



REFERENCE GUIDE

CareBasic
STAFFING

**Inside you will find key information for the CareBasic Staffing
Limited Benefit Program.**

Why CareBasic Staffing?

Offering limited benefit coverage to eligible employees allows them to have access to health benefits that can provide protection for them and their families. In fact, these benefits:

- Can save employees on the cost of health care by network discounts when they use certain doctors, hospitals and other providers.
- Allow employees and their families to get routine checkups and screenings through wellness benefits to identify short-term health issues before they become long-term, and more costly, health conditions.

Benefits are important to your employees. You can further demonstrate the value of benefits to your employees by reading this reference manual, understanding the benefits and encouraging them to enroll in the programs that best fit their needs.

Helpful Contact Information

CareBasic Staffing Employer Support Contact*

Employers who need assistance or have administrative questions please contact:

PAI Benefits Support Center

Phone: 1-844-262-6022

Email: PAIBenefits@paisc.com

Representatives are available Monday – Friday from
8:30 am – 5:00 pm Eastern Standard Time.

*This number is for employers only and should not be given to employees.

CareBasic Staffing Customer Service

If an employee has questions about their benefits, claims status, ID card(s), Summary Plan Description (SPD) or how to enroll, change or cancel their coverage please have them contact:

CareBasic Staffing Customer Service

Phone: 1-866-798-0803

Representatives are available Monday – Friday from
8:30 am – 8:00 pm Eastern Standard Time.
Language Line Assistance is available.

Limited Benefit Network Contact Information

First Health Network

Website: www.myfirsthealth.com
Phone: 1-800-226-5116

Optum Prescription Network

Phone: 1-866-798-0803

DenteMax Network

Website: www.dentemax.com
Phone: 1-800-752-1547

EyeMed Vision Network

Website: www.eyemedvisioncare.com
Phone: 1-866-798-0803



New Hire Enrollment Procedures

You play an important role in the success of on-boarding a new hire.

Here are a few things you can do during on-boarding to give new hires the support they need to make informed choices:

1. All eligible new hires should complete the electronic benefit offering that has been set up for your group. Each new hire will need to accept or decline benefits.
2. Refer to the “Questions and Answers” section of this guide to help answer common new hire questions about CareBasic Staffing.
3. Direct new hire employees to CareBasic Staffing Customer Service at 1-866-798-0803. Representatives are available Monday – Friday from 8:30 am – 8:00 pm Eastern Standard Time. Language Line Assistance is available.
4. To ensure there are no coverage delays, the following fields must be completed:

- ✓ **Social Security Number**
- ✓ **Date of Birth**
- ✓ **First and Last Name**
- ✓ **Home Phone Number**
- ✓ **Address**
- ✓ **Dependent Information (if applicable)**
- ✓ **Signature and Date**
- ✓ **Election of Yes or No**



Frequently Asked Questions

Q. Who is eligible to enroll for CareBasic Staffing benefits?

Active eligible temporary hourly part-time or full-time employees who are 18 years or older with a valid Social Security Number (SSN).

Q. Do all eligible employees have to complete an enrollment form?

Yes. By obtaining acknowledgment of either acceptance or declination from each employee who completes new-hire paperwork, you are limiting your liability. We never want an employee or family member of your office to come back to you and say they were not offered insurance and they have a new or recurring medical condition. It is in your company's best interest to make sure that all eligible employees fill out the enrollment form and either elect or decline coverage.

Q. When can an eligible employee enroll for benefits?

Eligible employees are able to enroll within 30 days of their date of hire or within 30 days of their first pay check date. If the employee does not enroll during these time periods, they will have to wait until the next annual open enrollment or when they have a qualifying life event*. If an employee experiences a qualifying life event they can contact CareBasic Staffing Customer Service for more information.

Q. Who is considered an eligible dependent?

An eligible dependent is considered an employee's spouse or children under age 26 (this may vary by state).

Q. Once coverage has started, can an employee make changes or cancel coverage?

If premiums are taken after-tax (post-tax), employees may cancel all or a portion of their coverage at any time. If premiums are taken before-tax (pre-tax), employees will only be able to cancel or change their coverage at the next annual open enrollment or when they have a qualifying life event*.

Q. When does coverage begin?

An employee's coverage will begin the Monday following a payroll deduction and will continue as long as they have a deduction from their paycheck.

Q. What happens if an employee completes an application for coverage but does not have a premium deduction right away?

Applications for coverage will be held for six months.

Q. Is there a pre-existing clause for the fixed indemnity medical plan?

There are no restrictions for pre-existing conditions for the fixed indemnity medical plan, even if an employee was previously diagnosed with a condition.

Q. What doctors can employees use?

Employees can call the number on the back of their ID card to find a network doctor in their area, or they may print a personal network directory at www.myfirsthealth.com.

Network providers have agreed to discounted rates for services, which may save employees money before and after they reach their limit. Employees may see any licensed doctor, however, if they choose to go to a non-network provider, services will still be covered under the plan, but they will not receive the network discounts.

Q. What's the value of using a network provider?

The insurance company contracts with a network of health care providers to help manage the cost of medical services. Through this network, the insurance company receives discounts for services. And, these discounts (network negotiated rates) are passed on to the employee if they are enrolled in a fixed indemnity medical plan. Even if they reach their plan year maximum benefit before the end of the year, they can still receive the discounted rates when using network providers.

Q. How do covered employees get their ID cards?

Within two weeks of an employee's first payroll deduction, an ID card(s) and a confirmation of coverage letter will be mailed to the employee's home address. If an employee needs to receive their ID card(s) sooner, they can contact CareBasic Staffing Customer Service at 1-866-798- 0803 and request copies to be emailed or faxed to them or their provider.

Frequently Asked Questions

Q. Where can the enrolled employee receive claim forms?

Claim forms may be obtained by calling Customer Service at 1-866-798-0803 or claims forms may be downloaded by clicking on CareBasic at www.paisc.com.

Q. Are contraceptives covered under the fixed indemnity medical plan?

Yes. Oral contraceptives are covered under the prescription benefit. However, non-oral contraceptives are not covered.

Q. Is COBRA offered for covered employees and or their dependents?

Covered employees and/or their dependents are eligible for COBRA as long as there has been one payroll deduction through the employer and a) employment is terminated by the employer or b) there have been six consecutive weeks of missed payroll deductions. Once PAI is notified of a termination or there have been six consecutive weeks of missed payroll deductions, a COBRA letter will be generated and sent to the last active employee address on file.

Q. How is COBRA administered?

Once the covered employee is eligible for COBRA and a letter is sent to the covered employee's home address, the employee has 60 days from the date of their letter to elect COBRA and remit payment in full. COBRA participants or their "qualified beneficiaries", are not billed for COBRA payments so they must take responsibility to keep premium current. COBRA participants may generally stay on COBRA for up to 18 months from the date of a qualifying event that causes loss of coverage. A second qualifying event may allow extended COBRA coverage for up to 36 months. Qualifying events for COBRA are termination of employment, loss of coverage due to a reduction of hours, death of the Associate, divorce or legal separation, change in status of a dependent, Medicare entitlement, retired Associates, and employer bankruptcy.

Q. What happens if an employee misses a premium deduction from their paycheck?

If an employee misses a premium deduction from their paycheck for whatever reason (not enough hours worked, out sick or on vacation, etc.), it is their responsibility to contact CareBasic Staffing Customer Service to request a missed premium form. This will allow employees to pay CareBasic Staffing directly for the missed premium deduction and still be able to maintain coverage without any gaps in coverage. If an employee goes six consecutive weeks without paying a premium, their coverage will be terminated. This grace period can only be extended to 12 weeks if they are out on a leave of absence. They must call CareBasic Staffing Customer Service to report that they are missing premium deductions due to a leave of absence in order to get the grace period extended to 12 weeks. If they are out due to a workers' compensation issue, the grace period can be extended even further, but again, they must call CareBasic Staffing Customer Service to request this extension.

Missed premium payments must be made within 45 days of each missed premium deduction.

*A qualifying life event is defined as a change in status due to marriage¹, birth or adoption of a child(ren)¹, death of an immediate family member¹, divorce¹, loss or gain of insurance coverage by a spouse¹, termination¹, or eligibility for premium assistance under a Medicaid² or SCHIP plan.²

¹ An employee has 30 days from the date of the qualifying life event to enroll or change their coverage.

² An employee has 60 days from the date of the qualifying life event to enroll or change their coverage.

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STAFFING

ENROLLMENT FORM FAX COVER SHEET

NUMBER OF PAGES

GROUP NUMBER: _____ (INCLUDING FAX COVER SHEET): _____

YOUR NAME: _____

YOUR PHONE NUMBER: _____

Please fax the enrollment forms to **ONE** of the numbers and indicate which one you are using by checking a box below:

☐ 1-803-264-0772

☐ 1-803-264-8571

☐ 1-803-264-8739

☐ 1-803-870-8060