Minimum Medical Coverage Policy

The MCSIG Board policy on minimum medical coverage shall be as follows:

All member entities' designated covered groups (bargaining units, etc.) participating in MCSIG coverage shall require all of the group's full-time permanent employees and any other of the group's employees that are eligible for MCSIG medical benefits to be covered in one of the MCSIG medical plans.

Entity board members are a covered group subject to the minimum medical coverage policy if a member entity chooses to provide medical coverage for their board. The minimum medical coverage applies to all board members of a covered group, except as follows: Board members are exempt from the minimum medical policy who are Medicare retirees that provide proof to MCSIG that they also have other medical/pharmacy retirement coverage (also known as Medicare Supplemental Coverage).

Notwithstanding the above, a MCSIG member entity may allow benefited employees to opt-out of MCSIG medical coverage subject to all of the following conditions:

a. No member entity can offer their employees cash-in-lieu in any form to opt-out of MCSIG medical coverage for employee-only or dependent coverage.
b. Any member entity allowing opt-outs must require the opting-out participant to:
    i. Provide MCSIG with ongoing proof of other medical coverage (annually during open enrollment).
    ii. Not allow any opt-outs for coverage under a spouse's MCSIG medical plan.
c. Participants opting out of coverage will have the annual open enrollment as the opportunity to re-enroll, or with a HIPAA qualifying event outside of open enrollment.
d. As is currently the case, retiree participants who terminate their MCSIG medical coverage would not be eligible to return to MCSIG medical coverage, unless they are re-employed/or become a board member/council member eligible for coverage by the entity.

The enrollment form has an opt-out selection for members to select along with providing proof of other coverage.

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