

# Health Insurance and Benefit Packet

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- You **Must** Complete the Back of this Page for New Hire Process
  - You **Must** Elect or Decline Coverage, Back of Page
  - Tear off this Page and Return to Branch Manager
  - Keep the rest of the Packet for your Records and Plan Information
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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.



Complete the back of this Page to Elect or Decline Coverage

The Essential StaffCARE Medical/Rx, Accidental Death and Dismemberment, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois, under Policy Series Numbers 24.220, 26.212, and 26.213, and the Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.



**Medical/Rx Benefits**

**Beech Street Network** [www.beechstreet.com](http://www.beechstreet.com)

Annual Maximum Benefit (per person, all expenses)	<b>\$10,000</b>	Individual Annual Deductible	\$200
Annual Outpatient Limit	<b>\$1,500</b>	Family Annual Deductible	\$500
Annual Maximum on Other Hospital Services	\$1,500	Daily Room & Board Maximum	\$400
Co-insurance (in-network or out-of-network)	80%	Daily ICU Room & Board	\$800
Doctor's Office Visits (deductible does not apply)	100% of bill after a \$15 co-pay (subject to Outpatient Limit)		

**Prescription Drug Benefits**

**Caremark Network** [www.caremark.com](http://www.caremark.com)

\$50 per Month (no carryover)  
 \$10 co-pay Generic  
 \$30 co-pay Branded

**Weekly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$21.32</b>	<b>\$43.26</b>	<b>\$57.78</b>

**Accidental Death and Dismemberment Benefit** (part of the Medical Benefits)

Employee Amount	\$10,000/Reduces to \$7,500 at 65, \$5,000 at age 70
Spouse Amount	\$ 5,000/Reduces to \$3,750 at 65, \$2,500 at age 70
Child Amount (6 months to 24 years old)	\$ 5,000
Infant Amount (15 days to 6 months)	\$ 1,000

**Dental Benefits**

**DenteMax Network** [www.dentemax.com](http://www.dentemax.com)

Annual Maximum Benefit	\$750	Deductible	\$50
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	<i>Waiting Period</i>	<i>Co-insurance</i>	
Coverage A	None	80%	Exams, 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, Bridges, Endodontics and Dentures

**Weekly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$5.23</b>	<b>\$10.46</b>	<b>\$17.26</b>

**Vision Benefits**

**Cole Managed Network** [www.colemanagedvision.com](http://www.colemanagedvision.com)

	<i>Frequency</i>	<i>Co-insurance</i>	<i>Deductible</i>	<i>Maximum Benefit</i>
Eye Examination for Glasses	1 visit per 12 months	80%	\$5 per visit	\$25
Choice A: Eye Glasses				
Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$35-\$75
Frames	1 pair per 12 months	75%	\$15 per purchase	\$25
Choice B: Contact Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$95
Choice C: Disposable Lenses	Up to a 12 month supply per 12 months	75%	\$15 per purchase	\$75

**Weekly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$2.35</b>	<b>\$4.00</b>	<b>\$5.64</b>

**Short-Term Disability Benefits**

Benefit	60% of salary up to \$150 per week
Waiting Period and Maximum Benefit Period	7 days / 26 weeks
<b>Employee Only Weekly Rate</b>	<b>\$4.20</b>

**Term Life Benefits**

Employee Amount	\$10,000/Reduces to \$7,500 at 65, \$5,000 at age 70
Spouse Amount	\$ 5,000/Terminates at age 70
Child Amount (6 months to 24 years old)	\$ 5,000
Infant Amount (15 days to 6 months)	\$ 1,000

**Weekly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$0.60</b>	<b>\$0.90</b>	<b>\$1.80</b>

To receive additional information, obtain answers to your questions, or to enroll in this plan, call 1-866-798-0803.

To ACCESS DOCTORS or VERIFY COVERAGE before receiving your ID card, supply your provider with the following information:

- Your Name
- ESC Customer Service number: 1-866-798-0803
- Member ID# (your Social Security Number)
- Claims mailing address –

PAI, P.O. Box 6702 Columbia, SC 29260

Your Doctor may call Essential StaffCARE at 1-866-798-0803 to receive information on your benefits, deductibles and benefit maximums.

#### **24-Hour Nurse Advisor 1-866-645-0309**

When a member selects medical coverage through Essential StaffCARE, it includes access to a 24-hour Nurse Advisor call line. When a member or dependent is sick, hurt or in need of medical advice, the answer may be as close and convenient as the phone. The 24-hour Nurse Advisor is a voluntary service that eligible Essential StaffCARE members can call at anytime, 24 hours a day, 7 days a week. A registered nurse will assess the member's symptoms and help them make good healthcare decisions.

#### **Important Information**

This is a limited benefit medical insurance plan, renewable at the option of the insurer. This is not major medical insurance. Please read this benefit packet in its entirety. You will receive your Health Insurance ID card in the mail along with your Summary Plan Description (SPD) at your home address. This plan is only available as an employer sponsored benefit. It cannot be purchased as an individual policy. All members may receive additional deductions and additional weeks of coverage from their date of cancellation. Coverage begins the Monday following your first premium 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, employees will receive COBRA information. If you are age 65 or older or if you or your dependents are eligible for Medicare and you are enrolled in the Essential StaffCARE employee benefits program, you need to obtain an important notice regarding Medicare-part D Prescription Drug Coverage. For the Medicare-part D notice, contact your Human Resource Department.

#### **How To Make Changes & Cancel Coverage by Telephone**

After your initial enrollment form has been submitted, you may make changes or cancel coverage by telephone. Changes can be made within 30 days after completing your enrollment form. If you do not have an assignment during the first 30 days, you can make changes to your coverage within 30 days from the pay check date of your first assignment. You will be prompted to enter your PIN CODE plus the last four digits of your social security number.

Call 1-800-269-7783 (toll free) to make changes or cancel coverage by telephone. You may cancel or reduce coverage at any time unless your deductions are pre-tax.

**Remember, it will take up to two or three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.**

**PIN CODE : 142 \_ \_ \_ \_**

Last four digits of your social security number.

**The exclusions, limitations, and pre-existing condition exclusion may vary by state. Please refer to your Summary Plan Description for information.**

#### **Limited Benefit Medical Plan**

This benefit packet is intended as a brief summary of the Essential StaffCARE Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this benefit packet. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-866-798-0803.

#### **Covered Medical Expenses**

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

#### **Rules**

For medical expenses to be covered they MUST:

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of sickness or injury
- Not be excluded by the group policy

#### **Exclusions and Limitations**

##### **Medical and Accidental Death and Dismemberment**

The following exclusions and limitations apply to expenses incurred by all participants. The exclusions and limitations may vary by state.

No benefits will be paid for loss caused by or resulting from: expenses used to meet any deductible, or in excess of the percentage payable, or in excess of Usual and Customary, work-related injury or sickness, mental or nervous disorders, alcoholism or substance abuse treatment, intentionally self-inflicted injuries, suicide or any attempt, therat while sane or insane, declared or undeclared war, serving on full-time active duty in the Armed Forces, commission of a felony, flying as a pilot or crew member of any aircraft, eye examinations, hearing examinations, hearing aids, normal health checkups (except as noted), dental care, treatment other than care of natural teeth and gums resulting from an accident, cosmetic surgery, and services provided by an immediate family member.

Applicable only to Accidental Death and Dismemberment, no benefits will be paid for bodily or mental infirmity, disease of any kind, or medical or surgical treatment for that infirmity or disease, not including bacterial infection or viral infection that is the result of an accidental bodily injury or accidental, involuntary or unintentional ingestion of a contaminated substance.

##### **Pre-existing conditions:**

No benefits will be paid for a pre-existing condition (one you had within the six month period ending the day before your enrollment date) for the first 12 months of your coverage. This does not apply to pregnancy nor to a newborn or adopted child covered from birth or adoption. The exclusion period may be reduced by most previous medical expense coverage ("creditable coverage"), if there is no more than a 63 day break in coverage. You should give us a copy of any certificates of creditable coverage. If you do not have a certificate, but have prior health coverage, we will help you obtain one from your prior plan. There are also other ways to demonstrate you have creditable coverage, so contact us if you need help. All questions about the pre-existing condition exclusion and creditable coverage should be directed to Essential StaffCARE Unit Supervisor, Planned Administrators, Incorporated (PAI), P.O. Box 6702, Columbia, South Carolina 29260, or call us at: (866) 798-0803.

##### **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 contact PAI.

##### **Vision:**

No benefits will be paid for: any materials, procedures or services provided under Workers' 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.

##### **Short-Term Disability:**

Short-term disability insurance provides a source of income in case you are unable to work due to a covered sickness or non-work related accident. Although, there is an elimination period that must be met before benefits will be paid, benefits are paid immediately if hospitalization occurs within the waiting period. Short-term disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico.

##### **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, whether sane or insane, within 24 months after the person's coverage under the Policy became effective.