



Benefits Administration

Human Resources
Wake Forest Baptist Health
Phone: 716-3334
Fax: 336-716-5656
Email: benefits@wakehealth.edu
www.WakeHealth.edu

To all departing House Staff,

Congratulations on the successful completion of your residency. We wish you success as you move on in your profession. Thank you for the many hours of hard work you gave to the patients at North Carolina Baptist Hospital.

To assist you with information regarding the status of your benefits at the time of your departure, we have prepared the following information for you. *Please read this information carefully.*

1. **Summary of Benefits:**
 - Health Insurance and Dental Continuation
 - Health Insurance When Living Out of the Service Area
 - Disability Insurance ****New – Please Read****
 - Life Insurance Conversion
 - Rx Reimbursement Form
 - MedCost Claim Form

2. **Change of Address:**
 - If you are familiar with Self-Service on the Human Resources Web site, you can change your address through Self-Service ([click here](#)).
 - U.S. Post Office Change of Address Packet – Available in the Mail Room for your convenience.

3. **Direct Deposit Form** – On the *InfiNet* under Department ⇨ Hospital ⇨ Forms.

If you have any questions, please feel free to call the Benefits Line at 716-3334 to reach a Benefits Representative.

DEPARTING HOUSE STAFF BENEFITS SUMMARY

HEALTH INSURANCE:

Coverage ends based on your end of employment date (termination date). Your coverage will end on the last Saturday of the pay period that contains your date of termination.

However, you and your covered dependents have the right to continue coverage under COBRA for up to 18 months, *retroactive to your end of coverage date.*

Notification Letter (Watch for this information mailed to your home):

As with all employees who leave Wake Forest Baptist Health, a letter of notification will be printed ***after your last paycheck is processed.*** This letter is to inform you of your right to continue your coverage and contains enrollment information. It will be mailed to the address shown on your last direct deposit advice. The letter should be mailed by July 30.

Mailing Address:

According to Federal COBRA regulations, we are required to mail this letter to your home address, and therefore, we cannot prepare a letter in advance of your leaving. Please change your home mailing address by completing a blue Change of Address form, [use Self-Service](#), or leave a forwarding address with the Post Office.

Will You Have to Take COBRA?

You May NOT Need COBRA (If your new coverage begins within 60 days):

Please note: If you will be covered by your new plan before 60 days from the date of the COBRA Notification Letter, there is no need to elect continuation of coverage. During the 60 days from the postage date, you are COBRA eligible. This means that should you or one of your dependents require medical care, you may elect to continue coverage and pay the premiums due. Your coverage would then be **retroactive**. ***If you have no need for medical services during this 60-day COBRA election period, you do not have to enroll in the continuation option and you do not need to pay the premium.*** All you need to do is keep the COBRA election notice in safe keeping until your new coverage becomes effective.

You May Need COBRA (If your new coverage begins later than 60 days):

If your new coverage begins more than 60 days from the date of the notification letter, or if you will not be employed within 60 days, you may elect COBRA by completing all of the information requested on the election form.

HIPAA Certificate of Coverage Form to Avoid a Pre-existing Condition for New Coverage:

In order to avoid having a pre-existing condition under your new plan, you may be asked to show proof of continuous coverage. A Certificate of Coverage will be sent to your home. This form gives your beginning and ending dates of coverage. ***Your new insurance carrier may require this certificate from you as proof of continuous coverage.***

Please keep this Certificate of Coverage with your personal records!

Please note: You may be subject to pre-existing conditions if you do not acquire coverage either through COBRA or your new employer within 63 days of end of coverage date.

DENTAL:

Coverage ends on the Saturday of the last pay period in which you are paid. You have the same option to continue your dental coverage for 18 months. The same COBRA regulations apply to Dental.

DISABILITY INSURANCE: **NEW**

Over the past year we have made changes in our House Staff Disability Insurance program in order to provide increased benefit amounts, enhanced discounts, and guaranteed issue access to individual policies upon graduation. We realize that you have options and that many outside firms wish to meet with you to offer their services. After extensive review and comparisons, we made the decision to endorse one agency, Mensh Insurance, to provide both our group and individual disability insurance for all House Staff and Fellows. One of the main reasons for our selection of Mensh Insurance is their specialization in the disability insurance marketplace and their independent representation of all top carriers including The Guardian, Principal, Met Life, and The Standard. As such all plans, contract benefits, definitions, and rates have been fully explored and shopped to best fit your needs during employment and upon graduation.

FOR ALL GRADUATING HOUSE STAFF AND FELLOWS IN 2011 YOUR DEADLINE DATE TO ENROLL IS YOUR GRADUATION

You are immediately eligible to apply for and secure an individually owned policy via The Standard Insurance Company (the same carrier that insures you now and all faculty under the group protection) **WITHOUT ANY MEDICAL QUESTIONS OR EXAMS. The following requirements must be met:**

1. You must be working 30 hours/week or more for the past 6 months
2. You can't have been declined by another carrier for disability insurance in the past 12 months
3. You can't have been declined by The Standard ever before for disability insurance.

If you satisfy those requirements, below are the key benefit highlights-

1. Individually owned, fixed guaranteed premium, discounted for all and same rates for males and females (saves females over 30%)
2. NO MEDICAL QUESTIONS OR EXAMS...Even if slightly unsure of your medical status, take advantage of this program before graduation and protect yourself...you can always shop for something else down the road if you wish.
3. \$3500 and \$5000 Monthly benefit maximum plan options payable to age 67
4. TRUE OWN OCCUPATION DEFINITION OF DISABILITY-ALLOWS YOU TO EARN OTHER INCOME IF UNABLE TO PERFORM EXACT DUTIES OF MEDICAL SPECIALTY
5. Residual benefit rider and 3% cost of living increase rider
6. Access to up to \$7500/Month of Future Purchase Option benefits based on income and future group benefit amounts...ALL WITHOUT MEDICAL REVIEW AND ALWAYS DISCOUNTED. (One can seek to secure any of this amount immediately upon graduation in July) So, this program provides up to \$12,500/Month of individual protection without any medical questions and with full discounts.

Please visit www.menshinsurance.com/wake for all benefit information, rate sheets, and to contact Danny Mensh to set up an appointment or ask questions. Danny is available via email or phone and for individual meetings in the hospital or a place of your preference. We encourage you or your spouse/partner to contact Danny at any time as well.

Phone: 336-631-5503

Email: danny@menshinsurance.com

LIFE INSURANCE:

Your coverage for the Basic Life Insurance ends on termination of employment date. However, you have a 31-day period to convert to an individual policy.

If you have purchased the Additional Life Insurance on yourself and/or Dependent Life Insurance, these policies have the same conversion option. If you decide to convert to an individual policy, please contact Benefits Line (336) 716-3334 to request a conversion form. The premiums for an individual policy are typically higher than a group policy. Therefore, you should consider converting your life insurance within 31 days of your departure, primarily if you have a pre-existing condition that may prevent you from being covered by another group policy or another individual plan.

HEALTH INSURANCE WHEN LIVING OUT OF THE SERVICE AREA

1. The **same services covered** in the MedCost service area are covered if you live out of the service area.
2. **Emergency Room**
\$130.00 charge if you are not admitted. See Health Plan Summary for coinsurance and limits for Out of Network admissions. You are required to notify MedCost at 1 (800) 722-2157 if you are admitted as an inpatient through the Emergency Room.
3. **Prescriptions**
If you are in an area where there are no Network Pharmacies, you may use the mail order service or pay the full cost of the prescription and mail in the CatalystRx claim form for reimbursement.
4. Please call **MedCost Customer Service** at 1 (800) 795-1023 for:
 - Additional questions pertaining to specific services
 - Claim forms (Health or R_x mail order)
5. If you need an additional copy of the benefit plan summary that describes the covered and non-covered services, please call Employee Benefits at (336) 716-3334.