



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

Complete the Enrollment Form to Elect or Decline Coverage

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**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 Insurance 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 Summary of Benefits pages for your records.
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Not available in all states. Some provisions, benefits, exclusions or limitations herein may vary by state.

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

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/what-are-my-preventive-care-benefits/>. For questions or assistance, please call Essential StaffCARE Customer Service at 1-888-208-1998.

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

Copies of the Summary of Benefits and Coverage ("SBC") and Summary Plan Description ("SPD") from Essential StaffCARE ("ESC") are available at the following link: [www.essentialstaffcare.com/mec-sbc-spd](http://www.essentialstaffcare.com/mec-sbc-spd)

While you may have other health plans, this is the link for your MEC plan SPD with ESC. These important documents explain 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 1-888-208-1998.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-888-208-1998.





# BENEFIT ELECTION FORM

F-ESC/MEC 4SW P1M v3.0

## A. REQUIRED EMPLOYEE INFORMATION

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

Name \_\_\_\_\_

Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth      /      /      Gender  M  F

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## B. MEDICARE INFORMATION

Do you or any of your dependents receive Medicare Benefits?  
 Yes  No If Yes, fill out the remainder of this section.

Medicare Health Insurance Claim Number (HICN): \_\_\_\_\_

Medicare Effective Date: \_\_\_\_\_

Name of Covered Person(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## C. REQUIRED DEPENDENT INFORMATION

Name \_\_\_\_\_ DOB      /      /      Gender  M  F

Social Security # \_\_\_\_\_

Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_ DOB      /      /      Gender  M  F

Social Security # \_\_\_\_\_

Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_ DOB      /      /      Gender  M  F

Social Security # \_\_\_\_\_

Relationship:  Spouse  Child  Domestic Partner

## G. 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.

DATE \_\_\_/\_\_\_/\_\_\_\_\_

▶ SIGNATURE

## D. ENROLL IN LIMITED BENEFIT PLANS

**\$23.39** Employee Only

**\$31.14** Employee + Child(ren)

**\$33.95** Employee + Spouse

**\$41.35** Employee + Family

**NO** to ALL Benefits

**FIXED INDEMNITY MEDICAL INSURANCE PLAN<sup>1</sup>**  
Weekly Payroll Deducted Rates

<sup>1</sup> This coverage is not available to residents of **NH, HI, or PR**

## E. ENROLL IN MEC WELLNESS/PREVENTIVE BENEFIT

**\$14.29** Employee Only

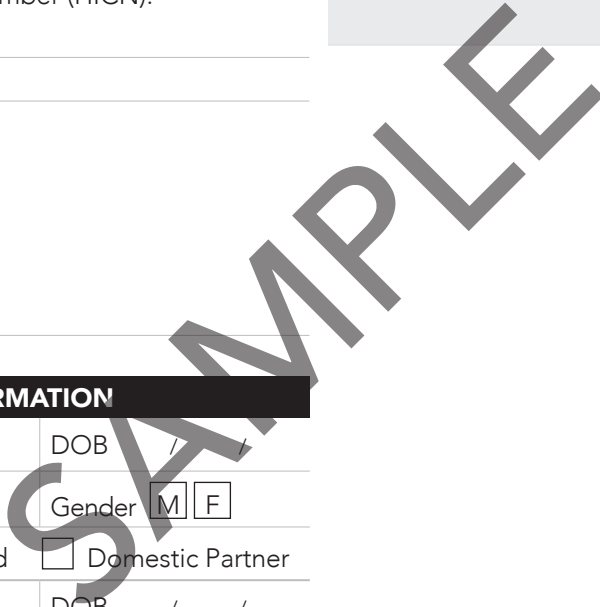
**\$20.32** Employee + Child(ren)

**\$18.99** Employee + Spouse

**\$25.02** Employee + Family

**NO to MEC Plan**

**MEC PLAN**  
Weekly Payroll Deducted Rates  
**83113700-M-BOD**



## SUMMARY OF BENEFITS



### Fixed Indemnity Medical Insurance Plan

Group Number: **3113700-BOD**

Your first option for medical coverage is the Fixed Indemnity Medical Insurance Plan. This 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	Per Day	Plan Year Maximum	Inpatient Benefits	Per Day	Plan Year Maximum
Physician Office visit	\$105	8 days	Hospital Admission	\$250	1 day
Outpatient Surgery <sup>1</sup>	\$500	1 day	Daily Hospital Confinement	\$300	3x (unlimited days)
Anesthesia	\$125	—	Intensive Care Unit Maximum <sup>9</sup>	\$400	30 days
Diagnostic Labs <sup>2</sup>	\$75	6 days	Skilled Nursing Facility <sup>10</sup>	\$100	60 days (no lifetime max)
Diagnostic Tests <sup>3</sup>	\$200	3 days	Inpatient Surgery	\$2,000	1 day
Ambulance Services <sup>4</sup>	\$300 <sup>5</sup> /\$900 <sup>6</sup>	1 day	Anesthesia	\$500	—
Emergency Room (Injuries) <sup>7</sup>	\$500	2 days	<b>Wellness Care<sup>11</sup></b>		
Emergency Room (Sickness)	\$200	2 days	Persons age 1+	\$100	1 Day
Prescription Drugs <sup>8</sup>	\$20	30 days	Persons under age 1	\$100	4 Days



### MEC Wellness/Preventive Plan

Group Number: **83113700-M-BOD**

Your second option for medical coverage is the MEC Wellness/Preventive Plan. This plan provides coverage for preventive services such as immunizations and routine health screenings.

Preventive Services Benefit	In-Network	Non-Network
Preventive Services for Adults	100%	40%
Preventive Services for Women	100%	40%
Preventive Services for Children	100%	40%

PREMIUM	Fixed Indemnity Medical Insurance Plan (Weekly)	MEC Plan (Weekly)
<b>Employee Only</b>	\$23.39	\$14.29
<b>Employee + Child(ren)</b>	\$31.14	\$20.32
<b>Employee + Spouse</b>	\$33.95	\$18.99
<b>Employee + Family</b>	\$41.35	\$25.02

<sup>1</sup> benefits are not payable for surgical operations performed in a Physician's office <sup>2</sup> routine or wellness lab screens and tests are not covered <sup>3</sup> laboratory tests and routine wellness screens and tests not covered <sup>4</sup> transportation must occur within 72 hours of the accident or onset of the sickness <sup>5</sup> benefit is for ground/water services <sup>6</sup> benefits for air services <sup>7</sup> treatment must be within 72 hours of the accident <sup>8</sup> To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. <sup>9</sup> pays in addition to daily hospital confinement <sup>10</sup> must be under age 65 and admitted to the Skilled Nursing Facility within 14 days following a Hospital stay of at least three consecutive days <sup>11</sup> benefit is payable for each day an insured person has any one of the health screenings, exams, or tests listed in the policy

## FIXED INDEMNITY MEDICAL INSURANCE PLAN LIMITATIONS, EXCLUSIONS, AND TERMINATIONS

### Limitations

Recurrent Confinements. If the Company pays benefits for a period of Confinement, and the Insured Person is readmitted within 30 days of that Confinement for the same condition, the later Confinement will be treated as a continuation of the prior Confinement. If more than 30 days have passed between periods of Confinement for the same condition or the successive Confinement is for an unrelated cause, the Company will treat the later Confinement as a new Confinement.

### Exclusions

The Policy does not provide any benefits for the following:

1. suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. any intentionally self-inflicted Injury or Sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. rest care or rehabilitative care and treatment, except as specifically provided in the Skilled Nursing Facility Confinement benefit;
4. dependent child Pregnancy, except Complications of Pregnancy;
5. routine newborn care, except as specifically provided for in the Wellness benefit;
6. voluntary abortion, except where Medically Necessary to save the Insured Person's life;
7. participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. dental care or treatment, except:
  - a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident;
  - b. treatment necessary due to congenital defects or birth abnormalities;
  - c. excision of impacted third molars, or
  - d. closed or open reduction of fractures or dislocation of the jaw;
12. sex changes;
13. the reversal of tubal ligation or the reversal of vasectomies;
14. flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;

15. accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
16. declared or undeclared war or acts thereof;
17. injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made;
18. medical care, services or supplies provided outside of the United States of America or its territories;
19. treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
21. confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. confinement or treatment that is not Medically Necessary; or
23. any Confinement or treatment not specifically covered in the Schedule of Benefits.

### Termination of Insurance

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim; or
4. the first day of the month following the date the Insured is no longer an Employee of the Policyholder.

Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim; or
4. the date the Dependent ceases to be an eligible Dependent.

Extension of Benefits. This provision applies if an Insured Person is Hospital Confined on the termination date of the Policy, unless termination is due to nonpayment of premiums. The Company will pay the same benefits for the duration of any Hospital Confinement or 90 days, whichever occurs first. No further premium payment is required to qualify for this extension of benefits.

### Member Services:

**For frequently asked questions and network information for the Fixed Indemnity Medical Insurance Plan, visit [www.esc-enrollment.com/FSLIND](http://www.esc-enrollment.com/FSLIND). For questions and a full list of preventive services covered by the MEC Wellness/Preventive Plan, as well as the MEC SBC, please visit [www.esc-enrollment.com/FSLMECW](http://www.esc-enrollment.com/FSLMECW). A paper copy is also available, free of charge, by calling Essential StaffCARE Customer Service 1-888-208-1998.**

**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 **Fixed Indemnity Medical Insurance 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 your payroll deductions on a **Post-Tax** basis.

### Essential StaffCARE Customer Service: 1-888-208-1998

- 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](http://www.paisc.com) and click on "Members" and enter your group number.