



West Carroll Health System Employee Health Benefits

Employee & Eligible Dependents with WCHS Vantage Health Plan or any other medical insurance coverage:

- Employees and eligible dependents listed on your Vantage Health Plan or other commercial insurance card will not be required to pay a co-pay or deductible as applicable for medical services provided by West Carroll Health Systems.
- You must also present your WCHS Self Insurance card along with your Vantage Health Plan card or other commercial insurance card at the time of service in order for deductibles and copays to be waived.

Employees & Eligible Dependents with WCHS Employee Self-Insurance coverage only:

- Eligible employees and or eligible dependents may receive healthcare services provided by West Carroll Health Systems as a benefit at no cost to the employee.
- To receive this benefit the employee or dependent must present their West Carroll Health Systems Self Insurance card at each visit or time of service. Dependent coverage will be only for eligible dependents listed on the benefit card.
- To receive the West Carroll Health Systems Self Insurance benefit card for your spouse or dependents you must complete the application form and provide a copy of your most recent income tax filed. Only dependents claimed on your tax form will be eligible to be listed on your benefit card to receive services.
- Part time employees may apply for free care services directly with any WCHS Rural Health Clinic by completing the application form, and providing required documentation.

Eligible Employee:

Full time working a minimum of 30 hours per week

Eligible Spouse or Dependent:

Individuals listed as dependent on tax return

West Carroll Health Systems



706 Ross Street
Oak Grove, LA 71263
318.428.3237
www.wchsystems.com

West Carroll Health Systems Employee Self Insurance Benefit Card Application

To be eligible for the West Carroll Health Systems Employee Self Insured card you must complete and return this application with a copy of your most recent filed tax return. You may mark over income information.

Only fulltime employees, eligible spouse, and dependents listed on your tax return are eligible to receive the West Carroll Health Systems Benefit Card.

Employee: _____

Department: _____

Please check yes or no if your spouse or dependents are covered under any other health insurance including Medicare or Medicaid.

Legal Spouse: _____ Yes _____ No _____

Dependents: _____ Yes _____ No _____

_____ Yes _____ No _____

_____ Yes _____ No _____

_____ Yes _____ No _____

_____ Yes _____ No _____

Please list and additional Insurance coverage you may have:

I hereby certify the persons listed above are my legal spouse and dependents and all other information I have provided is true and correct.

Employee

Date

Administrative Approval