



# Essential StaffCARE

Complete the Enrollment Form to Elect or Decline Coverage

## Health Insurance Enrollment Form

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- You **MUST** Complete the Enrollment Form for New Hire Process
  - You **MUST** Elect or Decline Coverage on Enrollment Form
  - **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.



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. The Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

**Employer Use Only**ReHire ReHire Date **EMPLOYEE INFORMATION (MUST BE FILLED OUT)**

221900 - CMG

USE BLACK or BLUE INK ONLY

Social Security Number -- Date of Birth // Sex  M  FName \_\_\_\_\_ Home Phone --Street Address \_\_\_\_\_ City \_\_\_\_\_ State  Zip 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 //**MEDICAL BENEFIT SELECTION - 10k**

Weekly Rates

 \$21.32 Employee Only \$43.26 Employee +1 \$57.78 Employee + Family No to all benefits. If checked, stop! Go no further.For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information.  
TERM LIFE / AD&D INSURANCE BENEFICIARY

RELATIONSHIP \_\_\_\_\_

AD&amp;D is part of the Medical Benefits

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

**SUPPLEMENTARY BENEFITS**

Weekly Rates

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Only	Employee +1	Employee + Family
<b>DENTAL</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.23	\$10.46	\$17.26
<b>VISION</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$2.35	\$ 4.00	\$ 5.64
<b>TERM LIFE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.60	\$ 0.90	\$ 1.80
<b>SHORT-TERM DISABILITY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$4.20	STD is an Employee Only plan	

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

**Required Dependent Information**Name \_\_\_\_\_ Relationship:  Spouse  Domestic Partner  ChildSocial Security Number -- Date of Birth // Sex  M  FName \_\_\_\_\_ Relationship:  Spouse  Domestic Partner  ChildSocial Security Number -- Date of Birth // Sex  M  FName \_\_\_\_\_ Relationship:  Spouse  Domestic Partner  ChildSocial Security Number -- Date of Birth // Sex  M  FName \_\_\_\_\_ Relationship:  Spouse  Domestic Partner  ChildSocial Security Number -- Date of Birth // Sex  M  F

**KEEP FOR YOUR RECORDS**

Group Number 221900 - CMG

Coverage will not begin until there has been a payroll deduction.

After 6 months if there has not been a deduction from your paycheck, please fill out a new enrollment form.

Missing information will delay the process.

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

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

Annual Maximum Benefit (per person, all expenses)	\$10,000	Individual Annual Deductible	\$200
Annual Outpatient Maximum	\$1,500	Family Annual Deductible	\$500
Annual Maximum on Other Hospital Services	\$1,500	Daily Room & Board Maximum	\$400
Coinsurance* (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)		
Wellness Benefit	\$100 Annual Maximum after a \$15 co-pay (not subject to annual maximum)		

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

\$50 per month (no carryover)	\$10 co-pay Generic	\$30 co-pay Branded
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**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		
Child Amount (6 months to 24 years old)	\$5,000		
Infant Amount (15 days to 6 months)	\$1,000		
<b>Weekly Rates</b>	Employee Only <b>\$21.32</b>	Employee Plus One <b>\$43.26</b>	Employee Plus Family <b>\$57.78</b>

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

Annual Maximum Benefit	\$750	Deductible	\$50
	<b>Waiting Period</b>	<b>Coinsurance</b>	
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
<b>Weekly Rates</b>	Employee Only <b>\$5.23</b>	Employee Plus One <b>\$10.46</b>	Employee Plus Family <b>\$17.26</b>

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

	<b>Frequency</b>	<b>Coinsurance</b>	<b>Deductible</b>	<b>Maximum Benefit</b>
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
<b>Weekly Rates</b>	Employee Only <b>\$2.35</b>	Employee Plus One <b>\$4.00</b>	Employee Plus Family <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		
<b>Weekly Rates</b>	Employee Only <b>\$0.60</b>	Employee Plus One <b>\$0.90</b>	Employee Plus Family <b>\$1.80</b>

\*subject to annual deductible

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

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

Member ID#

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 health care decisions.

**Important Information:** This is a limited benefit medical insurance plan, renewable at the option of the policyholder. 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 and 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.**

**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**

No benefits will be paid for losses caused by:

- Medical or nervous disorders other than serious mental illness, alcoholism or substance abuse treatment (may vary by state);
- Intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
- Declared or undeclared war; or serving on full-time active duty in the Armed Forces;
- Covered persons in the commission of a felony;
- Flying as a pilot or crew member of any aircraft;
- Work-related injury or sickness.
- Applicable only to Accidental Death and Dismemberment: Bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.

No benefits will be paid for:

- Eye examinations; hearing examinations, or hearing aids; normal health checkups other than those covered under the Wellness benefit;
- Treatment in a hospital or facility owned or run by the United States government;
- Dental care or treatment other than care of natural teeth and gums resulting from an accident;
- Cosmetic surgery;
- Services provided by an immediate family member.

**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 62-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, SC 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:**

No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury, while sane or insane;
- 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, your 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;
- 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; and
- Work-related injury or sickness for which you have received payment or had a right to payment under any workers' compensation or similar law.

*Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York and 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, whether sane or insane, within 24 months after the person's coverage under the policy became effective.

\*Please see your Summary Plan Description (SPD) for a detailed listing of benefit plan exclusions and limitations.