

Catilize Health®

MCSIG

CompleteCare

Effective Date: January 1, 2027

Overview

CATILIZE HEALTH® OVERVIEW

At Catilize Health® we believe people deserve access to quality, affordable healthcare. Your CompleteCare will transform the way you experience health insurance.

The enclosed documents will give you all the information you need to make a smooth transition to the CompleteCare .



Documents Enclosed

Employee Experience

CompleteCare FAQ

Catilize Health® Portal

CompleteCare Enrollment Form

Attestation Form

CompleteCare Claim Form

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A step-by-step guide for members

Medical Claim Reimbursement

When a member sees a medical provider or has a medical procedure, they present the primary medical plan ID, then present the CompleteCare ID Card.

Most times the provider will accept the CompleteCare ID Card. Members will owe nothing up front and do not need to submit a claim. Catilize Health® is billed by, and sends the payment to, the provider, ER, or hospital

In some situations, the provider is not able to accept the CompleteCare ID Card. The member will pay for any co-pay, co-insurance, or deductible due. An Explanation of Benefits (EOB) is provided by primary medical plan.

The member submits the EOB and claim amount to Catilize Health® via portal.catilize.com. **OR** The member submits the EOB and a completed Claim form to Catilize Health® via mail, fax, or secure email.

Catilize Health® processes claims and issues reimbursement within 2 -3 weeks from when the member submitted the documents covering the out-of-pocket expenses.

The true out-of-pocket cost is $0

Catilize Health®

2605 Nicholson Road, Suite 1140

Sewickley, PA.15143

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https://britehr.app/MCSIG

Phone: 877-872-4232

Toll Free Fax: 877-599-3724

Memberservices@catilizehealth.com

Hours: 8.30am-8.00pm EST

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Pharmacy Claim Reimbursement

When a member visits a Pharmacy and picks up a prescription, they present the primary medical plan ID, then present the CompleteCare ID Card.

Most times the Pharmacy will accept the CompleteCare ID Card. Members will owe nothing up front, and do not need to submit a claim.

In some situations, the Pharmacy is not able to process the CompleteCare ID Card. Members will pay for any prescription cost due.

The member submits the Pharmacy tab, EOB, or Pharmacy Print-Out and claim amount to Catilize Health® via portal.catilize.com. **OR** The member submits the Pharmacy tab, EOB or Pharmacy print-out and a completed Claim form to Catilize Health® via mail, fax, or secure email.

Catilize Health® processes claims and issues reimbursement within 2 -3 weeks from when the member submitted the documents covering the out-of-pocket expenses.

Preimium Reimbursement

If eligible, you may receive a reimbursement up to pre-set monthly maximums for the difference in premium costs if the alternate coverage premium cost is more expensive.

The premium difference amount will conveniently appear in your paycheck as taxable income.

An up-to-date paystub showing the cost and frequency of the premium paid for alternate coverage is required periodically.

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The CompleteCare

Frequently Asked Questions

SECTION I – BENEFITS

1. What is covered under the CompleteCare? The CompleteCare reimburses eligible co-pays, deductibles, and coinsurance for qualified medical and prescription drug expenses.

2. Is there a calendar year maximum? Yes, the maximum amount the program will pay per calendar year for eligible co-pays, deductibles and co-insurance is $12,000 for single coverage and $24,000 for two or more. These maximums match the Affordable Care Act maximums that any individual or family unit can incur. The result is 100% reimbursement for qualified medical and prescription services with CompleteCare.

3. Is there an employee premium contribution required for the CompleteCare? No, there is no cost to you. -

4. What happens if the network on my alternate coverage does not include my current doctor? I've been with my doctor for a long time and don't want to change now. The CompleteCare will reimburse you for eligible co-pays, co-insurance and deductibles only (up to the 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 the CompleteCare You should check the network access on your alternate plan to ensure that your providers will be covered

5. If my alternate group coverage does not cover a procedure or prescription, will that procedure be a covered expense under the CompleteCare? No, if your alternate coverage does not cover the procedure, it is not a covered expense under the CompleteCare and will not be reimbursed.

SECTION II – ELIGIBILITY

6. Am I eligible to enroll into the CompleteCare? If you are a **current employee**, you and your eligible dependents who are currently enrolled on MCSIG's medical plan and who have access to alternate group health coverage, are eligible to enroll in MCSIG's CompleteCare . If you are **newly hired** and you have alternate group coverage available, you and your eligible dependents are eligible for the CompleteCare upon satisfaction of MCSIG's eligibility requirement.

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Frequently Asked Questions

7. 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.

8. What does not qualify as alternate group health coverage? Medicare,Tricare VA health care, Medicaid, individual policies, and limited benefit health plans do not qualify as alternate group health coverage. 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.

9. Am I eligible for the CompleteCare if my alternate coverage includes an HSA (Health Savings Account)? Yes, you may be eligible depending on the following considerations. If these considerations are not met, your plan eligibility could be affected:

- If the account holder of your alternate coverage is enrolled in the CompleteCare then any employee and employer contributions to the HSA must be stopped.
- If the account holder of the alternate coverage is not enrolled in the CompleteCare, they may continue to make and receive contributions to the HSA and use the HSA funds.
- The HSA funds CANNOT be used by CompleteCare members for any CompleteCare eligible medical expenses. You cannot be reimbursed for the same expense twice.

10. If I am enrolled in the MCSIG's medical plan, and my eligible dependents are enrolled in alternate coverage, can I enroll myself and my eligible dependents in the CompleteCare? To be eligible for the CompleteCare you must currently be enrolled in MCSIG's medical plan. This applies to dependents as well. Only members who were enrolled in MCSIG's health plan and moved to the alternate group coverage are eligible to be covered under the CompleteCare.

11. If my entire family is currently on MCSIG's medical plan, and I enroll my entire family in alternate group health coverage, is my entire family eligible for the CompleteCare? Yes, because the entire family is currently enrolled in MCSIG's medical plan, the entire family would enroll into your alternate group medical plan and would all be covered under the CompleteCare.

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12. If I am age 65 or older and Medicare is my secondary coverage, am I eligible to enroll into the CompleteCare? Yes, if Medicare is your secondary coverage, and you have qualified group health coverage then you are eligible to enroll into the CompleteCare. Reminder, if Medicare is your primary insurance, you are not eligible for CompleteCare.

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

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

15. I recently got married and I am now eligible for alternate coverage. Can I enroll in the CompleteCare? Yes. Marriage is a Qualifying Event and, if your newly married status allows you to enroll in alternate group coverage, you and your eligible dependents may enroll in the CompleteCare after you have enrolled in your alternate coverage.

16. Can I enroll in the CompleteCare and a Healthcare Flexible Spending Account (FSA)? Employee's may enroll in both the CompleteCare and an FSA; however, employee's may not be reimbursed for the same expenses under both plans. Employee's enrolled in the 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. Employee's who elect to enroll in the 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.

17. What if I enroll in the CompleteCare, and then lose access to my alternate group coverage? As long as you let MCSIG know within their qualifying event time frame, you and your eligible dependents may enroll into MCSIG medical plan with no lapse in coverage.

18. When can I cancel the CompleteCare? You can change your election during open enrollment each year or during a qualifying event if you let MCSIG know within the qualifying event time frame.

19. How is my current dental and vision coverage affected? You may remain enrolled in your current employer-sponsored dental and vision plans. Since the CompleteCare only reimburses eligible medical expenses, it has no effect on your dental and vision coverage.

SECTION III – ENROLLMENT

20. How do I enroll into the CompleteCare?

- Enroll into a qualified alternate group health plan. This must be a non-MCSIG sponsored health plan.
- Complete the CompleteCare Enrollment Form
- Complete the Attestation Form; this is required and states you have been offered MCSIG's medical plan, waived MCSIG's medical plan, and are enrolling in other qualified group health coverage for the effective date of the CompleteCare , January 1, 2027. By signing this form, you are waiving MCSIG's medical plan for you and/or your eligible dependents for the entire plan year.

21. Will I receive enrollment confirmation? You will receive a welcome letter from Catilize Health® by email within 1-2 business days, and in the mail within 7-10 business days, after Catilize Health® receives your enrollment information. Your new CompleteCare ID cards will be shipped separately from Catilize Health®. The CompleteCare ID Cards will arrive 7-10 business days after all required eligibility documentation is received and verified.

SECTION IV– CLAIMS

22. How do I use the CompleteCare ID Card?

- First, present your alternate ID card
- Then, present your CompleteCare ID Card. Let the provider know that the CompleteCare will pay the provider directly for eligible co-pays, deductibles and co-insurance.
- You pay nothing; your provider may file the claim with both your alternate coverage and with the CompleteCare.

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Frequently Asked Questions

23. Do all medical providers accept the 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.

24. Do all pharmacies accept the CompleteCare ID card? Most pharmacies will process your claim when you present your CompleteCare ID card. 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. If they will not accept the CompleteCareID 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.

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: 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.

26. How do I submit a paper claim? If you are filing a "paper" claim, using the claim form provided by Catilize Health®, you'll submit that form along with the required documentation listed in question #25.

27. What is the deadline for submitting claims? The deadline for member claims is 90 days after the end of the claim year or your termination from the plan. The deadline for provider claims is 1 year after the date of service.

28. 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 the provider to see if they have processed the claim through Catilize Health®.

29. How is claim reimbursement obtained? 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. 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 or direct deposit reimbursing you for your out-of-pocket expenses.

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? Yes, simply access your ID Card at portal.catilize.com. You may also file a paper claim or submit the claim electronically.

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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 increases in premium that your household pays for the alternate coverage (limits apply). If the cost for the alternate plan is higher than your employer's medical plan, you will be reimbursed for the difference in cost up to a maximum of: $200/single, $400/employee + spouse/domestic partner, $400/employee + child(ren), and $600/family per month.. If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under the CompleteCare.

32. How is my premium reimbursement calculated? A comparison is made which considers the cost of the alternate medical coverage to the cost of your employer's medical coverage.

33. What if the employer who provides my alternate group coverage charges a surcharge if I enroll in their plan? Surcharges relating to alternate group 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.

34. How are employee premium contributions reimbursed? This amount will be reimbursed through MCSIG's payroll if the premium contribution from your alternate coverage is deducted pre-tax. If your alternate group coverage has post-tax deductions, the payment will be reimbursed directly from Catilize Health® via check or direct deposit.

35. What if there is a change to my premium contribution on the alternate group coverage? 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.

36. Am I eligible to receive a premium reimbursement if my alternate coverage is my parent's health coverage? No.

37. Am I eligible to receive a premium reimbursement if my eligible dependents move to my ex-spouse/domestic partner's medical plan? No.

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MERP ENROLLMENT FORM

EMPLOYER INFORMATION	
Employer Name: MCSIG	
Please mail, email or fax completed form to:	
Your Health & Welfare Representative	Email: memberservices@catilizehealth.com Telephone: 877-872-4232 Toll Free Fax: 877-599-3724

I am enrolling in the MERP for (please check one):

☐ Self Only

☐ Self & Children

☐ Children Only

☐ Spouse/Domestic Partner Only

☐ Self & Spouse/Domestic Partner

☐ Self & Family

☐ Spouse/Domestic Partner & Children

PARTICIPANT INFORMATION		
Name:	D.O.B:	Hire Date:
Social Security #:	Gender: ☐ M ☐ F	Eligibility Date:
Home Street Address:		
City:	State:	Zipcode:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE/DOMESTIC PARTNER INFORMATION		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:	Spouse/Domestic Partner Employer:	

DEPENDENT INFORMATION (attach a seperate sheet if additional space is needed)		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		
Name:	D.O.B:	Gender: ☐ M ☐ F
Social Security #:		

PARTICIPANT AUTHORIZATION

* If the other coverage is a HDHP and your spouse/domestic partner is not enrolled in the CompleteCare, your spouse/domestic partner may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the CompleteCare. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the spouse/domestic partner. Also, if your primary health coverage is through Medicare, Tricare VA health care, or Medicaid, you are not eligible for the CompleteCare.

I hereby authorize my employer to enroll me into the employer sponsored CompleteCare. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for CompleteCare benefits.

Employee Signature:	Date:

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ATTESTATION OF ENROLLMENT

IN A NON-EMPLOYER GROUP HEALTH PLAN

Employee Name: _____ Work Phone: _____ Email: _____

Work Location: _____

This form applies to individuals who participate in the CompleteCare and who waive coverage in the MCSIG health plan.

Employee, Spouse, and eligible dependents who are waiving coverage in the MCSIG health plan certify that:

- MCSIG has offered me and/or my Spouse and/or my eligible dependents a group health plan that does not consist solely of "excepted benefits" under the Affordable Care Act of 2010 ("ACA").
- I and/or my Spouse and/or my eligible dependents are enrolled in alternate coverage (such as my spouse/domestic partner's employer) that does not consist solely of "excepted benefits" under the ACA (such as limited-scope dental or vision coverage), nor does it consist solely of a "health reimbursement arrangement" (reimbursement of health care expenses up to a dollar limit), and we are not enrolled in, or have waived contributions to, an HSA – Health Savings Account.
- I understand that by enrolling in this CompleteCare, I am waiving participation in the MCSIG health plan for the following participants:

Participant Name	Participant Name	Participant Name
Participant Name	Participant Name	Participant Name

Attach a seperate sheet if space is needed for additional participants

For confirmation that the alternate coverage meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer, and ensure HSA contributions are waived/stopped.

I further certify that my alternate coverage is not:

- A High Deductible Health Plan (HDHP) with active contributions to a health savings account (HSA); however, it is acceptable alternate coverage if HSA contributions can be waived/discontinued. A Spouse who is not enrolled in the CompleteCare may contribute to an HSA and use the HSA funds.
- The HSA funds CANNOT be used for medical expenses for CompleteCare enrollees.
- Medicare, Tricare VA health care or Medicaid
- Health Insurance coverage made available thru the Affordable Care Act
- An individual policy
- A Limited Benefit Health Plan
- Coverage through another MCSIG Employee

Employee Signature	Date
Spouse Signature Only if eligible for CompleteCare	Date

PLEASE COMPLETE THIS FORM AND SEND TO YOUR HEALTH & WELFARE REPRESENTATIVE
OR UPLOAD IN THE CATILIZE HEALTH® PORTAL: Portal.Catilize.Com

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CompleteCare CLAIM FORM

EMPLOYER INFORMATION
Employer Name: MCSIG
SEND THIS FORM, EXPLANATION OF BENEFITS & ANY OTHER CLAIM DOCUMENTATION TO:

Catilize Health®
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143

Email: memberservices@catilizehealth.com
Telephone: 877-872-4232
Toll Free Fax: 877-599-3724

OR CLAIMS MAY BE SUBMITTED AT PORTAL.CATILIZE.COM

PARTICIPANT INFORMATION	
Name:	D.O.B:
Last 4 Digits of Social Security #:	

PRESCRIPTION REIMBURSEMENT INFORMATION		
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:

PHYSICIAN OFFICE VISITS	
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:

EXPLANATION OF BENEFITS (EOB)	
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:

Documentation submitted must include: Patient name, date of service, type of service or service code, drug name or Rx number if prescription.

Please Note: *All medical claims must be submitted first through your alternate coverage. You are 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 amount. Do not submit cash register or credit card receipts;these alone are not acceptable as per the IRS regulations.*

EMPLOYEE STATEMENT

I hereby certify that the information contained on this Reimbursement Claim Form is to the best of my knowledge and belief, true and correct and each item is eligible for reimbursement. I understand that any expenses reimbursed are NOT tax deductible on my individual or joint federal tax return. I understand that I may be prosecuted for fraud for knowingly using health insurance benefits for which I am not eligible. It is MY responsibility to know when I or a family member is no longer eligible for CompleteCare benefits.

I certify that the amounts above have not been reimbursed under any other health care plan or program, federal, state, or government program, worker's compensation, or any other policy of health insurance, and that I will not seek reimbursement under any of the aforementioned plans, including an HSA, HRA or FSA account.

Employee Signature:	Date:

All claims must be received no later than 90 days after plan year ends or 90 days after termination.

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The care you love.
On the go.



Hey, Catilize® has a mobile friendly website!

Your medical plan made simpler

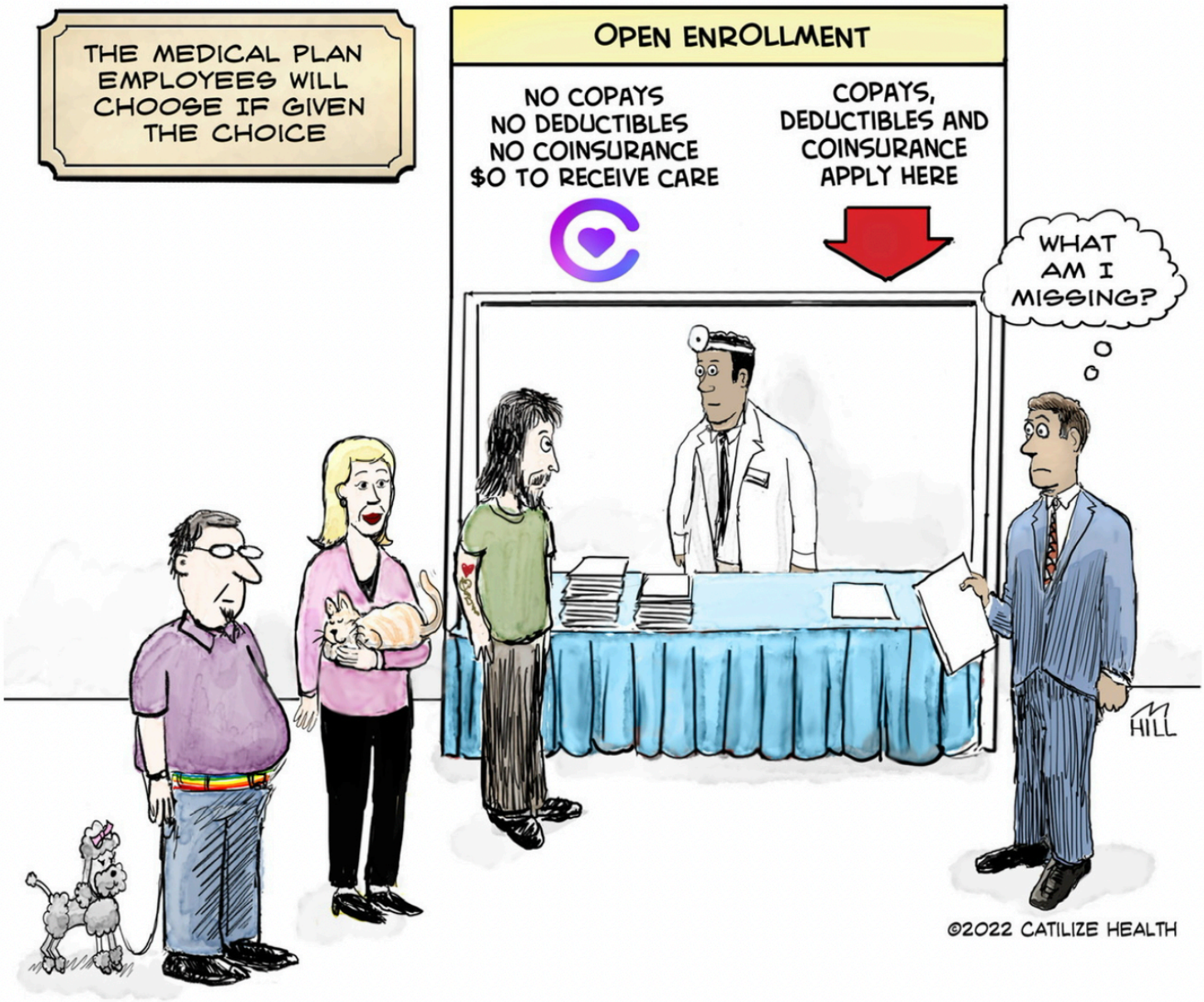
When we created Catilize®, we set out to make healthcare affordable and simple for people. Using your ID Card at your provider/pharmacy is the simplest way to have your claim submitted. You may submit paper claims; however, we have another option for you. We've made claim submission even simpler by putting everything you need in one place. No download required.

Just go to **portal.catilize.com** to access on your phone or desktop. You can use it to:

- Securely upload:
  - Claim Documents
  - Paystub
  - Attestation Form
  - Proof of Coverage
- Download your ID card
- View uploaded claim documents
- Review status of paid claims
- Review claims by member

Scan the QR code and access today!

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The Future



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To reach a Claims Specialist

1- (877) 872-4232 x400
memberservices@catilizehealth.com

To reach an Enrollment/Premium Specialist

+1 (877) 872-4232 x300
memberservices@catilizehealth.com

To file a claim on the Catilize Health® Portal

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