Catilize Health®

A healthcare revolution – and you're invited.

COMPLETECARE
FREQUENTLY ASKED QUESTIONS

CompleteCare offers employees who have access to alternate group medical and prescription drug coverage (usually through your spouse/domestic partner) 100% coverage. You will be reimbursed for ALL eligible co-pays, co-insurance and deductibles incurred through your alternate medical plan up to the maximum out-of-pocket limits under the Affordable Care Act (2023 limits are $9,100/single and $18,200/family per year).

PLUS, no premium contribution will be deducted from your paycheck.

PLUS, your employer will reimburse you for the premium contribution paid for the alternate coverage if it exceeds the premium contribution, you would have paid to remain on your employer's medical plan. If your spouse/domestic partner is currently enrolled in his/her medical plan, you will be reimbursed for any increase in premium to add you and/or your dependents. If cost of alternate coverage is less than you would have paid for your employer's medical plan, premium contribution reimbursement is $0.

SECTION I - COMPLETECARE BENEFITS

1. **What is covered under CompleteCare?** CompleteCare reimburses eligible medical and prescription out of pocket costs for eligible co-pays, co-insurance, and deductibles.

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

3. **How are claims filed?** CompleteCare ID Card(s) will be mailed to your home. Present your alternate group insurance plan ID card and the CompleteCare ID card at the time of service. Let the provider know that CompleteCare will pay the provider directly for any co-pays, deductibles and co-insurance for eligible charges. Typically, you pay nothing out-of-pocket at the time of service and your provider should file the claim with both your alternate plan and CompleteCare. Some providers may decline to file a claim for your CompleteCare. In those circumstances you would simply file a paper claim or submit the claim electronically.

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

5. **What happens if my spouse/domestic partner's network 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 as well as the prescription formulary to assure that your providers and prescriptions will be covered.

6. **If my spouse/domestic partner's plan does not cover a procedure, 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

7. **Am I eligible to enroll into CompleteCare?** If you are a **current employee,** you, your spouse/domestic partner 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 a **new hire** and you have alternate group coverage available, you and your family are eligible for CompleteCare upon satisfaction of your employer's eligibility requirements.

8. **What is alternate group health coverage?** Alternate group health coverage includes other employer group health plans, such as one offered by your spouse/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.

9. **What does not qualify as alternate group health coverage?** A High Deductible Health Plan (HDHP) with active contributions to a Health Savings Account (HSA), Medicare, Tricare, Medicaid or an individual policy do not qualify as alternate group health coverage. If the other coverage is a HDHP and your spouse/domestic partner is not enrolled in CompleteCare, your spouse/domestic partner may contribute to an 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. 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.

10. **If I am enrolled in my employer's medical plan, and my dependents (spouse/domestic partner or children) are enrolled in my spouse/domestic partner's employer's plan, is my entire family eligible for CompleteCare?** CompleteCare is structured to cover the employee and dependent(s) who are moving from your employer's medical plan to an alternate group plan. In other words, in order to be eligible for CompleteCare you must currently be enrolled in your employer's

medical plan. Therefore, only members who were enrolled in your employer's health plan and moved to your spouse/domestic partner's employer health plan are eligible to be covered under CompleteCare. Your spouse/domestic partner/dependents, who were not previously enrolled in your employer's medical plan, would not be eligible for CompleteCare.

11. **If my entire family is currently in my employer's medical plan, and I enroll my entire family on my spouse/domestic partner's group plan, is my entire family eligible for CompleteCare?** Yes, because the entire family is currently enrolled in your employer's medical plan, the entire family would enroll into your spouse/domestic partner's group medical plan and the entire family would be covered under CompleteCare.

12. **If I am age 65 or older and Medicare is my primary coverage, am I eligible to enroll into CompleteCare?** No. If Medicare is your primary coverage, then you do not meet the definition of having alternate group coverage and you will not be eligible to enroll in CompleteCare.

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

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

15. **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 your spouse/domestic partner's coverage, you may enroll in CompleteCare after you have enrolled in your alternate coverage.

16. **Am I eligible for CompleteCare if my alternate coverage is a high deductible health plan with an HSA (Health Spending Account)?** If your alternate coverage is through your spouse/domestic partner and your spouse/domestic partner is not enrolled in CompleteCare, your spouse/domestic partner may contribute to an 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.

17. **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.

18. **What if I waive coverage in my employer's medical plan, enroll in CompleteCare, and then lose access to coverage in my spouse/domestic partner's plan?** As long as you let your employer know within 30 days of a qualifying event, you, your spouse/domestic partner and your eligible dependents may enroll into your employer's medical plan with no lapse in coverage.

19. **When can I cancel CompleteCare?** You can change your election during open enrollment each year or within 30 days of a qualifying event and enroll in your employer's medical plan.

20. **How is my current dental and vision coverage affected?** You may remain enrolled in your current employer sponsored dental and vision plans.

SECTION III – ENROLLMENT

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

22. **Will I receive confirmation?** You will receive a welcome letter and your new CompleteCare ID Cards in the mail, usually within 2-3 weeks.

SECTION IV - CLAIMS

23. **How is reimbursement obtained?**
    i. Many providers will file claims for your co-pays, deductibles and co-insurance. When you receive services from one of these providers, present the CompleteCare ID Card and the provider will file the claim. The provider will receive the payment for the out-of-pocket expenses.
    ii. 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 reimbursing you for your out-of-pocket expenses.

24. **How do I submit a paper claim?** If you are filing a "paper" claim, using the claim form provided by Catilize Health, you will be 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. 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 claim electronically?** To claim reimbursement under the plan electronically, go to portal.catilize.com and submit the required documentation.

26. **How do I use the 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.

27. **Do all medical providers accept 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.

28. **Do all pharmacies accept the CompleteCare ID card?** Most pharmacies will process your claim when you present your 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.
29. **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 Catilize Health. The toll-free number is 1-877-872-4232.

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

SECTION V – PREMIUM REIMBURSEMENTS

31. **What if the premium for my alternate plan is higher than my employer's medical plan?** Your employer will reimburse you for the increase in premium your spouse/domestic partner (or you) pay for the alternate plan (limits apply). If the cost for the alternate plan is higher than your employer's medical plan, you will be reimbursed for the difference between the plans up to a maximum of $100/single,

$200/employee + spouse/domestic partner, $200/employee + child, $300/employee + children and $300/family per month. If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under CompleteCare.

32. **What if my spouse/domestic partner's employer charges a surcharge if I enroll in his/her plan?** Surcharges relating to spousal or dependent 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?** If the employer sponsored group health plan you enroll in has a higher premium cost than the premium cost for your employer's medical plan, then you will be reimbursed the difference in premiums for the people leaving the plan. For example, your employer's medical plan premium contribution for you and your family is $1000 per month. The cost for a family plan with your spouse/domestic partner's health plan is $1300 per month. In this example you will be reimbursed $300 per month ($1300-$1000 = $300). This monthly amount will be reimbursed through your employer's payroll if your spouse/domestic partner's premium contribution is deducted from their paycheck pre-tax. If the premium contribution is post-tax, the monthly amount will be reimbursed via check.

34. **What if there is a change to my spouse/domestic partner's premium?** Most employers revise their premiums annually. 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
CompleteCare@catilizehealth.com
Hours 8:30am – 8:00pm EST
Catilize.com/CompleteCare-info
Portal.catilize.com