



Essential StaffCARE®

Health Insurance Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

- You **MUST** Complete the Enrollment Form for the New Hire Process
- You **MUST** Elect or Decline Coverage on the Enrollment Form
- Return the Enrollment Form to your Branch Manager
- Keep the Benefit Page for Your Records and Plan Information

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.



CMG

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

The Essential StaffCare Medical/Rx, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.204, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

Frequently Asked Questions

When does coverage go into effect?

Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your pay check stub for deductions. If you miss a paycheck, 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, coverage will be terminated and COBRA information will be sent at that time. 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.

When can I make changes?

Coverage may be canceled or reduced at any time, unless your employer takes premium deductions pre-tax. To make changes or cancel coverage by telephone call (800) 269-7783 within 30 days of the date of your first paycheck. You will be prompted to enter your PIN CODE plus the last four digits of your Social Security number (SSN).

PIN CODE: 142 + ____ (last four digits of your SSN)

Remember, it may 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. If you do not enroll within 30 days of your first paycheck or open enrollment date, you and your dependents will have to wait until the next open enrollment or until you have a qualifying life event. A qualifying life event is defined as a change in your status due to one of the following:

Marriage or divorce, Birth or adoption of a child(ren); Termination; Loss of insurance coverage by your spouse; Death of an immediate family member; Medicare entitlement; Employer bankruptcy; Loss of dependent status or Loss of prior coverage. 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 medical benefit.

Who is eligible to enroll?

Dependents are eligible to enroll for all products, except for the short-term disability plan. Eligible dependents include an employee's spouse and unmarried/married children (natural, adopted or step-children up to age 26).

Networks

Medical

Beechstreet 1-866-907-3619

www.beechstreet.com

(available except where other networks are used)

PHCS Network 1-866-671-7427

www.phcs.com

(available for residents of Arkansas and Utah)

Multiplan Network 1-888-342-7427

www.multiplan.com

(available for residents of West Virginia)

Prescription

Caremark 1-888-963-7290

www.caremark.com

Dental

DenteMax 1-800-752-1547

www.dentemax.com

Vision

EyeMed Vision Care 1-866-723-0513

www.eyemedvisioncare.com

Important Information

This is a limited benefit medical insurance plan. This is not major medical insurance. Please read this benefit packet in its entirety. 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. 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.

Essential StaffCARE Customer Service: 1-866-798-0803

BENEFITS AT A GLANCE

Group Number **221900-CMG**

Medical Benefits - Plan 2

Weekly Rates

Inpatient Benefits		Outpatient Benefits	
Annual Inpatient Maximum	No Maximum	Annual Outpatient Maximum	\$1,500
Daily Standard Care Maximum	\$500 per day [†]	Physician Office Visit [†]	\$100 per visit
Daily Intensive Care Unit Maximum	\$600 per day [†]	Diagnostic Lab [†]	\$75 per testing day
Surgery (no limit on # of procedures)	\$3,000 per inpatient surgical procedure	Diagnostic X-ray [†]	\$200 per testing day
Anesthesiology	\$600 per inpatient surgical procedure	Ambulance Services [†]	\$300 per trip no limit on # of trips
Skilled Nursing (payable for stays in a skill nursing facility after a hospital stay)	\$100 per day [†]	Physical, Occupational, and Speech Therapy [†]	\$50 per visit
Accidental Loss of Life, Limb & Sight		Emergency Room [†] - Sickness / Accident	\$200 / \$500 per visit
Employee Amount	\$20,000	Outpatient Surgery [†]	\$500 per procedure
Spouse Amount	\$20,000	Anesthesiology [†]	\$200 per procedure
Child Amount (6 months to 24 years old)	\$5,000	Drug Card Benefits	
Infant Amount (15 days to 6 months)	\$2,500	Prescription Drug Benefits [°] (per script)	\$10 Generic / \$30 Brand
Wellness Benefit			
Wellness Benefit (once per year)		\$75 lump sum payment	
Employee Only \$23.69		Employee + One \$48.08	Employee + Family \$64.20

Dental Benefits

Weekly Rates

	Waiting Period	Co-insurance	Annual Maximum Benefit	Deductible
Coverage A	None	80%	\$750	\$50
Coverage B	3 months	60%	Exams, Cleanings, Intraoral Films and Bitewings	
Coverage C	12 months	50%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures	
			Periodontics, Crowns, Bridges, Endodontics and Dentures	
Employee Only \$5.23		Employee + One \$10.46	Employee + Family \$17.26	

Vision Benefits

Weekly Rates

	In-Network	Out-of-Network
Eye Examination for Glasses (including dilation)	Co-pay: \$10, plan pays 100%	Plan pays \$35, you pay remaining balance
Frames**	Plan pays \$110 allowance [§]	Plan pays \$55
Standard Plastic Lenses for Glasses*	Co-pay: \$25, plan pays 100%	Co-pay: \$0, plan pays \$25-\$55***
Standard Contact Lens Fit*	Plan pays up to \$55	You pay 100% of the price
Premium Contact Lens Fit*	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses*	Plan pays \$110 allowance [§]	Plan pays \$88
Contact Lenses Medically Necessary*	Plan pays 100%	Plan pays \$200
Employee Only \$2.35	Employee + One \$4.00	Employee + Family \$5.64

Short-Term Disability

Weekly Rates

Benefit	60% of Salary up to \$150 per week	Waiting Period / Maximum Benefit Period	7 days / 26 weeks
Employee Only \$4.20			

Term Life Benefits

Weekly Rates

Employee Amount	\$10,000 Reduces to \$7,500 at 65, \$5,000 at age 70	Child Amount (6 months to 24 years old)	\$5,000
Spouse Amount	\$5,000 Terminates at age 70	Infant Amount (15 days to 6 months)	\$1,000
Employee Only \$0.60	Employee + One \$0.90	Employee + Family \$1.80	

[†] up to annual outpatient maximum [‡] No limit on # of days [°] \$50 Monthly Maximum (no carry over)

* Once every 12 months. ** Once every 24 months. *** Single Vision: \$25, Bifocal: \$40, Trifocal: \$55

§ Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%.

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.

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;
- 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.

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 Essential StaffCARE Customer Service at 1-866-798-0803.

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.

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.

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;
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York or Rhode Island.

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.

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number --

Date of Birth / / Sex M F

Name _____

Street Address _____

City _____ State Zip

Home Phone --

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date / /

Names of Covered Person(s)

1. _____
2. _____
3. _____
4. _____

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no medical selection is a declination of coverage.

Signature _____ Date / /

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$23.69 Employee Only
- \$48.08 Employee +1
- \$64.20 Employee + Family
- NO to all benefits.
If checked, stop! Go no further.

DENTAL

- YES \$5.23 Employee Only
- NO \$10.46 Employee +1
- NO \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only
- NO \$4.00 Employee +1
- NO \$5.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
- NO \$0.90 Employee +1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.