



## Limited Benefits Basic Plan Enrollment Form

### Complete the Enrollment Form to Elect or Decline Coverage

1. Complete the Enrollment Form as Part of Your New Hire Process.
2. Elect or Decline Medical Coverage 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 Express Representative.
5. Keep the Plan Information Packet for Your Records.



### Fixed Indemnity Medical Plan

The ESC Fixed Indemnity Medical plan is affordable supplemental health insurance designed to assist you with your day-to-day medical expenses. It is not Major Medical insurance.

The ESC Fixed Indemnity plan is designed to pay directly to a network provider with no copay, no deductible, and no waiting period.

#### Fixed Indemnity Medical Plan Benefits Include:

- Virtual Primary Care
- No Copay
- No Deductible
- Prescription Drugs
- Doctor's Office & Urgent Care Visits
- Emergency Room
- Lab & X-Rays
- Outpatient Surgery
- Inpatient Care

#### Other Benefit Options Include:



**Dental:** Cleanings & Exams | Fillings & Dental Work | Crowns & Bridges



**Vision:** Eye Exams | Frames & Lenses | Contact Lenses



**Term Life:** \$10,000 Primary | \$5,000 Spouse & Child | \$1,000 Infant



**Short-Term Disability:** 60% of Salary | Paid Up to 26 Weeks | Paid After 7 Days

*For the Complete Summary of Benefits, Please Visit Page 4.*

#### 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.

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.

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

FOR DISCLAIMERS SPECIFIC TO CONNECTICUT, CALIFORNIA, AND MASSACHUSETTS RESIDENTS, PLEASE VISIT PAGE 5.

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



EXP ESC CU(US) P1 v24.1—11.1.2023



VSI 206800-EXP

OFFICE USE ONLY LOCATION \_\_\_\_\_

Rehire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

TEAR HERE →

**ENROLLMENT FORM**

ESC US P1M v24.1

**STEP 1: REQUIRED ASSOCIATE INFORMATION****PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

Name	Social Security #	Phone	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Address	Apt. #	Email (optional)	
City	State	Zip	Date of Birth / /

**STEP 2: DO YOU OR ANY OF YOUR DEPENDENTS RECEIVE MEDICARE BENEFITS?**☐ Yes ☐ No. If Yes, please continue.

Medicare Health Insurance Claim Number (HICN)	Medicare Effective Date
Name of Covered Person (s): 1.	2.
3.	

**STEP 3: FIXED INDEMNITY MEDICAL PLAN & OPTIONAL BENEFITS SELECTION****Payroll Deducted Weekly Rates**You **MUST** choose a coverage level before electing any benefits in Step 3. Your coverage level will apply to any benefits you elect.**SELECT COVERAGE LEVEL:**☐ **NO** to All Benefits ☐ Employee Only ☐ Employee + 1 ☐ Employee + Family

<b>Fixed Indemnity Medical<sup>1</sup></b> (pre-tax deduction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Only <b>\$19.98</b>	Employee + 1 <b>\$40.54</b>	Employee + Family <b>\$54.14</b>
<b>Dental<sup>1</sup></b> (pre-tax deduction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Only <b>\$5.40</b>	Employee + 1 <b>\$10.80</b>	Employee + Family <b>\$17.82</b>
<b>Vision<sup>1</sup></b> (pre-tax deduction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Only <b>\$2.42</b>	Employee + 1 <b>\$4.92</b>	Employee + Family <b>\$6.56</b>
<b>Term Life<sup>1</sup></b> (post-tax deduction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Only <b>\$0.60</b>	Employee + 1 <b>\$0.90</b>	Employee + Family <b>\$1.80</b>
<b>Short-Term Disability<sup>1,2</sup></b> (post-tax deduction)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Only <b>\$4.20</b>	Employee + 1 -	Employee + Family -

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.

<sup>1</sup>This coverage is not available to residents of **NH, HI, or PR**. <sup>2</sup>STD is not available to persons who reside in **CA, HI, NH, NJ, NY, or RI**. These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.**For Term Life / 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:
-------	---------------

**STEP 4. 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

**STEP 5: 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 understand that 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.

► SIGNATURE	DATE ____/____/____
-------------	---------------------

# STEP-BY-STEP ENROLLMENT INSTRUCTIONS

Keep this booklet for your records.

## STEP 1: ASSOCIATE INFORMATION



You are required to complete this section of the enrollment form as part of the new-hire process, even if you wish to decline all benefits. Once completed, proceed to Step 2 to elect or decline your benefits. Don't forget to sign and date at the bottom.

## STEP 2: MEDICARE BENEFITS



If you or any of your dependents receive Medicare benefits, check "Yes" and complete this section. If you or your dependents do not receive Medicare benefits, check "No" and move onto Step 3.

## STEP 3: CHOOSE COVERAGE LEVEL AND ELECT OR DECLINE YOUR BENEFITS



Once you choose your coverage level and have elected or declined all of the benefits being offered to you, proceed to Step 4 to add dependent information if needed.

## FIXED INDEMNITY MEDICAL PLAN & OPTIONAL BENEFITS



The Fixed Indemnity Medical plan is designed to cover the most common medical needs at an easy-to-afford price. Without copays, deductibles, or waiting periods, Fixed Indemnity pays a flat amount for each covered claim such as:

Doctor's Office Visits  
Emergency Room

Lab & X-Rays  
Urgent Care

Outpatient Surgery  
Inpatient Care

Ambulance Services  
Prescription Drug

*For a Complete Summary of Benefits, Visit Page 4*



### **DENTAL: Cleanings & Exams | Fillings & Dental Work | Crowns & Bridges**

Our Dental plan pays a portion of the costs for dental claims like exams, cleaning, fillings, and other dental work. The plan covers more procedures the longer coverage is carried.



### **VISION: Eye Exams | Frames & Lenses | Contact Lenses**

Our Vision plan helps offset the costs for eye exams, frames, and contacts, and could even pay 100% of the total cost when using in-network optometrists.



### **TERM LIFE: \$10,000 Primary | \$5,000 Spouse & Child | \$1,000 Infant**

Our Term Life plan pays life insurance up to \$10,000 to a selected beneficiary. This plan can also cover dependents.



### **SHORT-TERM DISABILITY: 60% of Salary | Paid Up to 26 Weeks | Paid After 7 Days**

Pays 60% of your expected salary up to \$150 per week, begins after 7 days of disability, and pays up to 6 months.

*For a Complete Summary of Benefits on All of the Limited Benefits, Visit Page 4*

## STEP 4: DEPENDENT INFORMATION



If you elected spousal or family coverage, fill in your dependent information before proceeding to Step 5.

## STEP 5: SIGN AND DATE



Review full plan details, limitations, and exclusions before signing and dating your enrollment form. You are required to sign and date your enrollment form even if you decline all benefits.


# LIMITED BENEFITS SUMMARY

Policy Number **206800-EXP**

## 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 <sup>1</sup>		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 <sup>5</sup>	\$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 <sup>6</sup>	\$100 per day
Emergency Room Benefit - Sickness	\$250 per day	First Hospital Admission (1 per year)	\$300
Emergency Room Benefit - Accident <sup>2</sup>	\$500 per day	Annual Inpatient Maximum <sup>7</sup>	No Limit
Outpatient Surgery	\$500 per day	<b>Accidental Loss of Life, Limb &amp; Sight</b>	
Anesthesia	\$200 per day	Employee	\$20,000
Annual Outpatient Maximum	\$2,200	Spouse	\$20,000
<b>Prescription Drugs (via reimbursement) <sup>3,4</sup></b>		Dependent (6 months to 26 years)	\$5,000
Annual Maximum	\$600	Dependent (15 days to 6 months)	\$2,500
Generic Coinsurance	70%	<b>Wellness Care</b>	
Brand Coinsurance	50%	Wellness Care (one per year)	\$100


## Teladoc Health

As an enrollee in the Fixed Indemnity medical plan, you have the option to obtain telehealth, primary care or mental health services through Teladoc Health. Please see the Summary Plan Description for additional details.

<sup>1</sup> all outpatient benefits are subject to the outpatient maximum <sup>2</sup> covers treatment for off the jobs accidents only <sup>3</sup> not subject to outpatient maximum <sup>4</sup> To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. <sup>5</sup> pays in addition to standard care benefit <sup>6</sup> for stays in a skilled nursing facility after a hospital stay <sup>7</sup> Subject to internal limits of plan

VISION BENEFIT		In-Network		Out-of-Network	
 <b>Eye Exam <sup>1</sup></b> (including dilation)		You Pay	Plan Pays	You Pay <sup>3</sup>	Plan Pays
<b>Standard Contact Lens Fit Exam</b> (includes follow up)		\$10 Copay	100%	100%	\$35
<b>Premium Contact Lens Fit Exam</b> (includes follow up)		Up to \$55	\$0	100%	\$0
<b>Frames</b> (once every 24 months)		100%, after 10% discount	\$0	100%	\$0
<b>Standard Plastic Lenses</b> (single, bifocal, trifocal) <sup>1,2</sup>		80%, after \$110 allowance	20% plus \$110 allowance	100%	\$55
<b>Contact Lenses (Conventional)</b> (materials only) <sup>1</sup>		\$25 Copay	100%	100%	\$25-\$55
<b>Contact Lenses (Disposable)</b> (materials only) <sup>1</sup>		85%, after \$110 allowance	15% plus \$110 allowance	100%	\$88
<b>Contact Lenses (Medically Necessary)</b> (materials only) <sup>1</sup>		100%, after \$110 allowance	\$110 allowance	100%	\$88
		\$0 Copay	100%	100%	\$200

<sup>1</sup> Once every 12 months <sup>2</sup> \$15 higher in AK, CA, HI, OR, WA <sup>3</sup> After plan payment

DENTAL BENEFIT	Waiting Period/Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
 <b>Coverage A</b>	None / 80%	Exams, Cleanings, Intraoral Films, and Bitewings			
<b>Coverage B</b>	3 Months / 60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures			
<b>Coverage C</b>	12 Months / 50%	Periodontics, Crowns, Endodontics, Bridges and Dentures			

## TERM LIFE BENEFIT

 <b>Employee Amount</b>	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	<b>Child Amount (6 mos to 26 yrs old)</b>	\$5,000
<b>Spouse Amount</b>	\$5,000 (terminates at age 70)	<b>Infant Amount (15 days to 6 mos)</b>	\$1,000

## SHORT-TERM DISABILITY BENEFIT

 <b>Benefit Amount</b>	60% of base pay up to \$150 per week
<b>Waiting Period/Maximum Benefit Period</b>	7 days for injury or sickness / up to 26 weeks

## WEEKLY LIMITED BENEFITS PREMIUM

	Medical	Dental	Vision	Term Life	STD
<b>Employee Only</b>	\$19.98	\$5.40	\$2.42	\$0.60	\$4.20
<b>Employee + 1</b>	\$40.54	\$10.80	\$4.92	\$0.90	-
<b>Employee + Family</b>	\$54.14	\$17.82	\$6.56	\$1.80	-

## STATE SPECIFIC DISCLAIMERS

**Limited Benefit Medical Plan Disclosure—Connecticut Employees:** This Limited Health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness. It contains specific dollar limits that will be paid for medical services, which may not be exceeded. If the cost of services exceeds those limits, the beneficiary, not the insurer, is responsible for payment of the excess amounts. The specific dollar limits are listed in the medical schedule of benefits section of your summary plan description.

**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.

**For Residents of Massachusetts Only:** This health plan, alone, does not meet Minimum Creditable Coverage standards that are effective January 1, 2009, as part of the Massachusetts Health Care Reform Law because the health plan imposes an overall annual maximum benefit for covered core services. If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting these standards. If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage standards. Your employer or other plan sponsor also may offer supplemental plans you can add to this insured health plan in order to meet Minimum Creditable Coverage. If you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its Web site at [www.mass.gov/doi](http://www.mass.gov/doi), or the Connector by calling 1-877-MA-ENROLL or visiting its Web site at [www.mahealthconnector.org](http://www.mahealthconnector.org). THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).

## 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.

### **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**

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.

### **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, accidental loss of life, limb, or sight, dental, term life, and vision 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.



# Teladoc Health Services Available with the Fixed Indemnity Medical Plan

**Teladoc**  
HEALTH



**Unlimited  
Visits**



**Pay Only 10% of the Full Cost  
of Teladoc Health Services**



**No  
Membership Fee**

## WHAT IS TELADOC HEALTH?

Teladoc Health is a convenient and affordable way to speak with a licensed doctor or therapist anywhere you are by phone or video for many common health and mental health issues. Three services are included: 1) General Medical Telehealth, 2) Virtual Primary Care - Primary360 3) Online Mental Health Therapy.

## FAQ: GENERAL MEDICAL TELEHEALTH

### Q: What is General Medical Telehealth?

General Medical Telehealth provides 24/7 care for non-emergency conditions like cold & flu, sinus infections, allergies and more.

### Q: How much does Telehealth cost?

Telehealth visits cost \$25 per visit. These visits are unlimited.

### Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

## FAQ: VIRTUAL PRIMARY CARE - PRIMARY360

### Q: What is Primary360?

Primary360 is a Virtual Primary Care service that provides access to best-in-class physicians from your phone or computer within 5 days or less. More than just urgent care, you will get a dedicated physician who can treat a wide range of chronic conditions while offering you full primary care experience, including prescriptions, lab orders, and specialist referrals. You will also get a care team of nurses and coordinators to support you between physicians' visits.

### Q: What kind of medical care does Primary360 provide?

Teladoc's board certified physicians can care for many of the same conditions as an in-person primary care provider such as the treating of migraines, sinus infections, bronchitis, allergies, strep/sore throat, UTIs, yeast infections, rashes, and pink eye. Primary360 can also aid in managing chronic care needs such as high blood pressure, high cholesterol, and diabetes.

### Q: How much does Primary360 cost?

The first physician visit through Primary360 is \$75 with all future visits at \$45. Primary360 visits are unlimited.

### Q: Are physicians through Primary360 able to prescribe medications?

Yes, when medically appropriate, a Primary360 physician can prescribe most medications. Additionally, physicians through Primary360 are connected with all major retail pharmacies nationwide so covered prescriptions can be filled at the pharmacy of your choice, even if traveling.

### Q: Can a Primary360 physician be my primary care provider (PCP)?

Yes, covered insureds who prefer a virtual experience can select a Primary360 physician as their PCP.

### Q: What happens if I need lab work?

Primary360 physicians will refer you to Quest Diagnostics or LabCorp locations based on your resident zip code.

### Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

### Q: Do I have to replace my primary care physician if I use a physician through Primary360?

No, but if you only need physician services one time or it is an urgent matter, you can still access on-demand care through Teladoc Health's general medical urgent care services 1-800-835-2362 or through your app. However, if you prefer to select your primary care provider (PCP) through Primary360 you may do so.

### Q: Can my existing primary care physician obtain a copy of my medical records?

Yes, with your consent, an electronic copy of your visits may be sent to your existing primary care provider (PCP).

## FAQ: ONLINE MENTAL HEALTH THERAPY

### Q: Is online mental health therapy effective?

Yes, online mental health therapy has been shown to be extremely effective. According to a 2014 study by the Journal of Affective Disorders, online therapy was found to be as effective, if not more effective, than traditional in office therapy for depression and other mental health conditions.

### Q: How is online therapy conducted?

Online therapy is simple and accessible. First, complete a brief assessment to help determine a therapist that best fits your needs, then select the licensed therapist that meets the time and date of your choice.

### Q: How much does online therapy cost?

A virtual therapist visit is \$45 per therapist visit.

Teladoc Health services become effective the first Monday after your initial Fixed Indemnity Medical plan payroll deduction takes place.

### GET STARTED TODAY!

To use Telehealth, Primary360 or Mental Health Services, you may do so by visiting **TeladocHealth.com**, calling **1-800-835-2362** or downloading the app.

For additional details regarding the Telehealth, Primary360, or Mental Health Services, please see your Summary Plan Description (SPD).

The Fixed Indemnity Medical Plan is underwritten by BCS Insurance Company, Oakbrook Terrace, IL. This is not a complete description of benefits. Plan limitations and provisions apply. See your SPD for plan details.

# FREQUENTLY ASKED QUESTIONS

## How do I enroll?

Enrolling in the Essential StaffCARE limited benefit plan is easy. You can enroll by completing an Essential StaffCARE enrollment application and returning it to your Express representative.

## When can I enroll in the plan?

As a part-time or full-time associate of Express, you are eligible to enroll in the Essential StaffCARE program within 30 days of your hire date or 1st paycheck date. If you do not enroll during one of these time periods, you will have to wait until the next annual company-wide open enrollment period. Unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

## What is a qualifying life event?

A qualifying life event is defined as a change in your status due to one of the following:

- Marriage, divorce, annulment (spouse, stepchildren)
- Death
- Birth, adoption, placement for adoption, legal guardianship, or legal custody
- Loss of eligibility for insurance through another plan, change of coverage on spouse's plan, or significant change in premium cost
- Employee/dependent becomes eligible for insurance through another plan, eligible for Medicare/Medicaid, or enrolls in the Healthcare Exchange
- Dependent child marries, reaches maximum age to qualify for coverage (26), or becomes eligible through employer
- Rehire (more than 6 weeks since last Express assignment)
- Significant reduction in hours

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this Fixed Indemnity medical benefit.

## When does coverage begin?

Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your check stub for deductions. If you do not see a deduction for two weeks please contact your local Express office or ESC customer service.

## Are dependents covered?

Yes. Eligible dependents include your spouse and your children up to age 26.

## What if I miss a payroll deduction?

If you miss a payroll deduction, to avoid a break in coverage, you may make direct payments to PAI. After six consecutive weeks without a payroll deduction or six consecutive direct premium payments, coverage will be terminated and COBRA information will be sent at that time.

## If I complete an enrollment form, but do not get placed on assignment right away, will I have to complete a new form?

After six months if there has not been a deduction from your paycheck, please fill out a new enrollment form. Missing information will delay the process.

## Can I make changes or cancel coverage?

Changes or cancellation of your pre-tax health benefits can only be made during our annual company-wide open enrollment period or within 30 days of a qualifying life event. Open enrollment is normally held in November of each year. Qualifying life events are listed on the left.

## How can I make changes?

To make changes or cancel coverage based on a qualifying life event, please contact Essential StaffCARE Customer Service at 1-866-798-0803 or your local Express office to request a change form. Complete and sign the change form and return it to your local Express office. After verifying that your life event occurred within the past 30 days, the Express office will sign the change form and will forward it to Essential StaffCARE for processing.

## Is there a pre-existing clause for the Fixed Indemnity Medical Benefit?

There are no restrictions for pre-existing conditions for the fixed indemnity medical plan. Even if you were previously diagnosed with a condition, you can receive coverage for related services as soon as your coverage goes into effect.

## Is there coverage for contraceptives on this plan?

Oral contraceptives are covered under the prescription benefit. Non-oral contraceptives are not covered.

## Are maternity benefits covered?

Yes, maternity benefits are covered the same as any other condition under this plan.

## PRE-TAX INFORMATION / SECTION 125 PROGRAM

### Saving Tax Money

Premiums for Medical, Dental and Vision will be deducted pre-tax.

#### It's your money.

Deducting health care premiums before your check is taxed, versus after taxes, gives you more spending money each pay period. Here's how it works:

### Savings Example Per \$1,000 in Monthly Salary

Associate Savings Example:

#### Post-Tax Premiums

\$ 1,000 Monthly Gross Income
- 250 Taxes
<hr/>
= 750 Paycheck
- 100 Insurance Premiums
<hr/>
= 650 Net Spendable

#### Pre-Tax Premiums

\$ 1,000 Monthly Gross Income
- 100 Insurance Premiums
<hr/>
= 900 Adjusted Gross Income
- 225 Taxes
<hr/>
= 675 Net Spendable

### \$25 Monthly Savings!

\$100 Insurance premium - \$25 tax savings  
= \$75 effective cost of insurance

### \$300 Annual Savings

*This example is for illustration only and assumed a combined tax rate (income, FICA, and Medicare) of 25%. Your own personal tax situation may differ. Pre-tax benefits are Indemnity Medical, Dental and Vision.*

**IMPORTANT NOTICE:** Because of this tax advantage, changes to or cancellation of your pre-tax health benefits can only be made during our annual Open Enrollment period or within 30 days of a qualifying life event. Examples of qualifying life events are listed above.

# NETWORK INFORMATION

## Stretch Your Benefit Dollars

This benefit plan offers you and your family savings for medical care through discounts negotiated with providers and facilities in the First Health Network. Choosing an in-network provider helps maximize benefits. When you use an in-network provider, you will automatically receive the network discount and the doctor's office will file the claim for you. If you use a doctor who is not part of the network, you will not receive the discount and you may need to file the claim yourself.

## How Do I Locate a Doctor?

Enrolled members are encouraged to visit providers in the networks listed in order to maximize their benefit dollars. To find a participating provider or verify your current medical provider is in-network, please call or visit the network websites referenced on this page.

## Prescription Drug Network

If enrolled in the Fixed Indemnity Medical Plan, you are automatically covered by the discount prescription drug program. To find a local participating pharmacy, you can visit [www.paisc.com](http://www.paisc.com). Prescription drug benefit information can be found on the Benefits at a Glance page.

## What if I need to have a prescription filled?

For generic and brand prescriptions, present your ID card at a participating pharmacy to receive discounts. Generic and brand prescriptions are payable based on the schedule of benefits up to the annual prescription drug maximum. To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay.

## Do I have to go to an in-network provider?

It is not required that you go to an in-network provider. If you choose a provider who participates in the PPO network, you receive two key advantages:

- PPO discount for all services.
- The provider will file the claim to the plan.

## Fixed Indemnity Medical Plan

- First Health Network  
1-800-226-5116  
[www.myfirsthealth.com](http://www.myfirsthealth.com)

## Prescription

- For your pharmacy benefit information, visit:  
1-866-798-0803  
[www.paisc.com](http://www.paisc.com)

## Vision

- EyeMed Vision Care  
1-866-559-5252  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

## Dental

- DenteMax  
1-800-752-1547  
[www.dentemax.com](http://www.dentemax.com)

**Do not contact the above Networks for questions regarding your medical benefits. All medical benefit questions should be directed to the Essential StaffCARE Member Services line at 1-866-798-0803.**

## When should I expect an ID card?

ID cards will be mailed as soon as your enrollment form is received and processed. You should receive your ID card within 10 business days of your effective date.

## Member ID Cards

An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents within 10 business days of your effective date, or have a change of address, please contact Essential StaffCARE Customer Service at 1-866-798-0803. Present your ID card to the provider at the time of service. These ID cards are used for identification purposes and providers use them to verify eligibility status.

### Member Services:

**PLEASE NOTE:** Your Company has chosen to take some of your payroll deductions on a **Pre-Tax** basis. The Fixed Indemnity Medical, Dental and Vision premiums will be deducted pre-tax.

### 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](http://www.paisc.com) and click on "Members."