



ESC 5500 PLAN OFFER- ACKNOWLEDGEMENT FORM

The Essential StaffCARE 5500 plan is a fully insured plan that provides comprehensive coverage as outlined under the Affordable Care Act (“ACA”) to full-time employees working a minimum of 30 or more hours per week. This plan meets the ACA individual mandate for health insurance coverage.

Please note that, in accordance with ACA regulations, this offer of the Essential StaffCARE 5500 plan disqualifies you and your dependent children from subsidized coverage on the government exchange. You may still decline coverage under the Essential StaffCARE 5500 plan and purchase coverage on the government exchange, but you will pay the full cost of that coverage yourself without any subsidy from the government or your employer.

About the Essential StaffCARE 5500 Plan:

- This plan has an individual deductible of \$5,500 in-network/\$11,000 out-of-network
- The plan has an individual/children deductible of \$11,000 in-network/\$22,000 out-of-network
- The plan pays 80% for in-network services and 60% for out of network services (excluding prescription coverage) after the deductible is met
- To learn more about the cost and coverage of the Essential StaffCARE 5500 plan and to view the Summary of Benefits and Coverage, please visit www.essentialclient.com.
- You can also view your Summary of Benefits and Coverage (SBC) at www.paisc.com under the Your Plan tab at the top.
- If you wish to keep your ESC Indemnity medical and/or ancillary enrollment to supplement your ESC 5500 plan you may do so. To cancel your existing ESC Indemnity medical and/or ancillary enrollment, please submit a change form or contact customer support.

How to enroll:

Visit www.essentialclient.com. You will need to know your Company ID: (Z2994000) and your social security number. Your password is new.

You will have 30 days from the day of receiving this acknowledgement form to make your enrollment decision online. After this period, you must wait until your company’s next annual open enrollment or until your next qualifying life event to enroll or make changes to your benefit selection.

Questions? Call Essential StaffCARE customer service center at (866)798-0803, open Monday – Friday from 8:30 am to 8:00 pm EST.

Acknowledgement:

I hereby acknowledge the receipt of ESC 5500 plan information.

If I do not go online to enroll or to decline this offer, this document is considered my declination of coverage. If I decline coverage, I will not be able to enroll until the next open enrollment or in the event of a qualifying life event.

Name: _____ Social Security Number: _____ - _____ - _____

Signature: _____ Date: _____

A signed copy of this document will be filed in your Personnel File.