



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, and Accidental Loss of Life, Limb & Sight Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.1204 and 26.1214.

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.





ENROLLMENT FORM

A. REQUIRED EMPLOYEE INFORMATION

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

| | | |
|-------------------|----------------------|---|
| Name | Phone | |
| Social Security # | Date of Birth / / | Gender <input type="checkbox"/> M <input type="checkbox"/> 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

This plan is underwritten by BCS Insurance Company.

FIXED INDEMNITY MEDICAL ¹

| | | |
|-----------------------|---|--|
| Employee Only | <input type="checkbox"/> \$20.91 | |
| Employee + Child(ren) | <input type="checkbox"/> \$34.71 | |
| Employee + Spouse | <input type="checkbox"/> \$39.73 | |
| Employee + Family | <input type="checkbox"/> \$52.90 | |
| | <input type="checkbox"/> NO to ALL Benefits | |

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.

¹ This coverage is not available to residents of NH, HI, or PR.

For 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 |
|------|--------------|

D. REQUIRED DEPENDENT INFORMATION

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

E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION ¹

82913900-M-DDI

Direct Payment Monthly 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 monthly.

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

NO to MEC Wellness/Preventive



¹ This coverage is not available to residents of HI, or PR.

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) 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

LIMITED BENEFITS SUMMARY

Policy Number **2913900-DDI**

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 | \$500 per day |
| Diagnostic (Lab) | \$90 per day | Intensive Care Unit Maximum ⁵ | \$600 per day |
| Diagnostic (X-Ray) | \$250 per day | Inpatient Surgery | \$3,000 per day |
| Ambulance Services | \$350 per day | Anesthesia | \$600 per day |
| Physical, Speech, or Occupational Therapy | \$50 per day | Skilled Nursing ⁶ | \$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 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 | \$2,200 | 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 | |
| Generic Coinsurance / Brand Coinsurance | 70% / 50% | Wellness Care (one per year) | \$100 |

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

OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT ^{1,2}

Policy Number: **82913900-M-DDI**

ACA 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 | MONTHLY MEC PREMIUM | MEC |
|--|------------|-------------|-----------------------|---------|
| Preventive Services for Adults | 100% | 40% | Employee Only | \$58.19 |
| Preventive Services for Women | 100% | 40% | Employee + Child(ren) | \$65.79 |
| Covered Preventive Services for Children | 100% | 40% | Employee + Spouse | \$71.00 |
| | | | Employee + Family | \$80.87 |

¹ For more information about preventive services, please visit www.healthcare.gov. ² This coverage is not available to residents of HI, or PR.

WEEKLY LIMITED BENEFITS PREMIUM

| | Medical |
|-----------------------|---------|
| Employee Only | \$20.91 |
| Employee + Child(ren) | \$34.71 |
| Employee + Spouse | \$39.73 |
| Employee + Family | \$52.90 |

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.

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.

The fixed indemnity medical plan is not available to residents of Hawaii, New Hampshire or Puerto Rico.

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.

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/mmdp>. 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. Your pin code for enrolling/making changes is **400** + ____ (last four digits of your SSN). Your Company has chosen to take 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."

Mail / Fax to: Planned Administrators, Inc.
PO Box 6702
Columbia, SC 29260

Telephone (866) 798-0803
Fax (803) 264-0772

Underwritten by
BCS Insurance Company
Oakbrook Terrace, IL

Fill out this form ONLY if you are making changes in your coverage or terminating coverage.

A. REASON FOR THE CHANGE

Address Change Name Change Add Dependent(s) Coverage Change Terminate Coverage

B. REQUIRED EMPLOYEE INFORMATION

MUST BE FILLED OUT

Address/Name Change

| | | | | |
|----------|-------------------|---------------|--------|---|
| Name | Social Security # | Phone | Gender | <input type="checkbox"/> M <input type="checkbox"/> F |
| Address | City | State | Zip | Apt. # |
| Employer | Hire Date | Date of Birth | | |
| | / / | / / | | |

Add/Change Dependent Information

| Name | Social Security # | Date of Birth | Gender | Relationship |
|------|-------------------|---------------|---|--------------|
| | | / / | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | | <input type="checkbox"/> M <input type="checkbox"/> F | |

C. INDEMNITY PLAN CHANGES - Select the change you wish to make for each benefit

Weekly Rates

FIXED INDEMNITY MEDICAL ¹

| | |
|-----------------------|---|
| Employee Only | <input type="checkbox"/> \$20.91 |
| Employee + Child(ren) | <input type="checkbox"/> \$34.71 |
| Employee + Spouse | <input type="checkbox"/> \$39.73 |
| Employee + Family | <input type="checkbox"/> \$52.90 |
| | <input type="checkbox"/> Terminate Plan |
| | <input type="checkbox"/> No Change |

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.

¹ This coverage is not available to residents of NH, HI, or PR.

Add/Change Accidental Loss of Life, Limb and Sight Beneficiary

| | |
|-----------|--------------|
| Primary | Relationship |
| Secondary | Relationship |

D. MEC PLAN CHANGES - Select the change you wish to make.

82913900-M-DDI **Monthly Rates**

MEC Wellness/Preventive ¹ Terminate MEC Plan No Change

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

¹ This coverage is not available to residents of HI, or PR.

I understand that coverage may continue under my old elections until this form is received and processed by PAI. If electing benefits for the MEC plan, I hereby authorize my employer to send an enrollment request to PAI. I understand that a change in elections will be effective the 1st of the month following your credit card draft. If canceling, your coverage will terminate on the last day of the month for which a payment has been made. **I understand that making no selection in Section C and D for a benefit means I do not wish to make a change to that benefit.**

DATE ___/___/___ SIGNATURE

OPEN ENROLLMENT DATES: December 22–January 21

ESC Fixed Indemnity Medical Plan (weekly payroll deduction)

- ESC Health Care Plans starting at **\$20.91**
- No Pre-existing Condition Limitations
- No Waiting Period on Medical
- No Deductibles on Medical
- Doctor Office Visit Benefit
- Prescription Drug Benefit

MEC Wellness/Preventive Plan (monthly direct payment)

- MEC Plan starting at **\$58.19** per month
- Covers mandated benefits to qualify as Minimum Essential Coverage
- Options for Family Coverage
- The MEC Plan will be payable via direct payment and information will be sent to you once you have enrolled.

For New Enrollment contact your Branch Manager.
For Changes to your current plan call **1-866-798-0803**.