



Essential StaffCARE

Reference Manual

Staffing and Temporary Employee Health Benefits



Information for Branch Managers

CMG

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Contact Information

Branch Services:

Marketing Service Support: 1-803-210-2142 – Frank Duval

Branch and internal client staff will utilize this number to assist with payroll deduction issues, and provide assistance for any questions about the process and procedures of the Essential StaffCARE plan. We ask that employees not call this number as it is reserved for management.

Secondary Contact: 1-864-527-0474 ext. 150 – Cathy Brown Use this contact in the event that the Primary Marketing Service Support Representative is unavailable and you are in need of immediate assistance. We ask that employees not call this number as it is reserved for management.

Member Services:

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

Members will call this number for questions regarding their plan coverage, ID Card, claim status, policy booklets, and to cancel or change their coverage
Customer Service Call Center hours are M-F 8:30am to 8:00pm EST
Spanish Speaking representatives are available

Interactive Voice Response (IVR):

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 of 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.

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

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 two to three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction and refunds will not be issued for this time period.

Medical Plan 2

	Plan 2
Medical Network	Beechstreet
Network Provider Must Accept Plan	Yes
Pre-Existing Limitation	None
Wellness Benefit (once per year)	\$75 lump sum payment
Inpatient Benefits	
Annual Inpatient Maximum	No Maximum
Annual Maximum on Other Hospital Services	No Maximum
Daily Room & Board Maximum	\$500 per day
Daily Intensive Care Unit²	\$600 per day
Surgery (no limit on # of procedures)	\$3,000
Anesthesiology	\$600
Outpatient Benefits	
Annual Outpatient Maximum	\$1,500
Physician Office Visit¹ (includes lab and x-ray performed in the physician's office)	\$100 per visit
Diagnostic Lab¹ (performed outside the physician's office)	\$75 per testing day
Diagnostic X-ray¹ (performed outside the physician's office)	\$200 per testing day
Ambulance Services¹	\$300 per trip
Emergency Room Benefit - Sickness¹	\$200 per visit
Emergency Room Benefit - Accident¹	\$500 per visit
Outpatient Surgery¹	\$500 per procedure
Anesthesiology¹	\$200 per procedure
Physical, Occupational, and Speech Therapy¹	\$50 per visit
Rx	
Prescription Drug Benefits¹ (per script)	\$10 Generic / \$30 Brand
Prescription Monthly Maximum (no carry over)	\$50
Prescription Drug Network	Caremark
Employee Only Weekly Rates	\$23.69
Employee Plus One Weekly Rates	\$48.08
Employee Plus Family Weekly Rates	\$64.20

¹ up to annual outpatient maximum ² pays in addition to standard care benefit

Dental, Vision, Term Life, STD, & Accidental Loss

Accidental Loss of Life, Limb & Sight				Weekly Rates
Employee Amount	\$20,000	Child Amount (6 months to 24 years old)	\$5,000	
Spouse Amount	\$20,000	Infant Amount (15 days to 6 months)	\$2,500	
Accidental Loss of Life, Limb & Sight is part of the Medical Benefit				

Dental Benefits				Weekly Rates
Annual Maximum Benefit	\$750	Deductible	\$50	
	Waiting Period	Co-insurance		
Coverage A	None	80%	Exams, Intraoral Films and Bitewings	
Coverage B	3 months	60%	Fillings, Oral Surgery, Repairs for Crowns, Bridges & Dentures	
Coverage C	12 months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures	
Employee Only	\$5.23			
Employee Plus One	\$10.46			
Employee Plus 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 Plus One	\$4.00		
Employee Plus Family	\$5.64		

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 Plus One	\$0.90			
Employee Plus Family	\$1.80			

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	

* 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%.

Questions with Answers

Q: Do all employees have to complete an enrollment form?

A: Yes. By obtaining acknowledgement of either an acceptance or declination from each employee that comes into your office to fill out new-hire paperwork, you are limiting the liability you and your employer face. We never want an employee or family member of your agency to come back to you and say they were discriminated against and never offered insurance. It is in your company's best interest to make sure that all employees fill out the enrollment form and either elect or decline coverage.

Q: When can an employee enroll for benefits?

A: Employees may sign up for coverage during their first thirty (30) days of employment or during the company-wide open enrollment period. Employees who choose not to elect coverage during their own 30-day open enrollment period, or a company-wide open enrollment, will be asked to wait until the next company-wide open enrollment period before being allowed to elect coverage. Leaving one job assignment and immediately starting another does not constitute a "new" 30-day open enrollment period. If an enrollee has been terminated or laid off from an assignment and returns on a new assignment, he/she may re-enroll as a new hire. ESC/PAI considers an employee's first day on a job assignment, regardless of length, the start of their personal 30-day open enrollment period. This is why we encourage you to make sure ALL employees filling out new-hire paperwork complete an Essential StaffCARE enrollment form.

Q: Will an employee's insurance be canceled if a premium payment is missed?

A: No. Coverage cannot be cancelled until the employee has missed six consecutive premium deductions. In the event that an employee misses a deduction(s), the employee may make direct payments to PAI, as long as there has been at least one payroll deduction made through their employer. It is the employee's responsibility to contact PAI to make arrangements for direct payments. PAI will NOT contact your employee if a premium payment is missed. Employees may not initiate coverage through a direct payment. If an employee chooses not to make payments for the week(s) they have a break, no benefit will be paid for claims incurred and submitted during the break in coverage. Payments must be received within 45 days of the date of the paycheck from which a premium deduction would have been made. If an employee comes back to work between one (1) and six (6) weeks, payroll deductions will automatically begin again and be applied on a going forward basis (the Monday following the next deduction). Deductions will only be taken weekly and will NOT be "caught up" by the employer or posted to back weeks.

Questions with Answers

Q: When will an employee and his/her eligible dependents be eligible for COBRA?

A: Employees become eligible to receive a COBRA offer if they have had at least one payroll deduction through their employer and have missed six consecutive premium payroll deductions. Once there is a six week break with no payroll premium reported, a COBRA letter is automatically generated and sent by PAI to the member's home address. If the employee or dependent is eligible, he or she may elect COBRA within sixty days from the date of their letter and the applicable premium must be remitted in full to the address provided on their letter. COBRA participants or "qualified beneficiaries", are not billed for their COBRA payment and 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 employee, divorce or legal separation, change in status of a dependent, Medicare entitlement, retired employees, and for employer bankruptcy.

Q: Who is considered an "eligible dependent"?

A: Your eligible dependents are your spouse and your children under age 26.

Q: When can an enrollee add coverage for himself/herself or dependents?

A: An enrollee may add coverage for himself/herself during an annual open enrollment period or during is a life changing event, such as birth, marriage, death, divorce, adoption, Medicare entitlement or loss of prior coverage. Proof of the event must be provided and enrollment or change must occur within thirty days of such event.

Our Networks

Please utilize the web site addresses or phone numbers below to locate a physician, dentist, or vision provider. DO NOT call with questions about your health plan. The networks do not have any knowledge of your medical plan.

Medical Network

Beech Street

www.beechstreet.com

1-866-907-3619

PHCS Network

**If you are a resident of Arkansas or Utah you can locate a provider with the PHCS Network.*

www.phcs.com

1-866-671-7427

Multiplan Network

**If you are a resident of West Virginia you can locate a provider with the Multiplan Network.*

www.multiplan.com

1-888-342-7427

Prescription Network

Caremark Pharmacy Network

www.caremark.com

1-888-963-7290

Dental Network

Dentemax

www2.dentemax.com

1-800-752-1547

Vision Network

EyeMed Vision Care

www.eyemedvisioncare.com

1-866-723-0513

Restock and Supply Requests

Restock

Your branch will receive a regular shipment of English Enrollment Forms (printed on white paper), Spanish Enrollment Forms (printed on blue paper), and Return Envelopes. The quantities of forms in the restock can be adjusted for each branch's level of volume. Each box shipped will have a minimum of 100 forms (Spanish and English combined). The Spanish forms are in increments of 25 and the English forms are in increments of 50. The frequency of shipments can also be adjusted; every month, two months, three months, etc.

Contact an Account Manager to:

- Adjust the quantity of materials
- Change frequency of the shipments
- Stop the restock
- Order more materials

Log on to essential.printtekonline.net to:

- Stop the restock
- Order more materials

A stop request on the restock will only stop the next shipment. For example; if a stop order is placed in February then the March shipment would be canceled and the next shipment would be in May (if the restock occurs every two months).

Any changes via email or phone in the quantity of materials or the frequency of shipments will remain in effect until notified to change.

Print Tek Website – essential.printtekonline.net

USERNAME: CMG

PASSWORD: password

Supplies that can be ordered:

Enrollment Forms

Return Envelopes Change Forms

Reference Manuals

Posters

Table Tents

Important Information

Website: www.printtek.net

Supplies may also be ordered with your Essential StaffCARE Account Managers:

Phone Number: 1-864-527-0474 Ext. 150 Cathy Brown
1-864-527-0474 Ext. 105 Valerie Hinton

Email Address: cathybrown@iagbenefits.com
valeriehinton@iagbenefits.com

Essential StaffCARE welcomes all feedback and suggestions in reference to improving the enrollment materials. If you have specific recommendations, please contact your Account Manager.

New Hire Procedures

1. All new hires who complete an I-9 and W-4 will need to complete the ESC enrollment form. Please incorporate the Essential StaffCARE (ESC) enrollment form into your New Hire paperwork.
2. Ask your employees to complete the form to the best of their knowledge.
3. Every new hire must check ‘Yes’ or ‘No’ on the enrollment application.
4. ***Don’t let employees take the application portion of the form home.***
5. Check the form for completeness. We must have all personal information on the top portion of the application including:
 - **Social Security Number**
 - **Date of Birth**
 - **First and Last Name**
 - **Home Phone Number**
 - **Address**
 - **Dependent information if dependent coverage is elected.**
 - **Signature and Date**
 - **Election of ‘Yes’ or ‘No’**
7. Any information left off of the top portion of the enrollment form may delay coverage for the employee.
8. Fax the completed forms to PAI’s secure fax at 1-803-264-0772. Please include a fax cover sheet alerting PAI how many applications are included in the fax transmission. You will find, enclosed, a fax cover template which includes important information to accompany your fax. Please feel free to use this version, or create your own.
9. If you prefer to mail your enrollment forms to PAI at least once a week, we will supply you with postage paid return envelopes.

Ask your employees to fill out the Essential StaffCARE enrollment form to the best of their knowledge and hand the benefit election portion back to you. Do not allow this portion to leave your office. Your new hire employee may take the remainder of the form home with them. The take home portion contains valuable information about their plan and also how they can make changes until they receive their ID card and Summary Plan Description from Planned Administrators.

Please do not let the benefit election portion of the enrollment form leave your office--- the chances of getting the form back within the eligibility period is slim and also leaves your company open for a liability. If an employee is unsure of the type of coverage they need, have them complete the top portion of the enrollment form with all personal information and check the box titled “No to all benefits” They can take the remaining portion home with them to discuss with family members. If the employee would like to change their initial election the take home portion of the application will alert them how this can be done. They can use our Interactive Voice Response (IVR) system, or they may call the Essential StaffCARE Customer Service line directly, and a customer service representative will help them with making the changes they would like.

Planned Administrators will do all the tracking of your employee’s eligibility through their systems. We are receiving weekly payroll files from your corporate office, therefore we are able to monitor when deductions and benefits will begin. That is why we must insist that the Essential StaffCARE enrollment form be completed at the time the new hire paperwork is done and faxed to PAI at 1-803-264-0772 no less than once a week. Enrollment forms are date stamped upon receipt at PAI and keyed into the system within 4 business days. Once an employee has received an assignment, PAI will communicate back to your corporate office as to when premium deductions will begin.



ENROLLMENT FORMS
FAX COVER SHEET

GROUP # 221900-CMG

NUMBER OF PAGES _____
BEING FAXED (INCLUDING COVER PAGE)

YOUR NAME _____

YOUR PHONE NUMBER _____

PAI's FAX NUMBER: 1-803-264-0772

IND

OFFICE USE ONLY

ReHire Date / /

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number --

Date of Birth / / Sex

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.

- 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 NO is checked, sign and date the bottom of the form and 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

Relationship: Spouse Domestic Partner Child

Name

Social Security Number --

Date of Birth / / Sex

Relationship: Spouse Domestic Partner Child

Name

Social Security Number --

Date of Birth / / Sex

Relationship: Spouse Domestic Partner Child

Name

Social Security Number --

Date of Birth / / Sex

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.

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 benefit selection is a declination of coverage.

Signature

Date / /



Change Forms and ID Card



Mail / Fax To: Planned Administrators, Inc.
PO Box 6702, Columbia, SC 29260

Telephone (866) 798-0803
Fax (803) 264-0772

Underwritten by
BCS Insurance Company and
BCS Life Insurance Company,
Oakbrook Terrace, IL

Fill out this form ONLY if you are making changes in your coverage or terminating coverage.

REASON FOR THE CHANGE

Address Change Name Change Add Dependent(s) Coverage Change Beneficiary Change Terminate Coverage

Reason for Termination (only select one)

T1- Termination of Employment T4- Deceased T7- Non FMLA Leave of Absence TU- Unknown
T2- Termination due to Retirement T5- Loss of Dependent Status T8- Divorce/Legal Separation TV- Voluntary Termination
T3- Termination due to Employee's Medicare Entitlement T6- Reduction of Hours T9- USERRA/Military TS- Termination with Severance

EMPLOYEE INFORMATION (must be filled out)

Address / Name Change

Social Security Number Date of Birth Sex M F

Name Home Phone

Street Address City State Zip

Employer Hire Date

Add/Change Dependent Information

Dependent Name Social Security Number Date of Birth Relationship Gender

PLAN CHANGES - Select a plan to change to. Leave blank for no change.

Medical/Rx Weekly Rates

\$23.69 Employee Only \$64.20 Employee Plus Family
\$48.08 Employee Plus 1 Terminate all coverage

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.

Dental Weekly Rates Short-Term Disability Weekly Rates

ENROLL \$ 5.23 Employee Only ENROLL \$4.20 Employee Only
CANCEL \$10.46 Employee Plus One CANCEL
CANCEL \$17.26 Employee Plus Family

Vision Weekly Rates Term Life Weekly Rates

ENROLL \$2.35 Employee Only ENROLL \$0.60 Employee Only
CANCEL \$4.00 Employee Plus One ENROLL \$0.90 Employee Plus One
CANCEL \$5.64 Employee Plus Family CANCEL \$1.80 Employee Plus Family

Add/Change Life/Accidental Loss of Life, Limb, and Sight Beneficiary

Primary Secondary

Relationship Relationship

I hereby authorize my employer to deduct the required premium contributions from my payroll earnings. If cancelling coverage, I understand that I have been offered an opportunity to become covered under the Essential StaffCARE plan, and I have chosen NOT to take advantage of this offer. I understand that deductions may continue under my old elections until this form is received and processed by PAI. Deductions will not be refunded.

Signature Date

Envíe por Planned Administrators, Inc
Correo / Fax a: PO Box 6702, Columbia, SC 29260

Teléfono (866) 798-0803
Fax (803) 264-0772

Asegurado por
BCS Insurance Company y
BCS Life Insurance Company
En Oakbrook Terrace, IL

Diligencie este formulario ÚNICAMENTE para hacer cambios en su cobertura o terminar la cobertura.

MOTIVO DEL CAMBIO

Cambio de Dirección Cambio de Nombre Agregar Dependiente(s) Cambio de Cobertura Cambio de Beneficiario Terminar Cobertura

Motivo de la Terminación (seleccione solamente uno)

T1- Terminación del Empleo T4- Deceso T7- Licencia No FMLA TU- Desconocido
 T2- Terminación por Jubilación T5- Pérdida Estatus de Dependiente T8- Divorcio / Separación Legal TV- Terminación Voluntaria
 T3- Terminación por Derecho del Empleado a Medicare T6- Reducción de Horas T9- USERRA / Militar TS- Terminación con Indemnización

INFORMACIÓN DEL EMPLEADO (debe ser diligenciada)**cambio de dirección / nombre**

➤ Número de Seguro Social -- Fecha de Nacimiento // Sexo M F

Nombre Teléfono Residencia --

Dirección Ciudad Estado Código Postal

Empleador Fecha de Contratación //

Agregar / Cambiar Información de los Dependientes

Nombre del Dependiente	Número de Seguro Social	Fecha de Nacimiento	Parentesco	Género
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CAMBIOS DE PLAN – elija un plan al cual quiera cambiarse, deje en blanco si no va a hacer cambios

Médico / Medicamentos Recetados Pagos semanales

\$ 23.69 Sólo Empleado \$ 64.20 Empleado + Familia
 \$ 48.08 Empleado + 1 Terminar toda cobertura

- Usted **DEBE** registrarse en el Plan de seguro médico antes de agregar más beneficios.
- El nivel de cobertura de sus beneficios adicionales será idéntico a su selección de plan médico.

Odontología Pagos semanales Discapacidad Pagos semanales

<input type="checkbox"/> INSCRIBIRSE \$ 5.23 Sólo Empleado	<input type="checkbox"/> INSCRIBIRSE \$4.20 Sólo Empleado
<input type="checkbox"/> CANCELAR \$10.46 Empleado + 1	<input type="checkbox"/> CANCELAR
<input type="checkbox"/> CANCELAR \$17.26 Empleado + Familia	

Visión Pagos semanales Vida a Plazo Fijo Pagos semanales

<input type="checkbox"/> INSCRIBIRSE \$2.35 Sólo Empleado	<input type="checkbox"/> INSCRIBIRSE \$0.60 Sólo Empleado
<input type="checkbox"/> CANCELAR \$4.00 Empleado + 1	<input type="checkbox"/> CANCELAR \$0.90 Empleado + 1
<input type="checkbox"/> CANCELAR \$5.64 Empleado + Familia	<input type="checkbox"/> CANCELAR \$1.80 Empleado + Familia

Agregar / Cambiar Beneficiario de Vida / Muerte Accidental y Desmembramiento (AD&D)

Primario Secundario
 Parentesco Parentesco

Por medio del presente autorizo a mi empleador a deducir los aportes de las primas requeridas de mis ingresos por nómina. Si estoy cancelando mi cobertura, entiendo que se me ha ofrecido la oportunidad de obtener cobertura bajo el plan Essential StaffCARE, y yo he elegido NO aprovechar esta oferta. Entiendo que las deducciones pueden continuar bajo mis antiguas selecciones hasta cuando este formulario sea recibido y procesado por PAI. Las deducciones no serán devueltas.

➤ Firma Fecha

Temporary ID Card

Dear Enrollee:

Welcome to the Essential StaffCARE Benefit Plan! Included you will find a temporary ID Card that will allow you access to Essential StaffCARE Benefits until you receive your permanent ID Card. You should receive your permanent ID Card within a few weeks of your coverage effective date. Your member ID number is your Social Security Number.

PLEASE NOTE:

Pharmacies within the Caremark network will give you a price discount, but you must submit a medical claim form and receipts to the plan administrator, (PAI), to receive maximum benefit of your prescription drug plan. Claims for covered prescription drugs will be paid up to the annual Outpatient limit. If you have any questions, please call (866) 798-0803.

Thank you!

ID Card - Cut on the dotted lines and then fold down the middle

 Essential StaffCARE Limited Benefit Plan Group #: 221900-CMG	Insurance Program Support Center 1-866-798-0803			
Electronic Claims Payer ID#: 37287	Eye Med Vision Discount Program 1-866-559-5252 Plan ID: 9244278	Beech Street Provider Locator 1-866-907-3619	DentcMAX Provider Locator 1-800-752-1547	Caremark Provider Locator 1-888-963-7290
 Beech Street A VANT NETWORK	 Interplan Health Group	Claims may be submitted electronically to WebMD, Provided or Availability by using Payer ID 37287.		
 EyeMed VISION CARE	 DENIEMAX	HEALTHCARE PROVIDER: File claims to: PAI, PO Box 6702, Columbia, SC 29260 This card is for identification only. It is not a guarantee of eligibility or benefits. To verify the coverage shown for the person on this card, please call 1-866-798-0803 or visit www.essentialcare.com .		
RxBIN: 004330 RxFON: ECFDRX RxGRP: ECFDRX	 CAREMARK	 BCS Underwritten by BCS Insurance Company	 pai	

Employee Q&A

Q: After I sign up, when will my coverage go into effect?

A: Your coverage goes into effect the Monday following your first payroll deduction. Coverage can not be initiated with a pre-payment.

Q: How do I find an in-network physician or hospital?

A: While your medical plan does not impose an in-network restriction, you may realize additional savings by utilizing an in-network medical provider.

Beech Street - www.beechstreet.com - 1-866-907-3619

PHCS Network - www.phcs.com - 1-866-671-7427

**If you are a resident of Arkansas or Utah you can locate a provider with the PHCS Network.*

Multiplan Network - www.multipan.com - 1-888-342-7427

**If you are a resident of West Virginia you can locate a provider with the Multiplan Network.*

Q: Is there a phone number my doctor can call to get a list of my benefits?

A: Yes, your provider may call the Essential StaffCARE Customer Service number 1-866-798-0803 for scheduled benefits and benefit maximums.

Q: What if I need to have a prescription filled?

A: You will need to submit your pharmacy receipt along with a medical claim form to PAI for reimbursement. Your Essential StaffCARE benefit pays for prescriptions within your outpatient max of \$1,500 per calendar year. This benefit entitles you to discounts at the point of sale in a participating Caremark pharmacy. To locate a Caremark pharmacy, call the pharmacy locator at 1-888-963-7290. DO NOT call the Caremark number inquiring information on medical benefits, this number is strictly for location of a provider of Rx benefits. To get your discount you will need to supply the following information: Rx BIN: 004336; Rx PCN: ECPAI and Rx Group: ECPAI at the time of the purchase.

Q: Where can I get claim forms?

A: Medical and Dental claim forms may be obtained by calling our customer service line at 1-866-798-0803 or you may download claim forms from our website – www.paisc.com. Be sure to click on Essential StaffCARE on the welcome page.

Q: What if I want to cancel or make changes to my coverage?

A: 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)

Toll Free Customer Service Hotline: 1-866-798-0803
8:30 a.m. to 8:00 p.m. EST