



Acceptance/Waiver of Group Health Insurance

Employees must work a minimum of ninety days (390) hours and a maintain a minimum of 30 hours per week in order to be considered eligible for group health insurance benefits.

Aultcare Health Plan	Summary of Benefits	
	In - Network	Out-of-Network
Benefit	In - Network	Out-of-Network
Single Deductible	\$5,000	\$7,500
Family Deductible	\$10,000	\$15,000
Single coinsurance	\$5,000	\$10,000
Family coinsurance	\$10,000	\$20,000
Office visit co-pay	\$25	80% cost after deductible
Urgent care co-pay	\$25	\$25 then co-insurance
Emergency room co-pay	\$50 co-pay, 100% after deductible	\$50 co-pay, 100% after deductible
Coinsurance	100%	50%
Prescription Drugs	Retail: \$10/\$20/\$30/\$45/75% Mail order: \$27/\$55/\$85/\$110/75%	Not applicable

Choice of Coverage	Employee's monthly charge
Employee	\$124.28
Employee + Spouse	\$713.45
Employee + Children	\$628.95
Family	\$1102.25

I acknowledge that American Medical Personnel has offered me affordable health insurance coverage, as defined under the ACA, for the period effective from 9/1/18 to 8/31/19. The Employee has 15-days from date of offering to acknowledge Acceptance or Waiver of health care coverage by NWC. **A non-response by the employee within the 15-day due date will constitute a declination of health care coverage by NWC.**

_____ I am accepting coverage under my employer's group health insurance plan.

_____ I am waiving coverage for the group health plan.

Employee Name _____ SS# _____

Signature of Employee _____ Date _____

Offered by (Name of Staff) _____ Date _____