



Fixed Indemnity Medical, Ancillary Products, and Self-Funded Minimum Essential Coverage (MEC) Enrollment Guide

Complete the Enrollment Form to Elect or Decline Coverage

1. Complete the Enrollment Form as Part of Your New Hire Process.
2. Elect or Decline Medical Coverage on the Enrollment Form.
3. You **MUST Sign and Date** the Bottom of the Form, Even if You Decline Coverage.
4. Return the Enrollment Form to Your Staffmark Representative.
5. Keep the Plan Information Packet for Your Records.



Fixed Indemnity Medical Plan

The ESC Fixed Indemnity Medical plan is affordable supplemental health insurance designed to assist you with your day-to-day medical expenses. It is not Major Medical insurance.

The ESC Fixed Indemnity plan is designed to pay directly to a network provider with no copay, no deductible, and no waiting period.

Fixed Indemnity Medical Plan Benefits Include:

- Virtual Primary Care
- No Copay
- No Deductible
- Prescription Drugs
- Doctor's Office & Urgent Care Visits
- Emergency Room
- Lab & X-Rays
- Outpatient Surgery
- Inpatient Care

Other Benefit Options Include:



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



Vision: Eye Exams | Frames & Lenses | Contact Lenses



Term Life: \$10,000 Primary | \$5,000 Spouse & Child | \$1,000 Infant



Short-Term Disability: 60% of Salary | Paid Up to 26 Weeks | Paid After 7 Days

For the Complete Summary of Benefits, Please Visit Page 4.

THE FIXED INDEMNITY MEDICAL PLAN IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS COVERAGE AS DEFINED IN FEDERAL HEALTH LAW.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.

The Essential StaffCARE Fixed Indemnity Medical, Prescription Drug, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.1204, 26.1214, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

FOR DISCLAIMERS SPECIFIC TO CONNECTICUT, CALIFORNIA, AND MASSACHUSETTS RESIDENTS, PLEASE VISIT PAGE 7.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-855-305-4160.



SFM ESC/MEC (CU)USCW P1M v24.0



VSI 216000-SFM

OFFICE USE ONLY LOCATION _____

Rehire Date ____/____/____

TEAR HERE →

ENROLLMENT FORM

ESC USCW P1M v24.0

STEP 1: REQUIRED ASSOCIATE INFORMATION**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

Name	Social Security #	Phone	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
Address	Apt. #	Email (optional)	
City	State	Zip	Date of Birth / /

STEP 2: DO YOU OR ANY OF YOUR DEPENDENTS RECEIVE MEDICARE BENEFITS? Yes No. If Yes, please continue.

Medicare Health Insurance Claim Number (HICN)	Medicare Effective Date
Name of Covered Person (s): 1. _____	2. _____
3. _____	

STEP 3: FIXED INDEMNITY MEDICAL PLAN & OPTIONAL BENEFITS SELECTION**Payroll Deducted Weekly Rates**You **MUST** choose a coverage level before electing any benefits in Step 3. Your coverage level will apply to any benefits you elect.**SELECT COVERAGE LEVEL:**

	<input type="checkbox"/> NO to All Benefits	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Employee + Family
Fixed Indemnity Medical¹ (pre-tax deduction) <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Only \$17.98	Employee + 1 \$36.49	Employee + Family \$48.67
Dental¹ (pre-tax deduction) <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Only \$5.40	Employee + 1 \$10.80	Employee + Family \$17.82
Vision¹ (pre-tax deduction) <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Only \$2.42	Employee + 1 \$4.92	Employee + Family \$6.56
Term Life¹ (post-tax deduction) <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Only \$0.60	Employee + 1 \$0.90	Employee + Family \$1.80
Short-Term Disability^{1,2} (post-tax deduction) <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Only \$4.20	Employee + 1 -	Employee + Family -

¹ This coverage is not available to residents of **NH, HI, or PR.** ² STD is not available to persons who reside in **CA, HI, NH, NJ, NY, or RI.** These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.**Premiums will be automatically deducted from your paycheck. For weekly payroll cycles the amount is shown above, for other payroll cycles the actual amount deducted will be calculated based on the weekly amount above.****For Term Life / Accidental Loss of Life, Limb & Sight, please write in your beneficiary information. Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical Benefit.**

Name:	Relationship:
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STEP 4: REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child

STEP 5: OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION ¹**8216000-M-SFM****Payroll Deducted Weekly Rates**The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. **\$6.90** Employee Only **\$17.25** Employee + Child(ren) **NO** to MEC Wellness/Preventive¹ This coverage is not available to residents of HI, or PR.**STEP 6: REQUIRED SIGNATURE****YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE**

By signing below, I confirm I have read the Benefits Summary and the Limitations and Exclusions for the recommended benefit plans; I've been offered self-funded ACA compliant coverage (MEC Wellness/Preventive) and open enrollment is only available for a limited time. I also understand that making no benefit selection is a declination of benefit coverage and benefit coverage is only available to employees who are over the age of 18 with a valid SSN.

▶ SIGNATURE	DATE ____/____/____
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STEP-BY-STEP ENROLLMENT INSTRUCTIONS

Keep this booklet for your records.

STEP 1: ASSOCIATE INFORMATION



You are required to complete this section of the enrollment form as part of the new-hire process, even if you wish to decline all benefits. Once completed, proceed to Step 2 to elect or decline your benefits. Don't forget to sign and date at the bottom.

STEP 2: MEDICARE BENEFITS



If you or any of your dependents receive Medicare benefits, check "Yes" and complete this section. If you or your dependents do not receive Medicare benefits, check "No" and move onto Step 3.

STEP 3: CHOOSE COVERAGE LEVEL AND ELECT OR DECLINE YOUR BENEFITS



Once you choose your coverage level and have elected or declined all of the benefits being offered to you, proceed to Step 4 to add dependent information if needed.

FIXED INDEMNITY MEDICAL PLAN & OPTIONAL BENEFITS



The Fixed Indemnity Medical plan is designed to cover the most common medical needs at an easy-to-afford price. Without copays, deductibles, or waiting periods, Fixed Indemnity pays a flat amount for each covered claim such as:

Doctor's Office Visits
Emergency Room

Lab & X-Rays
Urgent Care

Outpatient Surgery
Inpatient Care

Ambulance Services
Prescription Drug

For a Complete Summary of Benefits, Visit Page 4



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

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



VISION: Eye Exams | Frames & Lenses | Contact Lenses

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.



TERM LIFE: \$10,000 Primary | \$5,000 Spouse & Child | \$1,000 Infant

Our Term Life plan pays life insurance up to \$10,000 to a selected beneficiary. This plan can also cover dependents.



SHORT-TERM DISABILITY: 60% of Salary | Paid Up to 26 Weeks | Paid After 7 Days

Pays 60% of your expected salary up to \$150 per week, begins after 7 days of disability, and pays up to 6 months.
For a Complete Summary of Benefits on All of the Limited Benefits, Visit Page 4

STEP 4: DEPENDENT INFORMATION



If you elected spousal or family coverage, fill in your dependent information before proceeding to Step 5. To cover additional dependents, please call 1-855-305-4160.

STEP 5: ELECT OR DECLINE MEC WELLNESS/PREVENTIVE BENEFIT



Enrolling in the Optional MEC Wellness/Preventive Benefit may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange.

Note: The Patient Protection and Affordable Care Act (PPACA) individual mandate no longer imposes a penalty at the federal level; however, please check with your state for any state specific individual mandate requirements or penalties. Rates for the MEC Wellness/Preventive Benefit are billed weekly. The amount billed will be based on your pay cycle.

STEP 6: SIGN AND DATE



Review full plan details, limitations, and exclusions before signing and dating your enrollment form. You are required to sign and date your enrollment form even if you decline all benefits.

LIMITED BENEFITS SUMMARY

Policy Number **216000-SFM**

FIXED INDEMNITY MEDICAL BENEFIT

For more details, please see your Summary Plan Description.

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.

Outpatient Benefits ¹		Inpatient Benefits	
Physician Office Visit (Virtual or In-Person)	\$110 per day	Standard Care	\$300 per day
Diagnostic (Lab)	\$100 per day	Intensive Care Unit Maximum ⁵	\$400 per day
Diagnostic (X-Ray)	\$250 per day	Inpatient Surgery	\$2,000 per day
Ambulance Services	\$300 per day	Anesthesia	\$400 per day
Physical, Speech, or Occupational Therapy	\$50 per day	Skilled Nursing ⁶	\$100 per day
Emergency Room Benefit—Sickness	\$200 per day	First Hospital Admission (1 per year)	\$250
Emergency Room Benefit—Accident ²	\$1,000 per day	Annual Inpatient Maximum ⁷	No Limit
Outpatient Surgery	\$500 per day	Accidental Loss of Life, Limb & Sight	
Anesthesia	\$200 per day	Employee/Spouse	\$20,000
Annual Outpatient Maximum	\$2,000	Dependent (6 months to 26 years)	\$5,000
Prescription Drugs (via reimbursement)^{3,4}		Dependent (15 days to 6 months)	\$2,500
Annual Maximum	\$600	Wellness Care	
Per Day	\$30	Wellness Care (one per year)	\$150

¹all outpatient benefits are subject to the outpatient maximum ²covers treatment for off the job accidents only ³not subject to outpatient maximum ⁴To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. ⁵pays in addition to standard care benefit ⁶for stays in a skilled nursing facility after a hospital stay ⁷subject to internal limits of plan

DENTAL BENEFIT	Waiting Period/Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
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		Out-of-Network	
	You Pay	Plan Pays	You Pay ³	Plan Pays
Eye Exam¹ (including dilation)	\$10 Copay	100%	100%	\$35
Standard Contact Lens Fit Exam (includes follow up)	Up to \$55	\$0	100%	\$0
Premium Contact Lens Fit Exam (includes follow up)	100%, after 10% discount	\$0	100%	\$0
Frames (once every 24 months)	80%, after \$110 allowance	20% plus \$110 allowance	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) ^{1,2}	\$25 Copay	100%	100%	\$25-\$55
Contact Lenses (Conventional) (materials only) ¹	85%, after \$110 allowance	15% plus \$110 allowance	100%	\$88
Contact Lenses (Disposable) (materials only) ¹	100%, after \$110 allowance	\$110 allowance	100%	\$88
Contact Lenses (Medically Necessary) (materials only) ¹	\$0 Copay	100%	100%	\$200

¹Once every 12 months ²\$15 higher in AK, CA, HI, OR, WA ³After plan payment

TERM LIFE BENEFIT			
Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 mos)	\$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

OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT^{1,2} Policy Number **8216000-M-SFM**

The optional MEC Wellness/Preventive Benefit² **DOES NOT** cover medical services. This plan provides coverage for preventive services such as immunization and routine health screening. It does not cover conditions caused by accident or illness.

Benefit	In-Network	Non-Network	WEEKLY MEC PREMIUM ³	MEC
Preventive Services for Adults	100%	40%	Employee Only	\$6.90
Preventive Services for Women	100%	40%	Employee + Child(ren)	\$17.25
Covered Preventive Services for Children	100%	40%		

¹For more information about preventive services, please visit www.healthcare.gov. ²This coverage is not available to residents of HI, or PR. ³The amount billed will be based on your pay cycle.

LIMITED BENEFITS PREMIUM	Medical		Dental		Vision		Term Life		STD	
	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly
Employee Only	\$17.98	\$35.96	\$5.40	\$10.80	\$2.42	\$4.84	\$0.60	\$1.20	\$4.20	\$8.40
Employee + 1	\$36.49	\$72.98	\$10.80	\$21.60	\$4.92	\$9.84	\$0.90	\$1.80	-	-
Employee + Family	\$48.67	\$97.34	\$17.82	\$35.64	\$6.56	\$13.12	\$1.80	\$3.60	-	-

STATE SPECIFIC DISCLAIMERS

Limited Benefit Medical Plan Disclosure—Connecticut Employees: This Limited Health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness. It contains specific dollar limits that will be paid for medical services, which may not be exceeded. If the cost of services exceeds those limits, the beneficiary, not the insurer, is responsible for payment of the excess amounts. The specific dollar limits are listed in the medical schedule of benefits section of your summary plan description.

For Enrollees of California: In order to enroll in the Fixed Indemnity Medical Benefit, you and any dependent must have minimum essential coverage and be enrolled in major medical coverage.

For Residents of Massachusetts Only: This health plan, alone, does not meet Minimum Creditable Coverage standards that are effective January 1, 2009, as part of the Massachusetts Health Care Reform Law because the health plan imposes an overall annual maximum benefit for covered core services. If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting these standards. If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage standards. Your employer or other plan sponsor also may offer supplemental plans you can add to this insured health plan in order to meet Minimum Creditable Coverage. If you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its Web site at www.mass.gov/doi, or the Connector by calling 1-877-MA-ENROLL or visiting its Web site at www.mahealthconnector.org. THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

LIMITED BENEFIT EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

FIXED INDEMNITY MEDICAL AND ACCIDENTAL LOSS OF LIFE, LIMB OR SIGHT BENEFIT

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane
- Declared or undeclared war
- Serving on full-time active duty in the armed forces
- The covered person's commission of a felony
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law or
- With regard to the accidental loss of life, limb or sight benefit - sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

No benefits will be paid for:

- Eye examinations for glasses, any kind of eye glasses, or vision prescriptions
- Hearing examinations or hearing aids
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force
- Services provided by a member of the covered person's immediate family.

PRESCRIPTION DRUGS

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

DENTAL

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the group policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on covered procedures or limitations, please see your summary plan description.

TERM LIFE

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.

VISION

No benefits will be paid for any materials, procedures or services provided under worker's compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

The Fixed Indemnity Medical/Rx, accidental loss of life, limb, or sight, dental, term life, and vision plans are not available to residents of Hawaii, New Hampshire, or Puerto Rico.

SHORT-TERM DISABILITY

No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury
- Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, you or your spouse's child, sibling or parent, or a person who resides in your home
- Declared or undeclared war or act of war
- Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony
- Your participation in a riot
- If you engage in an illegal occupation
- Release of nuclear energy
- Operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; or
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who reside in California, Hawaii, New Hampshire, New Jersey, New York, or Rhode Island.

Teladoc Health Services Available with the Fixed Indemnity Medical Plan

Teladoc[™]
HEALTH



**Unlimited
Visits**



**Pay Only 10% of the Full Cost
of Teladoc Health Services**



**No
Membership Fee**

WHAT IS TELADOC HEALTH?

Teladoc Health is a convenient and affordable way to speak with a licensed doctor or therapist anywhere you are by phone or video for many common health and mental health issues. Three services are included: 1) General Medical Telehealth, 2) Virtual Primary Care - Primary360 3) Online Mental Health Therapy.

FAQ: GENERAL MEDICAL TELEHEALTH

Q: What is General Medical Telehealth?

General Medical Telehealth provides 24/7 care for non-emergency conditions like cold & flu, sinus infections, allergies and more.

Q: How much does Telehealth cost?

Telehealth visits cost \$25 per visit. These visits are unlimited.

Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

FAQ: VIRTUAL PRIMARY CARE - PRIMARY360

Q: What is Primary360?

Primary360 is a Virtual Primary Care service that provides access to best-in-class physicians from your phone or computer within 5 days or less. More than just urgent care, you will get a dedicated physician who can treat a wide range of chronic conditions while offering you full primary care experience, including prescriptions, lab orders, and specialist referrals. You will also get a care team of nurses and coordinators to support you between physicians' visits.

Q: What kind of medical care does Primary360 provide?

Teladoc's board certified physicians can care for many of the same conditions as an in-person primary care provider such as the treating of migraines, sinus infections, bronchitis, allergies, strep/sore throat, UTIs, yeast infections, rashes, and pink eye. Primary360 can also aid in managing chronic care needs such as high blood pressure, high cholesterol, and diabetes.

Q: How much does Primary360 cost?

The first physician visit through Primary360 is \$75 with all future visits at \$45. Primary360 visits are unlimited.

Q: Are physicians through Primary360 able to prescribe medications?

Yes, when medically appropriate, a Primary360 physician can prescribe most medications. Additionally, physicians through Primary360 are connected with all major retail pharmacies nationwide so covered prescriptions can be filled at the pharmacy of your choice, even if traveling.

Q: Can a Primary360 physician be my primary care provider (PCP)?

Yes, covered insureds who prefer a virtual experience can select a Primary360 physician as their PCP.

Q: What happens if I need lab work?

Primary360 physicians will refer you to Quest Diagnostics or LabCorp locations based on your resident zip code.

Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

Q: Do I have to replace my primary care physician if I use a physician through Primary360?

No, but if you only need physician services one time or it is an urgent matter, you can still access on-demand care through Teladoc Health's general medical urgent care services 1-800-835-2362 or through your app. However, if you prefer to select your primary care provider (PCP) through Primary360 you may do so.

Q: Can my existing primary care physician obtain a copy of my medical records?

Yes, with your consent, an electronic copy of your visits may be sent to your existing primary care provider (PCP).

FAQ: ONLINE MENTAL HEALTH THERAPY

Q: Is online mental health therapy effective?

Yes, online mental health therapy has been shown to be extremely effective. According to a 2014 study by the Journal of Affective Disorders, online therapy was found to be as effective, if not more effective, than traditional in office therapy for depression and other mental health conditions.

Q: How is online therapy conducted?

Online therapy is simple and accessible. First, complete a brief assessment to help determine a therapist that best fits your needs, then select the licensed therapist that meets the time and date of your choice.

Q: How much does online therapy cost?

A virtual therapist visit is \$45 per therapist visit.

Teladoc Health services become effective the first Monday after your initial Fixed Indemnity Medical plan payroll deduction takes place.

GET STARTED TODAY!

To use Telehealth, Primary360 or Mental Health Services, you may do so by visiting **TeladocHealth.com**, calling **1-800-835-2362** or downloading the app.

For additional details regarding the Telehealth, Primary360, or Mental Health Services, please see your Summary Plan Description (SPD).

The Fixed Indemnity Medical Plan is underwritten by BCS Insurance Company, Oakbrook Terrace, IL. This is not a complete description of benefits. Plan limitations and provisions apply. See your SPD for plan details.

FREQUENTLY ASKED QUESTIONS

GENERAL QUESTIONS

How do I enroll? Enrolling in the Essential StaffCARE plans is easy. You can enroll by completing an Essential StaffCARE enrollment application and returning it to your manager.

What is a qualifying life event? A qualifying life event is defined as a change in your status due to one of the following:

- Marriage or divorce
- Birth or adoption of a child(ren)
- Termination
- Death of an immediate family member
- Medicare entitlement
- Employer bankruptcy
- Loss of dependent status
- Loss of prior coverage
- Reduced work hours (under 30)

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

Are dependents covered? Yes. Eligible dependents include your spouse and your children up to age 26 (this may vary by state).

Note: *If you are enrolling in both the Indemnity and MEC products and the name(s) or number of children that you wish to cover under the Indemnity plan varies from the name(s) or number of children you wish to cover under the MEC plan, please contact the Essential StaffCARE Customer Service line at 855-305-4160.*

Is there a pre-existing clause for the Fixed Indemnity Medical Plan and/or the MEC Wellness/Preventive Plan? There are no restrictions for pre-existing conditions for the Fixed Indemnity Medical Plan and/or the MEC plan. Even if you were previously diagnosed with a condition, you can receive coverage for related services as soon as your coverage goes into effect.

FIXED INDEMNITY MEDICAL PLAN

When can I enroll in the Fixed Indemnity Medical Plan? You are able to enroll in the Fixed Indemnity Medical Plan within 30 days of your hire date, 1st paycheck date, or your employer's annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

When does coverage begin? Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your check stub for deductions. If you miss a payroll deduction, to avoid a break in coverage, you may make direct payments to PAI. After six consecutive weeks without a payroll deduction or direct premium payment, coverage will be terminated and COBRA information will be sent at that time.

If I do not get placed on assignment right away, will I have to complete a new enrollment form? After six months if there has not been a deduction from your paycheck, please fill out a new enrollment form. Missing information will delay the process.

Can I make changes or cancel coverage? You may cancel or reduce coverage at any time unless your premiums are deducted pre-tax. You will only have 30 days from your hire date or first paycheck date to enroll, add additional benefits or add additional insured members. After this time frame, you will only be allowed to enroll, add benefits or add additional insured members during your annual open enrollment period or within 30 days of a qualifying life event.

Is there coverage for contraceptives on this plan? Oral contraceptives are covered under the prescription benefit. Non-oral contraceptives are not covered.

Are maternity benefits covered? Yes, maternity benefits are covered the same as any other condition under this plan.

MEC WELLNESS/PREVENTIVE PLAN

What is the MEC plan? The MEC Wellness/Preventive Plan is an employer-sponsored, self-funded plan that has been deemed to be in compliance with ACA rules and regulations. More information about Preventive Services may be found on the government website at: <https://www.healthcare.gov/coverage/preventive-care-benefits>.

When can I enroll in the plan? You are able to enroll in the MEC Wellness/Preventive Plan within 30 days of your hire date or during your employer's annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

When does coverage begin? Coverage begins the Monday following receipt of your first payment.

Where can I find my SBC? A sample copy of the Summary of Benefits and Coverage ("SBC") from Essential StaffCARE ("ESC") is available at the following link: www.enrollment.care/info/sbcmec. While you may have other health plans, this is the link for your MEC plan with ESC. This important document explains the terms and conditions of your Health Plan, including eligibility, coverage amounts and exclusions along with your rights and responsibilities. At any time, you may request paper copies or revoke your consent to electronic delivery, free of charge, by calling 1-855-305-4160.

NETWORK INFORMATION

FIXED INDEMNITY MEDICAL PLAN

Stretch Your Benefit Dollars

This benefit plan offers you and your family savings for medical care through discounts negotiated with providers and facilities in the First Health Network. Choosing an in-network provider helps maximize 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.

How Do I Locate a Doctor?

Enrolled members are encouraged to visit providers in the networks listed in order to maximize their benefit dollars. To find a participating provider or verify your current medical provider is in-network, please call or visit the network websites referenced on this page.

Prescription Drug Network

If enrolled in the Fixed Indemnity Medical Plan, you are automatically covered by the discount prescription drug program through the Optum Pharmacy Network. Optum has a national network with over 58,000 participating pharmacies. To find a local participating Optum pharmacy, you can visit www.caremark.com. Prescription drug benefit information can be found on the Benefits at a Glance page.

What if I need to have a prescription filled?

For generic and brand prescriptions dispensed by a pharmacist, the plan pays a per day amount up to the annual prescription drug maximum. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay. If you choose a participating pharmacy and present your ID card, you will receive a discount off the retail price of the prescription at the time of purchase. Save your receipt to file a claim for reimbursement of the fixed dollar amount.

Do I have to go to an in-network provider?

It is not required that you go to an in-network provider. If you choose a provider who participates in the PPO network, you receive two key advantages:

- PPO discount for all services.
- The provider will file the claim to the plan.

GENERAL INFORMATION

Fixed Indemnity Medical Plan and MEC Wellness/Preventive Plan Network

First Health Network
1-800-226-5116
www.myfirsthealth.com

Prescription

For your pharmacy benefit information, visit:
1-888-963-7290
www.paisc.com

Vision

EyeMed Vision Care
1-866-559-5252
www.eyemedvisioncare.com

Dental

DenteMax
1-800-752-1547
www.dentemax.com

Do not contact the above Networks for questions regarding your medical benefits. All medical benefit questions should be directed to the Essential StaffCARE Member Services line at 1-855-305-4160.

When should I expect an ID card?

ID cards will be mailed as soon as your enrollment form is received and processed. You should receive your ID card within 10 business days of your effective date.

Member ID Cards

An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents within 10 business days of your effective date, or have a change of address, please contact Essential StaffCARE Customer Service at 1-855-305-4160. Present your ID card to the provider at the time of service. These ID cards are used for identification purposes and providers use them to verify eligibility status.

Member Services:

For frequently asked questions and network information for the Fixed Indemnity Medical Plan, visit <https://enrollment.care/info/bcs/ind>. For questions and a full list of preventive services covered by the MEC Wellness/Preventive Plan, as well as the MEC SBC, please visit <https://enrollment.care/info/bcs/mw>. A paper copy is also available, free of charge, by calling Essential StaffCARE Customer Service 1-855-305-4160.

PLEASE NOTE: To make changes or cancel coverage by telephone call (800) 269-7783. Use pin code **409** + ____ (last four digits of your SSN) for **Limited Benefits** plans (see gray section above for benefits covered). Use pin code **649** + ____ (last four digits of your SSN) for your **MEC** plan. Your Company has chosen to take some/all of your payroll deductions on a **Pre-Tax** basis. Please contact Customer Service at 1-855-305-4160 and a Representative will assist you in identifying the deductions that are taken Pre-Tax.

Essential StaffCARE Customer Service: 1-855-305-4160

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and policy booklets and to add, change, or cancel coverage.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time. Bilingual representatives are available.
- Members can also visit www.paisc.com and click on "Members."