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

Complete the Enrollment Form to Elect or Decline Coverage

**IMPORTANT PLAN INFORMATION:** You have two medical plan options. You may enroll in one or both. Additional benefits are available to add if you enroll in the Fixed Indemnity Medical Plan.

1. You **MUST** complete the Enrollment Form as part of your New Hire Process.
2. Elect or decline all benefits 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 Branch Manager.
5. Keep the Benefits at a Glance page for your records.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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.

**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.**

The Essential StaffCARE Fixed Indemnity Medical, Prescription Drug, 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/Accidental Death and Dismemberment and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

**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. For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.**

**Voluntary Electronic Availability of Summary Health Information for MEC/Wellness Preventive Plan**

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 1-866-798-0803.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

ESC Essential StaffCARE

VSI **2993000-BGL** | OFFICE USE ONLY | LOCATION _____ | Rehire Date __ __/__ __/__ __ __ __

# ENROLLMENT FORM

ESC/MEC 4NAW P1DM v24.1

## A. REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

| Name | Phone | |
|---|---|---|
| Social Security # | Date of Birth / / | Gender M F |
| Address | | Apt. # |
| City | Zip | State |

## B. MEDICARE INFORMATION

Do you or any of your dependents receive Medicare Benefits?
☐ Yes ☐ No. If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date

Name of Covered Person(s):
1. 2.

## C. LIMITED BENEFIT PLAN SELECTION

**Payroll Deducted Weekly Rates**

You **MUST** enroll in the **Fixed Indemnity Medical Insurance Plan** before adding any additional benefits in Section C. Your coverage level for the additional benefits in Section C will be identical to your fixed indemnity medical plan selection. These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.

| | FIXED INDEMNITY MEDICAL [1] | DENTAL [1] | VISION [1] | TERM LIFE [1] | SHORT-TERM DISABILITY [1,2] |
|---|---|---|---|---|---|
| Employee Only | ☐ **$22.76** | **$5.40** | **$2.42** | **$0.60** | **$4.20** |
| Employee + Child(ren) | ☐ **$37.78** | **$14.58** | **$6.54** | **$0.90** | |
| Employee + Spouse | ☐ **$43.24** | **$10.80** | **$4.84** | **$0.90** | |
| Employee + Family | ☐ **$57.58** | **$20.52** | **$9.20** | **$1.80** | |
| | ☐ **NO** to ALL Benefits | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

[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.**

**For Term Life / Accidental Death & Dismemberment please write in your beneficiary information. Accidental Death & Dismemberment is part of the Group Term Life Benefit.**

Name Relationship

## D. REQUIRED DEPENDENT INFORMATION

| Name | Social Security # | Date of Birth / / | Gender M F | Relationship |
|---|---|---|---|---|
| Name | Social Security # | Date of Birth / / | Gender M F | Relationship ☐ Spouse ☐ Child ☐ Domestic Partner |
| Name | Social Security # | Date of Birth / / | Gender M F | Relationship ☐ Spouse ☐ Child ☐ Domestic Partner |
| Name | Social Security # | Date of Birth / / | Gender M F | Relationship ☐ Spouse ☐ Child ☐ Domestic Partner |

## E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION

**82993000-M-BGL** | **Payroll Deducted Weekly Rates**

Enrolling in the **Optional MEC Wellness/Preventive Benefit** may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. 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.

☐ **$13.42** Employee Only ☐ **$15.18** Employee + Child(ren) ☐ **$16.38** Employee + Spouse ☐ **$18.66** Employee + Family

☐ **NO** to MEC Wellness/Preventive

ACA

## F. 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). I understand that weekly or biweekly rates, as provided above, will be deducted based on my assignment; open enrollment is only available for a limited time; 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.

**DATE** __ __/__ __/__ __ __ __ ▶ **SIGNATURE**

# LIMITED BENEFITS SUMMARY

Policy Number **2993000-BGL**

## 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) | $115 per day | Standard Care | $300 per day |
| Diagnostic (Lab) | $90 per day | Intensive Care Unit Maximum[3] | $400 per day |
| Diagnostic (X-Ray) | $250 per day | Inpatient Surgery | $2,000 per day |
| Ambulance Services | $350 per day | Anesthesia | $400 per day |
| Physical, Speech, or Occupational Therapy | $50 per day | Skilled Nursing[4] | $100 per day |
| Emergency Room Benefit—Sickness | $250 per day | First Hospital Admission (1 per year) | $300 |
| Emergency Room Benefit—Accident[2] | $500 per day | Annual Inpatient Maximum[5] | No Limit |
| Outpatient Surgery | $500 per day | **Prescription Drugs** [6] | |
| Anesthesia | $200 per day | Annual Maximum | $600 |
| Annual Outpatient Maximum | $2,200 | Generic Copay / Brand Copay | $10 / $50 |
| **Wellness Care** | | | |
| Wellness Care (one per year) | $100 | | |

*[1] all outpatient benefits are subject to the outpatient maximum [2] covers treatment for off the job accidents only [3] pays in addition to standard care benefit [4] for stays in a skilled nursing facility after a hospital stay [5] subject to internal limits of plan [6] not subject to outpatient maximum*

## 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 Exam**[1] (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 |

*[1] Once every 12 months [2] $15 higher in AK, CA, HI, OR, WA [3] After 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 |

**ACCIDENTAL DEATH & DISMEMBERMENT** (AD&D is part of the Term Life Benefit.)

| | | | |
|---|---|---|---|
| **Employee Amount** | $20,000 | **Child Amount (6 mos to 26 yrs old)** | $5,000 |
| **Spouse Amount** | $20,000 | **Infant Amount (15 days to 6 mos)** | $2,500 |

## 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]

Policy Number **82993000-M-BGL**

The optional MEC Wellness/Preventive Benefit **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** |
|---|---|---|
| **Preventive Services for Adults** | 100% | 40% |
| **Preventive Services for Women** | 100% | 40% |
| **Covered Preventive Services for Children** | 100% | 40% |

*[1] For more information about preventive services, please visit www.healthcare.gov.*

| **WEEKLY MEC PREMIUM** | **MEC** |
|---|---|
| **Employee Only** | $13.42 |
| **Employee + Child(ren)** | $15.18 |
| **Employee + Spouse** | $16.38 |
| **Employee + Family** | $18.66 |

| **WEEKLY LIMITED BENEFITS PREMIUM** | **Medical** | **Dental** | **Vision** | **Term Life** | **STD** |
|---|---|---|---|---|---|
| **Employee Only** | $22.76 | $5.40 | $2.42 | $0.60 | $4.20 |
| **Employee + Child(ren)** | $37.78 | $14.58 | $6.54 | $0.90 | - |
| **Employee + Spouse** | $43.24 | $10.80 | $4.84 | $0.90 | - |
| **Employee + Family** | $57.58 | $20.52 | $9.20 | $1.80 | - |

## 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

**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

**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 AND ACCIDENTAL DEATH & DISMEMBERMENT

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.

**For Accidental Death and Dismemberment benefits will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:**

Attempted suicide or intentionally self inflicted injury; bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of poisonous food substance; 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, your spouse or domestic partner; you, your spouse's or domestic partner'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; work-related injury or sickness.

### 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, dental, vision, term life, and accidental death and dismemberment 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.

## 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 1-866-798-0803.**

**PLEASE NOTE:** To make changes or cancel coverage by telephone call (800) 269-7783. Use pin code **408** +____ (last four digits of your SSN) for **Limited Benefits** plans (see gray section above for benefits covered). Use pin code **648** +____ (last four digits of your SSN) for your **MEC** plan. Your Company has chosen to take some/all of your payroll deductions on a **Post-Tax** basis.

**Essential StaffCARE Customer Service: 1-866-798-0803**

- 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."