan and would all be covered under CompleteCare.

11. **If I am age 65 or older and Medicare is my secondary coverage, am I eligible to enroll into CompleteCare?** Yes, if Medicare is your secondary coverage, and you have qualified group health coverage then you are eligible to enroll into CompleteCare. Reminder, if Medicare is your primary insurance, you are not eligible for CompleteCare.

12. **If my spouse/domestic partner and I both work for my employer and our only coverage option is our own employer's medical plan, is either one of us eligible for CompleteCare?** No, because neither one of you has access to alternate coverage.

13. **If I currently have single coverage on my employer's medical plan and I have alternate coverage available with my other job, am I eligible for CompleteCare?** Yes, you could enroll in the group plan through your second job, and you would be eligible for CompleteCare.

14. **I recently got married and I am now eligible for alternate coverage. Can I enroll in CompleteCare?** Yes. Marriage is a Qualifying Event and, if your newly married status allows you to enroll in alternate group coverage, you and your eligible dependents may enroll in CompleteCare after you have enrolled in your alternate coverage.

15. **Can I enroll in CompleteCare and a Healthcare Flexible Spending Account (FSA)?** Employees may enroll in both CompleteCare and an FSA; however, employees may not be reimbursed for the same expenses under both plans. Employees enrolled in CompleteCare may wish to enroll in an FSA to cover expenses that are not otherwise covered by the medical plan. This includes expenses such as dental care, contact lenses, and prescription drugs not covered by your group plan. Employees who elect to enroll in CompleteCare and an FSA should carefully evaluate their expenses so that they do not contribute too much towards an FSA and risk forfeiting the unused FSA funds at year-end.

16. **What if I enroll in CompleteCare, and then lose access to my alternate group coverage?** As long as you let your employer know within their qualifying event time frame, you and your eligible dependents may enroll into your employer's medical plan with no lapse in coverage.

17. **When can I cancel CompleteCare?** You can change your election during open enrollment each year or during a qualifying event if you let your employer know within the qualifying event time frame.
18. **How is my current dental and vision coverage affected?** You may remain enrolled in your current employer-sponsored dental and vision plans. Since CompleteCare only reimburses eligible medical expenses, it has no effect on your dental and vision coverage.

SECTION III – ENROLLMENT

19. **How do I enroll into CompleteCare?**
    i. Enroll into a qualified alternate group health plan. This must be a non-MCSIG sponsored health plan.
    ii. Complete the CompleteCare Enrollment Form
    iii. Complete the Attestation Form; This is a required form that states you have other qualified group health coverage. By signing this form, you are waiving your employer's medical plan for you, your eligible dependents for the entire plan year.

20. **Will I receive enrollment confirmation?** You will receive a welcome letter from Catilize Health in the mail, usually within 2-3 weeks. Your new CompleteCare ID cards will be shipped separately and arrive in the same time frame.

SECTION IV - CLAIMS

21. **How do I use CompleteCare ID Card?**
    i. First, present your alternate coverage ID card.
    ii. Then, present your CompleteCare ID card. Let the provider know that CompleteCare will pay the provider directly for eligible co-pays, deductibles and co-insurance.
    iii. You pay nothing; your provider may file the claim with both your alternate coverage and with CompleteCare.

22. **Do all medical providers accept the CompleteCare ID Card?** Most providers accept the CompleteCare ID card and file claims. If the provider has questions about the coverage or claim submission process, the provider can call the toll-free number on the back of the CompleteCare ID card.

23. **Do all pharmacies accept the CompleteCare ID card?** Most pharmacies will process your claim when you present your CompleteCare ID card. If the provider has questions about the coverage or claim submission process, the provider can call the toll-free number on the back of the CompleteCare ID card. If they will not accept the CompleteCare ID card, you will need to pay your out-of-pocket expenses, and file a paper claim or submit the claim electronically to receive reimbursement. Keep in mind that many pharmacies will provide a report listing your prescriptions and co-pays.

24. **How do I submit a claim electronically?** To claim reimbursement under the plan electronically, go to portal.catilize.com and submit the required documentation: for co-pay, co-insurance or deductible, you will need to submit the Explanation of Benefits (EOB) from your alternate group health plan; and for prescriptions, submit the "tab" that includes the name of the drug, date filled, patient's name and co-pay. Do not submit a cash register or credit card receipt; these alone are not acceptable as per IRS regulations.

25. **How do I submit a paper claim?** If you are filing a "paper" claim, using the claim form provided by Catilize Health, you'll submit that form along with the required documentation listed in question #24.

26. **What is the deadline for submitting claims.** The deadline for member claims is 90 days after the end of the claim year or your termination from the plan. The deadline for provider claims is 1 year after the date of service.

27. **What if I receive an invoice from a provider for a claim that should have been reimbursed and paid to the provider?** Your first inquiry should be made to the provider to see if they have processed the claim through Catilize Health.

28. **How is claim reimbursement obtained?** When you receive services from one of these providers, present your CompleteCare ID Card and the provider will file the claim. The provider will receive the payment for the out-of-pocket expenses. If you receive care from a provider who does not file CompleteCare claims, then you need to file a paper claim or submit the claim electronically. You will receive a check or direct deposit reimbursing you for your out-of-pocket expenses.

29. **I have not received my ID card yet and I have an appointment soon, will I get reimbursed for my out-of-pocket costs?** Yes, simply access your ID Card at portal.catilize.com. You may also file a paper claim or submit the claim electronically.

SECTION V – PREMIUM REIMBURSEMENTS

30. **What if the premium for my alternate plan is higher than my employer's medical plan?** Your employer will reimburse you for increases in premium that your household pays for the alternate coverage (limits apply). If the cost for the alternate plan is higher than your employer's medical plan, you will be reimbursed for the difference in cost up to a maximum of $100/single, $200/employee + spouse/domestic partner, $200/employee + child(ren) and $300/family per month.

If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under CompleteCare.

31. **How is my premium reimbursement calculated?** A comparison is made which considers the cost of the alternate medical coverage to the cost of your employer's medical coverage.

32. **What if the employer who provides my alternate group coverage charges a surcharge if I enroll in their plan?** Surcharges relating to alternate group coverage will be included in your premium reimbursement calculation. Tobacco-use and smoker surcharges will not be reimbursed. Please note that employers use a variety of names, such as surcharge, penalty or incentive for these additional charges. If you have questions about whether a surcharge will be reimbursed, please contact Catilize Health. Contact information is provided below.

33. **How are employee premium contributions reimbursed?** This amount will be reimbursed through your employer's payroll if the premium contribution from your alternate coverage is deducted pre-tax. If your alternate group coverage has post-tax deductions, the payment will be reimbursed directly from Catilize Health via check or direct deposit.

34. **What if there is a change to my premium contribution on the alternate group coverage?** You must inform Catilize Health of premium changes as soon as possible, but not later than 31 days after an increase or decrease in premium contributions, so that your reimbursement may be appropriately adjusted. This information can be mailed, faxed or emailed securely.

For more information, to file claims or ask questions:

Catilize Health, Inc.
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143
Toll Free Phone: 1-877-872-4232
Toll Free Fax: 1-877-599-3724
memberservices@catilizehealth.com
Hours 8:30am – 8:00pm EST
https://britehr.app/MCISG

CompleteCare Enrollment Form

EMPLOYER INFORMATION

Employer Name: MCSIG

Please mail, e-mail or fax completed form to:

Lisa Sierra – Benefits & Eligibility Specialist
76 Stephanie Drive
Salinas, CA 93901

Email: lsierra@mcsig.com
Fax: 831-755-0172

I am enrolling in CompleteCare for (Please check one): ☐ **Self Only** ☐ **Self & Child(ren)** ☐ **Child(ren) Only**
☐ **Spouse/Domestic Partner Only** ☐ **Self & Spouse/Domestic Partner** ☐ **Self & Family** ☐ **Spouse/Domestic Partner & Child(ren)**

PARTICIPANT INFORMATION

Employee Name:	Birthdate:	Hire Date:
Social Security No:	Gender: ☐ M ☐ F	Date Eligible for CompleteCare:
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE/DOMESTIC PARTNER INFORMATION

Spouse/Domestic Partner Name:	Birthdate:	Gender: ☐ M ☐ F
Social Security No:	Spouse/Domestic Partner's Employer:	

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		
Name:	Date of Birth:	Gender: ☐ Male ☐ Female
Social Security No:		

PARTICIPANT AUTHORIZATION

* If the other coverage is a HDHP and your spouse/domestic partner is not enrolled in CompleteCare, your spouse/domestic partner may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in CompleteCare. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by CompleteCare. Also, if your primary health coverage is through Medicare, Tricare, VA health care, or Medicaid, you are not eligible for CompleteCare.

I hereby authorize my employer to enroll me into the employer sponsored CompleteCare. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for CompleteCare benefits.

Employee Signature: **Date:**

MCSIG
municipalities • colleges • schools insurance group

Catilize Health®

ATTESTATION OF ENROLLMENT
IN A NON-MCSIG EMPLOYER GROUP HEALTH PLAN

Employee Name:_____ Work Phone: _____

Work Location: _____ Email: _____

This form applies to individuals who participate in CompleteCare and who waive coverage in the MCSIG health plan.

Employees, spouse/domestic partners, and eligible dependents who are waiving coverage in the MCSIG health plan certify that:

-- MCSIG has offered me and/or my spouse/domestic partner and/or my eligible dependents a group health plan that does not consist solely of "excepted benefits" under the Affordable Care Act of 2010 ("ACA").

-- I and/or my spouse/domestic partner and/or my eligible dependents are enrolled in alternate coverage (such as my spouse/domestic partner's employer) that does not consist solely of "excepted benefits" under the ACA (such as limited-scope dental or vision coverage), nor does it consist solely of a "health reimbursement arrangement" (reimbursement of health care expenses up to a dollar limit).

-- I understand that by enrolling in CompleteCare, I am waiving participation in the MCSIG health plan for the following participants:

_____ _____
Name Name

_____ _____
Name Name

Attach a separate sheet if space is needed for additional participants

For confirmation that the alternate coverage meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer.

I further certify that my alternate coverage is not:

- A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA); however, **it is acceptable alternate coverage** if contributions can be waived. A spouse/domestic partner who is not enrolled in CompleteCare Plan may contribute to an HSA and use the HSA funds.
- The HSA funds CANNOT be used for medical expenses for members enrolled in CompleteCare.
- Medicare, Tricare, VA health care or Medicaid
- Health Insurance coverage made available thru the Affordable Care Act
- An individual policy
- A Limited Benefit Health Plan
- Coverage through another MCSIG employee

_____ _____
Employee Signature Date

_____ _____
Spouse/Domestic Partner's Signature ONLY IF ELIGIBLE FOR COMPLETECARE Date

For more information, please contact Catilize Health @ 877-872-4232

PLEASE COMPLETE THIS FORM AND SEND TO:

Lisa Sierra – Benefits & Eligibility Specialist
76 Stephanie Drive
Salinas, CA 93901
lsierra@mcsig.com
Fax: 831-755-0172

CompleteCare Claim Form

EMPLOYER INFORMATION

Employer Name: MCSIG

SEND THIS FORM, COPIES OF RECEIPTS, EXPLANATION OF BENEFITS & ANY OTHER CLAIM DOCUMENTATION TO:

Catilize Health
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143

Email: memberservices@catilizehealth.com
Telephone: 877-872-4232
Toll Free Fax: 877-599-3724

OR CLAIMS MAY BE SUBMITTED AT PORTAL.CATILIZE.COM

PARTICIPANT INFORMATION

Employee Name:	Last 4 of Social Security No:	Date of Birth:

PRESCRIPTION REIMBURSEMENT INFORMATION:

Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:

PHYSICIAN OFFICE VISITS:

Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:

EXPLANATION OF BENEFITS: EOBs

Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:

Documentation submitted must include: Patient name, date of service, type of service or service code, drug name or Rx number if prescription.

Please Note: *All medical claims must be submitted first through your alternate coverage. You are required to include the following documentation: for co-pay, co-insurance or deductible, you will need to submit the Explanation of Benefits (EOB) from your alternate group health plan, and for prescriptions, submit the "tab" that includes the name of the drug, date filled, patient's name and co-pay amount. Do not submit a cash register or credit card receipt; these alone are not acceptable as per the IRS regulations.*

EMPLOYEE STATEMENT:

I hereby certify that the information contained on this Reimbursement Claim Form is to the best of my knowledge and belief, true and correct and each item is eligible for reimbursement. I understand that any expenses reimbursed are NOT tax deductible on my individual or joint federal tax return. I understand that I may be prosecuted for fraud for knowingly using health insurance benefits for which I am not eligible. It is MY responsibility to know when I or a family member is no longer eligible for CompleteCare benefits. ***I certify that the amounts above have not been reimbursed under any other health care plan or program, federal, state, or government program, worker's compensation, or any other policy of health insurance, and that I will not seek reimbursement under any of the aforementioned plans, including an HSA, HRA or FSA account.***

Employee Signature:_____ **Date:**_____

All claims must be received no later than 90 days after plan year ends or 90 days after termination.

Catilize Health®

The care you love. On the go.

Hey, Catilize now has a mobile friendly website!

Your medical plan made simpler

When we created Catilize, we set out to make healthcare affordable and simple for people. Using your ID Card at your provider/pharmacy is the simplest way to have your claim submitted. However, if you are currently submitting paper claims, we have another option for you. Now we're making it even simpler by putting everything you need in one place.

No download required.

Just go to **portal.catilize.com** to access on your phone or desktop.

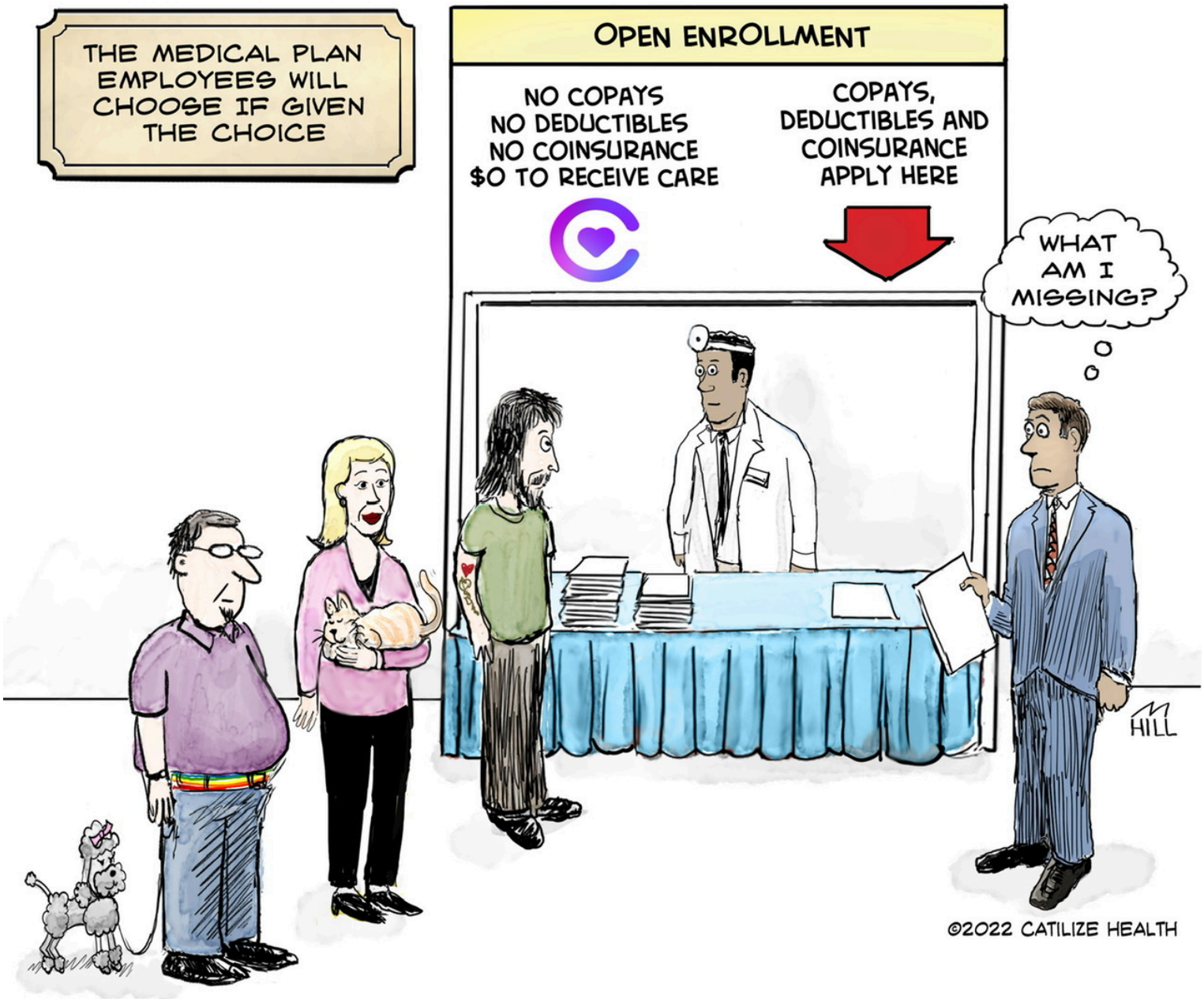
You can use it to:

- Download your ID card
- Upload claim documents
- View uploaded claim documents
- Review status of paid claims
- Review claims by member

Scan the QR code and access today!

Access all the tools you need for your medical plan in one easy to reach location.

Catilize Health
The Future



Catilize Health®

To reach a Claims Specialist

1- (877) 872-4232 x400
memberservices@catilizehealth.com

To reach an Enrollment/Premium Specialist

+1 (877) 872-4232 x300
memberservices@catilizehealth.com