

## MEDICAL WRAP CHECKLIST

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### General Information

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***Is this Plan considered Grandfathered under the PPACA?*** \_\_\_\_\_

Employer's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Plan Sponsor *(if different from Employer)*: \_\_\_\_\_

Plan Administrator *(if different from Employer)*: \_\_\_\_\_

Plan Year: \_\_\_\_\_ through \_\_\_\_\_

ERISA Plan Number: \_\_\_\_\_

Agent for Service of Process: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Trustees *(if any)*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Original Effective Date: \_\_\_\_\_

Restated Date: \_\_\_\_\_

*(Date when you plan to distribute this document – must be at least 20 days following submission)*

Participating Employer(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Employers whose employees are eligible to participate in this plan – must be affiliated companies – if you are unsure whether the entities meet ERISA’s requirements for affiliation, please describe the relationship.)*

Does HIPAA apply to the Employer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

*(HIPAA applies to group health plans and group health insurance coverage for any plan year if, on the first day of the plan year, the plan has 2 or more participants who are current employees. It does not apply to any plan or coverage providing “excepted benefits,” which include limited scope dental or vision benefits if offered separately from any other benefits.)*

Does COBRA apply to the Employer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

*(COBRA applies to all group health plans maintained by all public and private employers, other than churches; governmental entities of the U.S., the District of Columbia and U.S. territories and possessions; state and local government agencies that are not recipients of PHSA fund; and employers, including related employers, whose total number of employees (full-time and part-time), including leased employees, was less than 20 on at least 50% of the typical business days in the prior calendar year.)*

Does FMLA apply to the Employer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

*(FMLA applies to private sector employers of 50 or more employees and public agencies.)*

Is this a Union Plan (maintained pursuant to a collective bargaining agreement): \_\_\_\_\_

If so, what is the Name of the Union: \_\_\_\_\_

If so, what is the Local Number: \_\_\_\_\_

If so, what is the Local Location: \_\_\_\_\_

Is this a Government Plan: \_\_\_\_\_

If so, is HIPAA applicable: \_\_\_\_\_

*(A “Government Plan” is any plan established or maintained for its employees by the U.S. Government, the government of any state or political subdivision thereof, or by any agency or instrumentality of the foregoing. It also includes any plan to which the Railroad Retirement Act of 1935 or 1937 applies, and which is financed by contributions required under that Act, and any plan of an international organization which is exempt from taxation under the provisions of the International Organizations Immunities Act.)*

Is this a Church Plan: \_\_\_\_\_

If so, is HIPAA applicable: \_\_\_\_\_

*(A “Church Plan” is a plan established and maintained for its employees or their beneficiaries by a church or by a convention or association of churches which is exempt from tax under §501 of the Internal Revenue Code of 1954 (“IRC”). It does not include a plan where the employees or their beneficiaries are employed in connection with one or more unrelated trades or businesses (as described in IRC §513) or if less than substantially all of the individuals included in the plan are employees or beneficiaries. “Employee” means a duly ordained, commissioned or licensed minister of a church in the exercise of his ministry, regardless of the source of his compensation, or an employee of an organization which is exempt from tax under IRC §501 and which is controlled by or associated with a church or a convention or association of churches.)*

Type of Benefit Plan: *(Please list FULL name of plan (i.e., PPOBlue High Option II, Keystone HMO, etc.):*

Are employees required to contribute for their coverage? Yes \_\_\_ No \_\_\_

Are employees required to contribute for dependent coverage? Yes \_\_\_ No \_\_\_

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### Eligibility for Participation

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As a full-time *employee* regularly scheduled to work at least [ \_\_\_\_\_ ] hours per week, you are eligible for coverage when you...

	Complete your <i>waiting period</i> of [ _____ ] days of continuous <i>active employment</i> .
	Begin <i>active employment</i> .
	Other (please specify):

As a part-time *employee* regularly scheduled to work at least [ \_\_\_\_\_ ] hours per week, you are eligible for coverage when you...

	Complete your <i>waiting period</i> of [ _____ ] days of continuous <i>active employment</i> .
	Begin <i>active employment</i> .
	Other (please specify):

You are eligible to continue to participate in the *Plan* if you are a retiree of the *participating employer* and you have completed [ \_\_\_\_\_ ] years of service with the *participating employer* before retirement. You and any eligible *dependents* must have been covered under the *Plan* on the date immediately before your retirement in order to continue your participation. Retirees who were not covered under the *Plan* on the date immediately before retirement will not be allowed to enter the *Plan* during the annual open enrollment period or as described in the section, "Special Enrollment Periods".

**OPTIONAL – KEEP or REMOVE**

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### Definitions

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***“Administrative period”*** means period of time immediately following an *initial measurement period* or a standard measurement period when the *participating employer* determines which “variable hour” and/or “ongoing” *employees* are eligible for coverage and to notify and enroll those eligible *employees*. The *administrative period* lasts [ \_\_\_\_\_ ] (90 days is standard) days.

***“Employee”*** means... Such person must be scheduled to work at least [ \_\_\_\_\_ ] hours per week in order to be considered “full-time.”

***“Initial measurement period”*** means the initial [ \_\_\_\_\_ ] [6-12 (that is no shorter in duration than the standard measurement period)] consecutive calendar month period of employment for a variable hour *employee* that the *participating employer* will use to look-back and determine your employment status for benefit purposes.

***“Stability period”*** means the [ \_\_\_\_\_ ] [6-12 (that is no shorter in duration than the standard measurement period)] consecutive calendar month period that begins after the *administrative period*.

***“Standard measurement period”*** means the [ \_\_\_\_\_ ] [3-12] consecutive calendar month period that your *participating employer* will use to look-back and determine your employment status for benefit purposes.

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### Eligibility for Coverage

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Each Employee will become eligible for coverage under this Plan with respect to himself on the...

	1 <sup>st</sup> day of the month following completion of a Service Waiting Period of [ _____ ] days
	day of completion of a Service Waiting Period of [ _____ ] days
	1 <sup>st</sup> day following completion of a Service Waiting Period of [ _____ ] days
	date of hire

[You are eligible to continue to participate in the *Plan* if you are a retiree of the *participating employer* and you have completed [ \_\_\_\_\_ ] years of service with the *participating employer* before retirement. You and any eligible *dependents* must have been covered under the *Plan* on the date immediately before your retirement in order to continue your participation. Retirees who were not covered under the *Plan* on the date immediately before retirement will not be allowed to enter the *Plan* during an *annual open enrollment* period or as described in the section, "Special Enrollment Periods". ]

**OPTIONAL – KEEP or REMOVE**

Can an individual be covered simultaneously as an Employee and a Dependent?

Yes \_\_\_\_ No \_\_\_\_

Does this Plan have an Open Enrollment Period? \_\_\_\_\_. If so, please complete the blanks.

Coverage for Participants enrolling during an Open Enrollment Period will become effective on [\_\_\_\_\_] 1, unless the Employee has not satisfied the Service Waiting Period, in which event coverage for the Employee and his Dependents will become effective on the day following completion of the Service Waiting Period.

“Open Enrollment Period” shall mean the month of [\_\_\_\_\_] in each Plan Year.

**Loss of Other Coverage**

An *employee* who is already enrolled in a benefit package may enroll in another benefit package under the *Plan* if a *dependent* of that *employee* has a special enrollment right in the *Plan* because the *dependent* lost eligibility for other coverage. The *employee* must make written application for special enrollment in the new benefit package within 30 days of the date the other health coverage was lost.

**OPTIONAL – KEEP or REMOVE**

**New Dependent**

If the conditions for special enrollment are satisfied, coverage for the *employee* and his or her *dependent(s)* will be effective at 12:01 A.M.:

For a marriage, on the...

	...date of the marriage.
	...first day of the calendar month following enrollment.
	Other:

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**Termination of Coverage**

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**Termination Dates of Individual Coverage**

Do benefits terminate on the:

	DATE of the month in which the event occurs
	LAST DAY of the month in which the event occurs

If an Employee is a member of the armed forces, is he or she still eligible for coverage under the plan?

Yes \_\_\_ No \_\_\_

If a Dependent is a member of the armed forces, is he or she still eligible for coverage under the plan?

Yes \_\_\_ No \_\_\_

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**Continuation of Coverage**

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**Employer Continuation Coverage**

Is coverage continued in the event of:

Yes	No	Item	For How Long
		Layoff	
		Total Disability – Temporary (3 months or less)	
		Total Disability – Permanent (more than 3 months)	
		Leave of Absence which does not meet the requirements of FMLA Leave	

**Qualifying Events**

Is legal separation a qualifying event? \_\_\_\_\_

Are Retirees eligible for coverage: Yes \_\_\_\_ No \_\_\_\_

**How long does COBRA continuation coverage last?**

When the *qualifying event* is “entitlement to Medicare,” the 36-month continuation period is measured from the date of the original *qualifying event*.

**OPTIONAL – KEEP or REMOVE**

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**Medical Benefits**

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**Primary care providers**

A current list of *PPO providers* is available, without charge, through the *Third Party Administrator’s* website (located at www.[\_\_\_\_\_].com).

If you do not have access to a computer at your home, you may access this website at your place of employment.

**OPTIONAL – KEEP OR REMOVE**

If you have any questions about how to do this, contact the...

	...Human Relations Department
	...Benefits Department
	Other:

**OPTIONAL – KEEP OR REMOVE**

[For plans and issuers that require or allow for the designation of primary care providers by participants or beneficiaries:] This Plan generally [requires OR allows] the designation of a primary care Provider. You have the right to designate any primary care Provider who participates in the Network and who is available to accept you or your family members.

**OPTIONAL – KEEP OR REMOVE**

[If the plan or health insurance coverage designates a primary care provider automatically, insert:

Until you make this designation, the *Plan* designates one for you.

**OPTIONAL – KEEP OR REMOVE**

OR

[For plans and issuers that require or allow for the designation of a primary care provider for a child:] For children, you may designate a pediatrician as the primary care Provider.

**OPTIONAL – KEEP OR REMOVE**

OR

[For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add:] You do not need prior authorization from the Plan or from any other person (including a primary care Provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

**OPTIONAL – KEEP OR REMOVE**

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## Claims

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### Decision on Review

Any legal action for the recovery of any benefits must be commenced within [ \_\_\_\_\_ ] (days OR months) after the *Plan's* claim review procedures have been exhausted.

### External Review – (ONLY complete if the Plan is a Non-Grandfathered Plan)

Name of unit that administers the external review program: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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## HIPAA Privacy

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Please list the TITLES ONLY of those persons who will have access to PHI. *This list is REQUIRED, and must be in the Plan (reference to a website is not acceptable):*
