



Your Healthcare Benefits Overview



Table of Contents

The health and well-being of our employees is extremely important to us, which is why all employees are eligible to enroll in group health insurance products from Essential StaffCARE (ESC). The products offered to you have been carefully selected to provide the most usable, affordable, and effective medical coverage available on the market today.

- 01** Benefit Options Overview
- 02** Fixed Indemnity Plan Overview
- 03** Fixed Indemnity Plan Summary of Benefits
- 04** Ancillary Plan Overview
- 05** Ancillary Plan Summary of Benefits
- 07** MEC Plan Overview
- 08** Network Information
- 09** Fixed Indemnity & Ancillary FAQs
- 10** Customer Service Information

Benefit Options Overview

Fixed Indemnity Weekly Rates

Employee Only
\$19.98

Employee + Child(ren)
\$33.17

Employee + Spouse
\$37.96

Employee + Family
\$50.55

ESC Fixed Indemnity Medical:

- ✓ Medical, RX, Dental, Vision, Term Life, and STD Options Available
- ✓ No Deductibles & No Copays
- ✓ No Health Questions, Guaranteed Issue
- ✓ No Waiting Period
- ✓ No Pre-Existing Condition Limitations
- ✓ No Surgical Schedule
- ✓ Includes Both In & Outpatient Benefits
- ✓ First Dollar Benefits

MEC Monthly Rates

Employee Only
\$58.19

Employee + Child(ren)
\$65.79

Employee + Spouse
\$71.00

Employee + Family
\$80.87

Minimum Essential Coverage (MEC):

- ✓ Covers ACA Mandated Benefits
- ✓ Covers Benefits for Adults, Children, and Women
- ✓ Includes Maternity Benefits
- ✓ Qualifies as Minimum Essential Coverage
- ✓ Provides Coverage for Preventive Services
- ✓ Services Include Immunization and Routine Health Screenings
- ✓ Covers 100% of Cost of Services When In-Network

Fixed Indemnity Plan Overview



Fixed Indemnity Medical Plan: *ESC's Most Popular Plan*

The Fixed Indemnity Medical plan is designed to cover the most common, day-to-day medical needs at an easy-to-afford price. This plan pays a flat amount for each covered service and, if the covered service costs less than what the plan pays, you keep the difference. Once enrolled, the weekly premium payments will be taken out of your paycheck for your convenience.

Fixed Indemnity Medical Benefits

-  Doctor's Office Visits
-  Emergency Room
-  Urgent Care
-  Labs & X-Rays
-  Prescription Drug Benefits
-  In & Outpatient Hospital Care

Fixed Indemnity Medical Features

-  No Deductible
-  First Dollar Benefits
-  No Copay
-  Affordable Weekly Price

Virtual Primary Care

-  Virtual Primary Care Visits
-  24/7 Care Team
-  Choice of Primary Care Physician
-  Preventive, Urgent, & Chronic Care
-  Online Therapy Services
-  Referrals to Specialists

The Fixed Indemnity Medical Plan is a supplement to health insurance. It is not Major Medical insurance or a substitute for essential health benefits coverage as defined in federal health law.

Fixed Indemnity Plan Summary of Benefits

Benefits	Plan 1
Outpatient Benefits ¹	\$2,200
Physician Office Visit (Virtual or In-Person) (per day)	\$115
Diagnostic (Lab) (per day)	\$90
Diagnostic (X-Ray) (per day)	\$250
Ambulance Services (per day)	\$350
Physical Therapy, Speech Therapy, Occupational Therapy (per day)	\$50
Emergency Room Benefit - Sickness (per day)	\$250
Emergency Room Benefit - Accident ² (per day)	\$500
Surgery	\$500
Anesthesia (per day)	\$200
Prescription Drugs ³	
Annual Maximum	\$600
Generic Coinsurance / Brand Coinsurance	70% / 50%
Inpatient Hospital Benefits (requires 24 hour minimum stay) ⁴	No Limit
Standard Care (per day)	\$300
Intensive Care Unit Maximum ⁵	\$400
Surgery	\$2,000
Anesthesia	\$400
Skilled Nursing (for stays in a skilled nursing facility after a hospital stay) (per day)	\$100
First Hospital Admission (1 per year)	\$300
Accidental Loss of Life, Limb, & Sight	
Employee/Spouse	\$20,000
Dependent (6 months to 26 years)	\$5,000
Dependent (15 days to 6 months)	\$2,500
Wellness Care (1 per year)	\$100

¹ all outpatient benefits are subject to the outpatient maximum ² covers treatment for off the job accidents only ³ not subject to outpatient maximum ⁴ Subject to internal limits of plan ⁵ pays in addition to standard care benefit

Weekly Rates

Tier Level	Fixed Indemnity Medical
Employee Only	\$19.98
Employee + Child(ren)	\$33.17
Employee + Spouse	\$37.96
Employee + Family	\$50.55

Insurance benefits provided under policies issued by BCS Insurance Company, Worthington, OH.

Ancillary Plan Overview

Dental, Vision, Term Life, and Short-Term Disability

DENTAL



Our Dental plan covers a portion of the costs for dental claims like exams, cleaning, fillings, and other dental work. The plan covers more procedures the longer you carry coverage.

Cleanings & Exams | Fillings & Dental Work | Crowns & Bridges

VISION



Our Vision plan helps offset the costs for eye exams, frames, and contacts, and could even pay 100% of the total cost when using in-network optometrists.

Eye Exams | Frames & Lenses | Contact Lenses

TERM LIFE



Our Term Life insurance is paid to your selected beneficiary. This plan can also cover dependents.

\$10,000 Primary | \$5,000 Spouse | \$5,000 Child | \$1,000 Infant

SHORT-TERM DISABILITY



Our Short-Term Disability plan covers 60% of your base pay up to \$150 per week up to 26 weeks if you become disabled and are unable to work.

60% of Salary | Paid Up to 26 Weeks | Paid After 7 Days

Ancillary Plan Summary of Benefits

Dental and Vision

Dental Benefit			
Annual Maximum Benefit ¹	\$750	Deductible	\$50
	Waiting Period	Co-Insurance	Covered Procedures
Coverage A	None	80%	Exams, Cleanings, Intraoral Films, and Bitewings
Coverage B	3 Months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures
Coverage C	12 Months	50%	Periodontics, Crowns, Endodontics, Bridges and Dentures

Vision Benefit	In-Network Rates	Out-of-Network Rates
Eye exam with dilation as necessary ^{2,3}	\$10 Copay; plan pays 100%	Plan pays \$35; you pay remaining
Exam Options ⁴		
Standard Contact Lens Fit	You pay up to \$55	You pay 100% of the price
Premium Contact Lens Fit	10% off retail price; you pay remaining	You pay 100% of the price
Frames ⁵	Plan pays 20% after \$110 allowance	\$55; you pay remaining
Standard Plastic Lenses ^{3,6}		
Single Vision	\$25 Copay; plan pays 100%	\$25; you pay remaining
Bifocal	\$25 Copay; plan pays 100%	\$40; you pay remaining
Trifocal	\$25 Copay; plan pays 100%	\$55; you pay remaining
Lens Options		
UV Coating	\$15	You pay 100% of the price
Tint (Solid and Gradient)	\$15	You pay 100% of the price
Standard Plastic Scratch Coating	\$15	You pay 100% of the price
Standard Polycarbonate	\$40	You pay 100% of the price
Standard Anti-Reflective Coating	\$45	You pay 100% of the price
Polarized	20% off retail price	You pay 100% of the price
Other Add-ons and Services	20% off retail price	You pay 100% of the price
Contact Lenses ^{3,7}		
Conventional	Plan pays 15% after \$110 allowance	\$88; you pay remaining
Disposable	Plan pays \$110 allowance	\$88; you pay remaining
Medically Necessary	Plan pays 100%	\$200; you pay remaining
Laser Vision Correction	15% off retail price or 5% off promotional price	You pay 100% of the price

¹Per insured, per covered year ²Actual plan charges will vary based on state specific exam fees ³Once every 12 months ⁴Includes follow up ⁵Any available frame at provider location; once every 24 months ⁶these items are \$15 higher in AK, CA, HI, OR, WA. ⁷Contact lens allowance covers materials only

Weekly Rates

Tier Level	Dental	Vision
Employee Only	\$5.40	\$2.42
Employee + Child(ren)	\$14.58	\$6.54
Employee + Spouse	\$10.80	\$4.84
Employee + Family	\$20.52	\$9.20

Ancillary Plan Summary of Benefits

Term Life and Short-Term Disability

Term Life Benefit	
Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at age 70)
Spouse Amount	\$5,000 (terminates at age 70)
Child Amount (6 months to 26 years old)	\$5,000
Infant Amount (15 days to 6 months)	\$1,000
Short-Term Disability Benefit	
Benefit Amount	60% of base pay up to \$150 per week
Waiting Period/Maximum Benefit Period	7 days for injury or sickness / up to 26 weeks

Weekly Rates

Tier Level	Term Life	STD
Employee Only	\$0.60	\$4.20
Employee + Child(ren)	\$0.90	-
Employee + Spouse	\$0.90	-
Employee + Family	\$1.80	-

MEC Overview

The Minimum Essential Coverage (MEC) plan is an ACA-compliant wellness and preventive plan that provides coverage for services such as screenings, immunization and vaccinations, contraception, dietary and nutritional supplements, and more. For those working in areas where their state government mandates that a minimum level of health insurance is carried, the MEC plan satisfies this requirement.

MEC Plan - Includes All ACA-Mandated Preventive Services		
Minimum Essential Coverage Benefits	Network	Non-Network
Preventive Services for Adults	100%	40%
Preventive Services for Pregnant Women or Women Who May Become Pregnant	100%	40%
Other Preventive Services for Women	100%	40%
Preventive Services for Children	100%	40%

Sample of Services & Benefits for Adults

- Blood Pressure Screenings
- Flu Shots
- Cholesterol Screenings
- Immunizations

Sample of Services & Benefits for Children

- Immunizations
- Vision Screening
- Behavioral Assessments
- Autism Screening

Sample of Services & Benefits for Pregnant Women or Women Who May Become Pregnant

- Breastfeeding Comprehensive Support and Counseling
- Gestational Diabetes Screening
- Urinary Tract or Other Infection Screening

Sample of Services & Benefits for Women

- Mammography Services
- HIV & HPV Screenings
- Contraceptive Methods and Education
- Well-Woman Visits

Monthly Rates

Tier Level	MEC
Employee Only	\$58.19
Employee + Child(ren)	\$65.79
Employee + Spouse	\$71.00
Employee + Family	\$80.87

For more details, please visit:
<https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Network Information

These benefit plans offer you savings for medical care through discounts negotiated with providers and facilities in the First Health Network. Although not required, choosing an in-network provider helps maximize your benefits. When you use an in-network provider, you will automatically receive the network discount and the doctor's office will file the claim for you. If you use a doctor who is not part of the network, you will not receive the discount, and you may need to file the claim yourself. To find a participating provider or to verify if your current medical provider is in-network, please call or visit the network websites listed below.

Medical Network

First Health Network

www.myfirsthealth.com

1-800-226-5116

Prescription Network

For your pharmacy benefit information, visit:

www.paisc.com

1-866-798-0803

Dental Network

Dentemax

www.dentemax.com

1-800-752-1547

Vision Network

EyeMed Vision Care

www.eyemedvisioncare.com

1-866-559-5252

Please do not contact the above networks for questions regarding your medical benefits. All medical benefit questions should be directed to **ESC Customer Service at 1-866-798-0803.**

Fixed Indemnity & Ancillary FAQs

Q: How can I get my ID cards?

A: Within two weeks of your first paycheck deduction, ID card(s) and a confirmation of coverage letter will be mailed to your home address. If you need to receive your ID card(s) sooner you can contact the ESC Support Center at 1-866-798-0803 and request copies to be emailed or faxed to you or your provider.

Q: How long before I have coverage?

A: On average, it takes 3-4 weeks for your benefits enrollment to be processed. Once processed, your coverage will go into effect the following Monday after your first Payroll deduction & will continue as long as you have a deduction from your paycheck.

Q: When will I see my first payroll deduction?

A: Your 1st payroll deduction will go into effect after the 3-4 week processing period. Please review your weekly check stubs for deductions to ensure coverage. If you do not see a deduction after 3-4 weeks or anytime thereafter,

Please contact your employer or ESC Customer Service at 1-866-798-0803.

Q: Is there a phone number my doctor can call to get a list of my benefits?

A: Yes, your provider may call the Essential StaffCARE Customer Service number 1-866-798-0803 for scheduled benefits and benefit maximums.

Q: How will I make premium payments?

A: Premium payments will be deducted from your paycheck on a weekly basis.

Q: What if there is a week where I do not receive a paycheck?

A: If you miss a payroll deduction, you may make direct payments to PAI to avoid a break in coverage.

Q: What if I need to have a prescription filled?

A: For generic and brand prescriptions, present your ID card at a participating pharmacy to receive discounts. Generic and brand prescriptions are payable based on the schedule of benefits up to the annual prescription drug maximum. To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay.

Q: Where can I get claim forms?

A: Medical and Dental claim forms may be obtained by calling our customer service line at 1-866-798-0803 or you may download claim forms from our website - www.paisc.com. Be sure to click on Essential StaffCARE on the welcome page.

Q: How can I look at my plan summary?

A: Contact ESC Customer Service at 866-798-0803 for your plan summary.

Customer Service Information

Fixed Indemnity Medical Plan & Ancillary Benefits

Group Number: 2926700

For FAQs and Additional Network Information, Visit:

<https://enrollment.care/info/bcs/ind>

To Make Changes or Cancel Coverage, Call:

1-866-798-0803 and use pin code 400 + ____ (last four digits of your SSN)

MEC Plan

Group Number: 82926700

For FAQs, a Full List of Covered Preventive Services, or an SBC, Visit:

<https://enrollment.care/info/bcs/mmdp>.

A paper copy of your SBC is also available, free of charge by calling ESC Customer Service 1-866-798-0803.

To Make Changes or Cancel Coverage, Call: 1-866-798-0803

Essential StaffCARE Customer Service:

1-866-798-0803

Once enrolled, you can call this number for questions regarding plan coverage, ID card, claim status, policy booklets, and to add, change, or cancel coverage.

ESC Customer Service hours are

M - F, 8:30 a.m. to 8 p.m. EST.

Bilingual representatives are available.

You can also visit www.paisc.com, click on “Members”, and enter your group number **2926700**.

