ACME Corporation

Medical Benefits plan

Eligibility Criteria

- All full-time employees are eligible for healthcare benefits starting from the 1st of the month following 30 days of employment.
- Part-time employees working more than 20 hours/week may be eligible for limited coverage.
- Coverage extends to legal spouses and 3 dependent children up to age 26

2. Premiums and Cost Sharing

- The company contributes 80% of the premium for employee-only coverage and 60% for dependent coverage.
- Employees are responsible for the remaining premium, deducted pre-tax from payroll.
- Deductibles, co-pays, and out-of-pocket maximums apply as per the plan selected.

3. Coverage Details

- Includes inpatient and outpatient care, surgery, emergency services, maternity, and mental health.
- Preventive care (e.g., annual checkups, vaccinations) is covered at 100%.
- Diagnostic services (lab tests, X-rays, MRIs) are covered with applicable co-pays.

4. Dependent Coverage

- Eligible dependents include spouse/domestic partner and up to 3 children under the age of 26.
- Employees must provide supporting documents (birth certificate, marriage license) during enrolment.
- Changes in dependent status (birth, divorce, adoption) must be reported within 30 days.

5. Additional Benefits

- Includes vision plans, offered separately but bundled with healthcare for convenience.
- Wellness programs: gym reimbursement, mental health days, and preventive screenings.
- Flu shots and biometric screenings are available at no cost during annual health fairs.

6. Enrollment & Changes

- New hires must enrol within 30 days of start date.
- Annual open enrolment occurs in November for changes effective January 1st.
- Qualifying life events (e.g., marriage, child birth) allow mid-year changes.

7. Claims Process

- Most providers file claims directly; employees must confirm provider is in-network.
- For reimbursements (e.g., out-of-network care), submit claims via the online portal with receipts.
- Questions and appeals must be submitted within 60 days of denial notice.

8. Exclusions & Limitations

- Experimental treatments, cosmetic procedures, and over-the-counter drugs not prescribed are excluded.
- Coverage may be denied for services not medically necessary or not pre-approved (when required).
- See provider network and summary of benefits for full list.

9. Termination & Portability

- Coverage ends on the last day of the month of employment termination.
- Final pay checks include any unpaid benefit deductions.
