

As an active employee of Partners Personnel, I hereby acknowledge that I have been offered company sponsored medical health benefits for the 2024 Plan Year (Jan. 1 – Dec. 31) as summarized below.

The offer of coverage made by my employer, Partners Personnel, meets the minimum requirements of coverage and affordability in accordance with Affordable Care Act and if enrolled by the deadline would become effective on the first of the month following 59 days of active employment. The plan details and cost are as follows:

Minimum Value Plan (MVP) Schedule of Benefits

NOTE: All employees are eligible for the MVP Plan. Please contact the PartnersCare Call Center at 805-323-3700 for more information or if you would like to enroll in the MVP Plan. If you enroll, coverage is effective the first of the month following 59 days from the date of your first paycheck plus 30 hours weekly. MVP is a comprehensive medical and prescription program that offers In and Out of Network benefits after you meet the applicable deductible. With the MVP, employees may avoid ACA Individual tax penalties.

PPO Network: MultiPlan	In Network	Out of Network
Deductible per Participant / Family	\$6,900/\$13,800	\$10,000/\$20,000
Out-of-Pocket Maximum per Participant / Family	\$6,900/\$13,800	\$20,000/\$40,000
Plan Paid Coinsurance	100%	50%
Office Visit Primary Care / Specialist (Including MHSA) <small>The in network office visit copayment is for the office visit (consultation) only. All other services are subject to deductible and coinsurance.</small>	100% after deductible	50% after deductible
Chemotherapy	Not Covered	Not Covered
Medical Specialty Drugs	Not Covered	Not Covered
Emergency Room Benefit <small>(Emergency Room visits that are not considered a medical emergency will only be paid at 50% after deductible)</small>	100% after deductible	50% after deductible
Urgent Care Center	100% after deductible	50% after deductible
Inpatient Hospital (including MHSA)	100% after deductible	50% after deductible
Inpatient Physician	100% after deductible	50% after deductible
Outpatient Hospital and Outpatient Physician	100% after deductible	50% after deductible
Physician/Surgeon/Anesthesiologist Fee (IP/OP)	100% after deductible	50% after deductible
Outpatient Surgery	100% after deductible	50% after deductible
Diagnostic XRay and Lab	100% after deductible	50% after deductible
Preventive Care	100%	50% after deductible
Chiropractic	Not Covered	Not Covered
Land Ambulance Service (Ground Only)	100% after deductible	50% after deductible
Advanced Imaging	100% after deductible	50% after deductible
Dialysis	100% after deductible	50% after deductible
Home Health Care, Rehabilitation (Cardiac, PT, OT, ST), SNF (Skilled Nursing Facility), Hospice	100% after deductible	50% after deductible
Radiation Therapy	100% after deductible	50% after deductible
Durable Medical Equipment	100% after deductible	50% after deductible
Prescription Drugs	Retail: Generic - Subject to deductible Preferred Brand - Subject to deductible Non-Preferred Brand - Not Covered Mail Order: Generic - Subject to deductible Preferred Brand - Subject to deductible Non-Preferred Brand - Not Covered <small>*BioTech and Speciality Drugs are not covered.</small>	
Preferred Brand will only be covered when a generic is not available		

The Preventive Care Benefit covers routine examinations, well child care, immunizations, pap smears, mammograms, colorectal screenings, prostate screenings and other services required by law if provided by an in network provider. A current listing of required preventive care can be accessed at <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>

This Plan excludes specialty drugs, non-preferred brand drugs, chiropractic charges, Acupuncture, Bariatric Surgery, Cosmetic surgery, Dental care, infertility treatment, long term care, non-emergency care outside US, private duty nursing, routine eye care, routine foot care, weight loss programs, any benefit not specifically listed and the exclusions and limits that apply to other Stay Healthy (MEC)/MVP also apply to this benefit.

Minimum Value Plan				
Weekly Cost by Hourly Pay Rate				
	Hourly Pay Rate \$7.25 to \$12.99	Hourly Pay Rate \$13.00 to \$15.99	Hourly Pay Rate \$16 to \$20.99	Hourly Pay Rate \$21 and up
Employee Only	\$18.25	\$32.72	\$40.27	\$52.86
Employee + Spouse	\$224.87	\$224.87	\$224.87	\$224.87
Employee + Child(ren)	\$193.04	\$193.04	\$193.04	\$193.04
Employee + Family	\$306.01	\$306.01	\$306.01	\$306.01

By signing below, I acknowledge I have been provided with the opportunity to enroll in the medical benefits that comply with the ACA. Failure to enroll no later than the 59th day of employment will be considered to be your declination to enroll in company sponsored benefits. Please refer to your Associate New Hire Packet or your local branch for benefits guides, and / or our website at www.partnerspersonnel.com for required notices.

For additional information, questions, copies of the benefits guide, or notices, please call 805-323-3700.

Employee Signature _____ Date _____

Print Name _____