

1. What is a Limited Benefit Medical Plan?

A Limited Fixed Indemnity Plan pays set dollar amounts based on a schedule of benefits. There are no copays, co-insurance, or deductibles.

2. What is Minimum Essential Coverage?

Minimum Essential Coverage is the minimum coverage requirement specified by the Affordable Care Act that an individual needs in order to fulfill the Individual Mandate and avoid the tax penalty. The coverage consists of 100% coverage for preventive services. Please note that the plan is only required to cover these benefits when utilizing in-network providers.

3. Do employees who enroll in an MEC plan avoid the Individual Tax Penalty?

Yes. Members enrolled in an MEC plan option are considered to fulfill the coverage requirement under the Affordable Care Act and are exempt from any penalty.

4. Can a member go out of network to obtain services?

Members are required to utilize in-network providers for preventive services to be covered at 100%. Members can go in or out-of-network for non-preventive services and the plan will pay the amount indicated in the schedule of benefits for the Limited Benefit Medical Plan (if applicable).

5. What is the advantage of utilizing an in-network provider?

In-Network providers have a contract with the PPO network and therefore they are subject to contracted rates which allow members to save on out-of-pocket costs. Also, the MEC coverage only pays for the preventive services at 100% if provided by participating providers.

6. What is considered a preventive service?

A service that is not a result of injury or sickness. Preventive services include but are not limited to physical examinations, well women, routine immunizations, cancer screening, routine lab and radiology, Pap smear, some contraceptive methods, flu and pneumonia vaccines. It is advised to consult with a doctor regarding the appropriate preventative services needed. Members can find more information regarding the required preventive services under the Affordable Care Act by visiting www.healthcare.gov.

7. How to find an in-network medical provider?

Members may contact PHCS via telephone by calling (888) 371-7427, or they can look up the providers online by visiting the network website provided on the back of their ID card or in their employee communication pieces. Network information is also provided in our website at centuryhealthcare.com.

8. Do employers have to meet the 60% minimum value rules and the essential benefits to avoid penalties?

Individual plans and plans offered in the small group market either in or out of the exchange must offer a Qualified Health Plan that covers all of the essential benefits at least at the 60% bronze level. Self-funded plans and plans in the large group market are not required to cover all of the essential benefits. An employer can offer minimum essential coverage and avoid the 4980 H (a) "no offer" penalty/tax/assessment.

9. Is the MEC plan available to regular full-time employees?

The Minimum Essential Care Plan is only available to substitutes, temporary, and part time employers. Is intended to meet

the requirements of the Affordable Care Act, but not to compete with our TRS medical plans offered to regular full-time employees.

10. If I was previously eligible and enrolled in a TRS health plan, will I be requested to drop that coverage?

No, you may continue in your current plan if you continue to pay for that coverage. Substitutes and part time temporary employees are not eligible for the district contribution that regular full-time employees receive.

11. What will happen if I do not pay my MEC premium?

There is a process through Century Healthcare to skip one premium payment during a plan year without cancellation of your plan. No benefits will be available during the month the premium is skipped, and no claims will be honored by Century Healthcare during the skipped month. Failure to pay additional monthly premiums will result in loss of coverage for the remainder of the plan year. Employees will not be eligible to re-enroll until next open enrollment.

12. If I lose coverage due to the lack of payment, can I get back in the plan when I can afford it?

You will be able to get back on the plan during the annual open enrollment period.

13. Can I pay my premiums via payroll deduction?

No, the only way to sign up for the plan is to put an ACH debit on your bank account for automatic payment.

14. Do I contact the AISD benefits department if I have an issue with my MEC plan?

You should contact Century Healthcare first at 877-685-2432, Monday- Friday, 7:00 am -7:00 pm CT.

15. Is my monthly payment for benefits in the previous month or the upcoming month?

Premiums are due prior to the beginning of each month of coverage.