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www.trustmcmstrust.com

Administrative & Billing Terms of the Marion County Medical Society, Inc. – Insurance Trust Fund

Billing:

- All enrollments, terminations and changes must be received in our office by the 16th of the current month in
 order to appear on the subsequent billing. This plan requires you to PAY AS BILLED manual adjustments
 are not allowed.
- ALL premiums are due the **1st** of each month. To avoid cancellation, premiums must be received on or before the end of that month. If an office fails to pay timely (by the end of the month) for two (2) consecutive months, coverage through this program will be cancelled.
- Premiums for this plan are age banded. Rates will increase when a member turns **40**, **50** or **60**. If a member's birth date is on the 1st of the month, the rate increase will take effect that month, otherwise, the rate will increase the following month.
 - o Please verify employee deductions are updated in your payroll system when an employee moves into a new age band.
- Requests for retroactive enrollments and terminations require a special exception from Florida Blue if submitted beyond 30 days from the qualifying event date.
- Monthly Plan Billing will be provided as separate premium and administrative fee invoices.

Eligibility:

- Full-time employment is considered 30 hours per week unless otherwise documented by the participating employer.
- A minimum of three employees must enroll to meet the minimum subscriber rule. If 95% of eligible employees do not enroll, rates may increase by 35% on the 1st of the following month.
- An employed spouse of a physician/owner member is not considered an employee and **must be covered as a dependent of the physician member.**
- Eligible dependent children will remain covered through the end of the calendar year in which they reach age **26**. (Please refer to policy contract for complete dependent eligibility requirements).
- All groups within the MCMS, Inc.-Insurance Trust Fund are subject to the **FEDERAL COBRA LAW**. This is administered by WEX.
- Employers offering health insurance coverage are required to provide a standard Summary of Benefits and Coverage (SBC) to their employees. It is the responsibility of each employer to distribute the appropriate SBC for the benefit plans offered to employees. ALL plan SBC's can be located at: www.trustmcmstrust.com

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