



Reference Manual

Information for Branch Managers on **Fixed Indemnity Medical Plan**

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FRONTLINE **HRO**

effective strategies & customized coverage

BGV

Insurance Applications Group, Inc.

v22.0

Contact Information

Branch Services:

Marketing Service Support: 803-210-2185 – Cliff Mintz

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: 704-637-0022 ext. 203 – Essential StaffCARE Account Management

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: 408 + _ _ _ _ (last four digits of your SSN) if canceling/changing Limited Benefits plans

PIN CODE: 648 + _ _ _ _ (last four digits of your SSN) if canceling/changing MEC plan

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.

Fixed Indemnity Medical Benefits - Plans 1 & 2

	Plan 1	Plan 2
Medical Network	First Health	First Health
Network Provider Must Accept Plan	Yes	Yes
Prescription Network	Optum	Optum
Pre-Existing Condition Limitation	None	None
Wellness Care	Plan 1	Plan 2
Wellness Care (one per year)	\$75	\$100
Inpatient Benefits	Plan 1	Plan 2
Standard Care	\$300 per day	\$500 per day
Intensive Care Unit Maximum ¹	\$400 per day	\$600 per day
Inpatient Surgery	\$2,000 per day	\$2,000 per day
Anesthesia	\$400 per day	\$400 per day
First Hospital Admission (1 per year)	N/A	\$250
Skilled Nursing (<i>for stays in a skilled nursing facility after a hospital stay</i>)	\$100 per day	\$100 per day
Outpatient Benefits ²	Plan 1	Plan 2
Annual Outpatient Maximum	\$2,000	\$2,000
Physician Office Visit	\$60 per day	\$105 per day
Diagnostic (Lab)	\$75 per day	\$75 per day
Diagnostic (X-Ray)	\$150 per day	\$200 per day
Ambulance Services	\$300 per day	\$300 per day
Physical Therapy, Speech Therapy, Occupational Therapy	\$50 per day	\$50 per day
Emergency Room Benefit - Sickness	\$100 per day	\$200 per day
Emergency Room Benefit - Accident ³	\$300 per day	\$500 per day
Outpatient Surgery	\$500 per day	\$500 per day
Anesthesia	\$200 per day	\$200 per day
Prescription Drugs (via reimbursement) ^{4, 5}	Plan 1	Plan 2
Annual Maximum	\$600	\$600
Generic Coinsurance / Brand Coinsurance	70% / 50%	70% / 50%
Telemedicine		
Telemedicine Discount Service (phone/video)	\$25 per visit	\$25 per visit
¹ Pays in addition to standard care benefit ² All outpatient benefits are subject to the outpatient maximum ³ Covers treatment for off the job accidents only ⁴ Not subject to outpatient maximum ⁵ To file a claim, save your receipt and remit to Planned Administrators, Inc.		
Weekly Premiums	Medical Plan 1	Medical Plan 2
Employee Only	\$15.98	\$19.98
Employee + Child(ren)	\$26.54	\$33.17
Employee + Spouse	\$30.36	\$37.96
Employee + Family	\$40.44	\$50.55

Dental, Vision, Term Life, Short Term Disability, & Accidental Loss Benefits

Accidental Loss of Life, Limb & Sight

Employee Amount	\$20,000	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$20,000	Infant Amount (15 days to 6 mos)	\$2,500

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

Dental Benefits

	Waiting Period	Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
Coverage A	None	80%	Exams, Cleanings, 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, Endodontics, Bridges and Dentures			

Vision Benefits

	In-Network	Out-of-Network
Eye Examination for Glasses ¹ (including dilation)	Copay: \$10, plan pays 100%	Plan pays \$35, you pay remainder
Frames ²	Plan pays \$110 allowance ⁴	Plan pays \$55
Standard Plastic Lenses for Glasses ¹	Copay: \$25, plan pays 100%	Copay: \$0, plan pays \$25-\$55 ³
Standard Contact Lens Fit ¹	You pay up to \$55	You pay 100% of the price
Premium Contact Lens Fit ¹	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses ¹	Plan pays \$110 allowance ⁴	Plan pays \$88
Contact Lenses Medically Necessary ¹	Plan pays 100%	Plan pays \$200

Group Term Life Benefits

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

Short-Term Disability

Benefit	60% of base pay up to \$150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks
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Critical Illness Benefits⁴

Heart Attack	100%	Carcinoma in Situ	25%	Employee Amount	\$5,000
Invasive Cancer	100%	Skin Cancer	\$250	Spouse Amount	\$3,750
Stroke	100%			Child(ren) Amount	\$2,500

¹ Once every 12 months ² Once every 24 months ³ Single Vision: \$25, Bifocal: \$40, Trifocal: \$55 ⁴ Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15% ⁴ pre-existing condition limitation is 12/12 and waiting period is 30 days

Weekly Premiums	Dental	Vision	Term Life	STD	Critical Illness
Employee Only	\$5.40	\$2.42	\$0.60	\$4.20	\$2.71
Employee + Child(ren)	\$14.58	\$6.54	\$0.90	n/a	\$2.75
Employee + Spouse	\$10.80	\$4.84	\$0.90	n/a	\$4.99
Employee + Family	\$20.52	\$9.20	\$1.80	n/a	\$5.04

Questions & 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 completes 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 employee has been terminated or laid off from an assignment and returns on a new assignment, after 6 or more weeks, 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 may not 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.

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 in 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 (this may vary by state).

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 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

First Health Network

www.firsthealth.com

1-800-226-5116

Prescription Network

For your pharmacy benefit information, visit:

www.paisc.com

1-866-798-0803

Dental Network

Dentemax

www.dentemax.com

1-800-752-1547

Vision Network

EyeMed Vision Care

www.eyemedvisioncare.com

1-866-559-5252

Ordering Materials

Contact Essential StaffCARE to:

Adjust quantity of materials on restock, Stop Restock, and Order More Materials

Phone Number: 864-527-7929

Email: supplies@iagbenefits.com

Website: www.essentialstaffcare.com/supplies

Restock

Upon request, your branch can receive an automatic recurring shipment (restock):

- Of English Enrollment Forms and/or Spanish Enrollment Forms
- Of Return Envelopes (for mailing employee applications to our third party administrator, PAI, for processing)
- All quantities can be adjusted for each branch's level of volume
- Restock is only adjustable in *quantities*, not frequency

If you choose to receive an automatic restock of forms, your forms will arrive every other month starting with your renewal month:

- If your plan renews in an odd month (Jan., March, May, July, Sept., Nov.), you will always receive restock in an odd month
- If your plan renews in an even month (Feb., April, June, Aug., Oct., Dec.), you will always receive restock in an even month
- **Example of how automatic restock works:** If your company renews your Indemnity plan in January, you will receive a *renewal* shipment in January with materials to hold Open Enrollment. You will then receive a *restock* of Enrollment Forms and Envelopes in March, May, July, Sept. and Nov.

Order As Needed

If your branch does not wish to receive an automatic restock, you may order forms as your branch needs them:

- No more than six orders per year
- Materials can be ordered at any time, but please try to order enough forms to last 2-3 months
- All orders will be shipped ground with UPS and cannot be expedited
- You will be responsible for printing your own forms if you do not allow enough time for shipping
- All shipments are mailed from Greenville, SC (29615)
- Visit www.ups.com/maps to see an estimated shipment time
- Please allow 1-2 days for printing

How to Submit Enrollment Forms

- Electronic Submission via Secure Site (2 business days)
 - *Most reliable way to submit for quick processing*
 - *Please contact service@iagbenefits.com to verify your FTP site*
- Faxing (4 business days)
 - *Please use Fax Cover Sheet on page 10*
- By Mail (up to 10 business days)
- **Please submit enrollment forms on a weekly basis. This will ensure benefit activation in a timely manner, as well as increase Compliance.**

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
 - Phone Number
 - Address
 - Dependent information if dependent coverage is elected.
 - Signature and Date
 - Election of 'Yes' or 'No'
6. Any information left off of the top portion of the enrollment form may delay coverage for the employee.
7. 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.
8. 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 on how this may 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 assist them in making changes.

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 #2994000-BGV

NUMBER OF PAGES _____
BEING FAXED (INCLUDING COVER PAGE)

YOUR NAME _____

YOUR PHONE NUMBER _____

Please Fax to **ONE** of the following. Indicate which fax line you are using by checking the box below.

PAI's FAX NUMBERS: ☐ 1-803-264-0772
☐ 1-803-264-8571
☐ 1-803-264-8739
☐ 1-803-870-8060

VSI

OFFICE USE ONLY

LOCATION _____

Rehire Date ____/____/____

ENROLLMENT FORM

ESC/MEC CU(4USW) P12M v22.0

A. REQUIRED EMPLOYEE INFORMATION**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

Name _____

Phone _____

Social Security Number _____

Date of Birth ____/____/____

Gender ☐ M ☐ F

Address _____

Apt. _____

City _____

State _____

Zip _____

B. MEDICARE INFORMATION

Do you or any of your dependents receive Medicare Benefits?

☐ Yes ☐ No If Yes, fill out the remainder of this section.

Medicare Health Insurance Claim Number (HICN): _____

Medicare Effective Date: _____

Name of Covered Person(s):

1. _____

2. _____

3. _____

C. REQUIRED DEPENDENT INFORMATION

Name _____

DOB ____/____/____

Social Security # _____

Gender ☐ M ☐ FRelationship: ☐ Spouse ☐ Child ☐ Domestic Partner

Name _____

DOB ____/____/____

Social Security # _____

Gender ☐ M ☐ FRelationship: ☐ Spouse ☐ Child ☐ Domestic Partner

Name _____

DOB ____/____/____

Social Security # _____

Gender ☐ M ☐ FRelationship: ☐ Spouse ☐ Child ☐ Domestic Partner**D. BENEFICIARY INFORMATION**

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 _____

E. LIMITED BENEFIT PLAN SELECTION

You MUST select a coverage level before any benefits. Your coverage level for all the benefits will be identical.

SELECT COVERAGE LEVEL
☐ Employee Only
 ☐ Employee + Spouse
☐ Employee + Child(ren)
 ☐ Employee + Family
☐ **NO to ALL Benefits**
FIXED INDEMNITY MEDICAL PLAN**Weekly Rates**

	Plan 1	Plan 2	
<input type="checkbox"/> Plan 1	\$15.98	\$19.98	Employee Only
<input type="checkbox"/> Plan 2	\$26.54	\$33.17	Employee + Child(ren)
<input type="checkbox"/> Plan 2	\$30.36	\$37.96	Employee + Spouse
<input type="checkbox"/> Plan 2	\$40.44	\$50.55	Employee + Family
<input type="checkbox"/> NO Medical Plan			

DENTAL
☐ YES
 ☐ NO

	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
YES	\$5.40	\$14.58	\$10.80	\$20.52
NO				

VISION
☐ YES
 ☐ NO

	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
YES	\$2.42	\$6.54	\$4.84	\$9.20
NO				

TERM LIFE
☐ YES
 ☐ NO

	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
YES	\$0.60	\$0.90	\$0.90	\$1.80
NO				

CRITICAL ILLNESS
☐ YES
 ☐ NO

	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
YES	\$2.71	\$2.75	\$4.99	\$5.04
NO				

SHORT-TERM DISABILITY**
☐ YES
 ☐ NO

	Employee Only
YES	\$4.20
NO	

** STD is not available to persons who work in CA, HI, NJ, NY, or RI.

F. MEC WELLNESS/PREVENTIVE BENEFIT SELECTION**MEC PLAN¹**Weekly Payroll
Deducted Rates
☐ \$13.42 Employee Only
☐ \$15.18 Employee + Child(ren)
☐ \$16.38 Employee + Spouse
☐ \$18.66 Employee + Family
☐ **NO to MEC Plan**
G. REQUIRED SIGNATURE**YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE**

I have read the Benefits Summary and the Limitations and Exclusions for the Fixed Indemnity Medical Plan. I understand that I have been offered ACA compliant coverage (MEC Wellness/Preventive), and open enrollment is only available for a limited time. I understand that making no benefit selection is a declination of coverage.

DATE ____/____/____

SIGNATURE _____

¹Enrolling in the Optional MEC Wellness/Preventive Benefit may DISQUALIFY you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is NOT underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Note: the federal Affordable Care Act (ACA) individual mandate no longer imposes a penalty; however, please check your state for any individual mandate requirements or penalties. Rates for the MEC Wellness/Preventive Benefit are billed weekly.

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
Oakbrook Terrace, IL

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

A. REASON FOR THE CHANGE

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

B. REQUIRED EMPLOYEE INFORMATION**MUST BE FILLED OUT****Address/Name Change**

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

Add/Change Dependent Information

Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

C. INDEMNITY PLAN CHANGES - Select the change you wish to make for each benefit**Weekly Rates**

You **MUST** select a coverage level before adding any benefits in Section C. Your coverage level for all the benefits in Section C will be identical.

SELECT COVERAGE LEVEL	FIXED INDEMNITY MEDICAL ¹		DENTAL	VISION	TERM LIFE	SHORT-TERM DISABILITY ²	CRITICAL ILLNESS
	Plan 1	Plan 2					
Employee Only <input type="checkbox"/>	\$15.98	\$19.98	\$5.40	\$2.42	\$0.60	\$4.20	\$2.71
Employee + Child(ren) <input type="checkbox"/>	\$26.54	\$33.17	\$14.58	\$6.54	\$0.90		\$2.75
Employee + Spouse <input type="checkbox"/>	\$30.36	\$37.96	\$10.80	\$4.84	\$0.90		\$4.99
Employee + Family <input type="checkbox"/>	\$40.44	\$50.55	\$20.52	\$9.20	\$1.80		\$5.04
NO to ALL Benefits <input type="checkbox"/>	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No Medical Plan		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

¹This coverage is not available to residents of **NH, HI, or PR**. ²STD is not available to persons who work in **CA, HI, NJ, NY, or RI**.

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

Primary Relationship

Secondary Relationship

D. MEC PLAN CHANGES - Select the change you wish to make.**82994000-M-BGV Weekly Rates**

MEC Wellness/Preventive ☐ **Terminate MEC Plan** ☐ **No Change**

☐ **\$13.42** Employee Only ☐ **\$15.18** Employee + Child(ren) ☐ **\$16.38** Employee + Spouse ☐ **\$18.66** Employee + Family

I hereby authorize my employer to deduct the required premium contributions from my payroll earnings for the Fixed Indemnity Plan and ancillary benefits. I understand that deductions may continue under my old elections until this form is received and processed by PAI. Deductions will not be refunded, however, coverage will continue as long as you have a paycheck deduction. If electing benefits for the MEC plan, I hereby authorize my employer to send an enrollment request to PAI. **I understand that making no selection in Section C and D for a benefit means I do not wish to make a change to that benefit.**

DATE ____/____/____

► SIGNATURE

Enviar por
correo/fax a: Planned Administrators, Inc.
PO Box 6702
Columbia, SC 29260

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

Con el aval de
BCS Insurance Company
Oakbrook Terrace, IL

Llene este formulario SÓLO si va a hacer cambios a la cobertura o a cancelarla.

A. RAZÓN DEL CAMBIO

☐ Cambio de dirección ☐ Cambio de nombre ☐ Agregar dependiente(s) ☐ Cambio de cobertura ☐ Cancelar la cobertura

B. INFORMACIÓN REQUERIDA DEL EMPLEADO

CONTESTAR TODO

Cambio de dirección/nombre

Nombre	# de Seguro Social	Teléfono	Género	<input type="checkbox"/> H <input type="checkbox"/> M
Dirección	Ciudad	Estado	Código Zip	Apt. #
Empleador	Fecha de contratación / /		Fecha de nacimiento / /	

Agregar/cambiar información de dependientes

Nombre	# de Seguro Social	Nacimiento / /	Género <input type="checkbox"/> H <input type="checkbox"/> M	Relación
			<input type="checkbox"/> H <input type="checkbox"/> M	
			<input type="checkbox"/> H <input type="checkbox"/> M	

C. CAMBIOS AL PLAN DE COMPENSACIÓN FIJA - Elija el cambio que quiere en cada beneficio

Pagos semanales

Usted **DEBE** seleccionar un nivel de cobertura antes de añadir ningún beneficio de la Sección C. Su nivel de cobertura será idéntica para cada beneficio de la Sección C.

SELECCIONE NIVEL DE COBERTURA	PLAN MÉDICO DE COMPENSACIÓN FIJA ¹		PLAN DENTAL	PLAN DE LA VISTA	SEGURO DE VIDA	DISCAPACIDAD A CORTO PLAZO ²	ENFERMEDADES CRÍTICAS
Solo empleado <input type="checkbox"/>	\$15.98	\$19.98	\$5.40	\$2.42	\$0.60	\$4.20	\$2.71
Empleado + Hijo(s) <input type="checkbox"/>	\$26.54	\$33.17	\$14.58	\$6.54	\$0.90		\$2.75
Empleado + Esposa/o <input type="checkbox"/>	\$30.36	\$37.96	\$10.80	\$4.84	\$0.90		\$4.99
Empleado + Familia <input type="checkbox"/>	\$40.44	\$50.55	\$20.52	\$9.20	\$1.80		\$5.04
NO a TODOS los beneficios <input type="checkbox"/>	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2		<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No

¹ Cobertura no disponible a residentes de **NH, HI o PR**. ² Beneficios de discapacidad a corto plazo no disponibles a trabajadores de **CA, HI, NJ, NY o RI**.

Agregar/cambiar al beneficiario del seguro de vida y del seguro por pérdida de la vida, de un miembro o de la vista por accidente

Primario Relación

Secundario Relación

D. CAMBIOS AL PLAN MEC - Seleccione el cambio que quiere hacer

82994000-M-BGV Pagos semanales

MEC Wellness/Preventive ☐ Cancelar el Plan MEC ☐ Sin cambio

☐ **\$13.42** Solo empleado ☐ **\$15.18** Empleado + Hijo(s) ☐ **\$16.38** Empleado + Esposa/o ☐ **\$18.66** Empleado + Familia

Por medio de este documento autorizo a mi empleador a deducir de mi pago las contribuciones requeridas para cubrir las primas del Plan médico de compensación fija (Fixed Indemnity Plan) y los beneficios secundarios. Comprendo que las deducciones podrían seguir siendo las mismas que eran para mis opciones previas hasta que este formulario sea recibido y procesado por PAI. Las deducciones no se reembolsan, sin embargo, la cobertura continuará mientras usted tenga una deducción de cheque de pago. Si se trata de la elección de beneficios del plan MEC, por medio de este documento autorizo a mi empleador a enviar una solicitud de registro a PAI. **Entiendo que el no hacer ninguna selección en las Secciones C y D de un beneficio, significa que no quiero hacer cambios a tal beneficio.**

FECHA ____/____/____

FIRMA

ID Card Information

Q: How can employees get their ID cards?

A: Within two weeks of their first deduction, ID card(s) and a confirmation of coverage letter will be mailed to the employee's home address. If an employee needs to receive their ID card(s) sooner they can contact the ESC Support Center at 1-866-798-0803 and request copies to be emailed or faxed to them or their provider.

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.

First Health Network - www.firsthealthnetwork.com - 1-800-226-5116

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: 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. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay.

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: 408 + ____ (last four digits of your SSN) if canceling/changing Limited Benefits plans

PIN CODE: 648 + ____ (last four digits of your SSN) if canceling/changing MEC plan

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



Reference Manual

Information for Branch Managers
on **MEC Wellness/Preventive Plan**

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MEC Wellness/Preventive Benefits

Adults—MEC Plan covers 100% of the allowed amount in network; 40% out of network

Abdominal Aortic Aneurysm	One time screening for men of specified ages who have ever smoked
Alcohol Misuse	Screening and counseling
Aspirin	Use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
Blood Pressure	Screening for all adults
Cholesterol	Screening for adults of certain ages or at higher risk
Colorectal Cancer	Screening for adults over 50 to 75
Depression	Screening for adults
Type 2 Diabetes	Screening for adults 40 to 70 years who are overweight or obese
Diet	Counseling for adults at higher risk for chronic disease
Falls Prevention	(with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
HIV	Screening for everyone 15 to 65, and other ages at increased risk
Hepatitis B Screening	for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence
Hepatitis C Screening	for adults at increased risk, and one time for everyone born 1945–1965
Immunization	Vaccines for adults—doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
Lung Cancer	Screening for adults 55–80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
Obesity	Screening and counseling for all adults
Sexually Transmitted Infection (STI)	Prevention counseling for adults at higher risk
Statin Preventive Medication	for adults 40 to 75 at high risk
Syphilis	Screening for all adults at higher risk
Tobacco Use	Screening for all adults and cessation interventions for tobacco users
Tuberculosis Screening	for certain adults without symptoms at high risk

MEC Wellness/Preventive Benefits

Women, Including Pregnant Women—MEC Plan covers 100% of the allowed amount in network; 40% out of network

Anemia	Screening on a routine basis for pregnant women
Bacteriuria	Urinary tract or other infection screening for pregnant women
BRCA	Counseling about genetic testing for women at higher risk
Breast Cancer Mammography	Screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention	Counseling for women at higher risk
Breastfeeding	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical Cancer Screening	Pap test (also called a Pap smear) every 3 years for women 21 to 65; Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years
Chlamydia Infection	Screening for younger women and other women at higher risk
Contraception	Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
Diabetes	Screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
Domestic and Interpersonal Violence	Screening and counseling for all women
Folic Acid	Supplements for women who may become pregnant
Gestational Diabetes	Screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
Gonorrhea	Screening for all women at higher risk
Hepatitis B	Screening for pregnant women at their first prenatal visit
Human Immunodeficiency Virus (HIV)	Screening and counseling for sexually active women
Osteoporosis	Screening for women over age 60 depending on risk factors
Preeclampsia Prevention and Screening	for pregnant women with high blood pressure
Rh Incompatibility	Screening for all pregnant women and follow-up testing for women at a higher risk
Sexually Transmitted Infections (STI)	counseling for sexually active women

MEC Wellness/Preventive Benefits

Syphilis	Screening for all pregnant women or other women at increased risk
Tobacco Use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users
Urinary Incontinence Screening	for women yearly
Well-Woman Visits	To get recommended services for women under 65
Children—MEC Plan covers 100% of the allowed amount in network; 40% out of network	
Alcohol, Tobacco, and Drug Use Assessments	for adolescents
Autism	Screening for children at 18 and 24 months
Behavioral Assessments	for children of all ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Bilirubin Concentration Screening	for newborns
Blood Pressure	Screenings for children: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Blood Screening	for newborns
Cervical Dysplasia	Screening for sexually active females
Depression	Screening for adolescents beginning routinely at age 12
Developmental Screening	for children under age 3
Dyslipidemia	Screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders. Ages: 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Fluoride Chemoprevention	Supplements for children without fluoride in their water source
Fluoride Varnish	for all infants and children as soon as teeth are present
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing	Screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
Height, Weight, and Body Mass Index	Measurements for children ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Hematocrit or Hemoglobin	Screening for children
Hemoglobinopathies	Or Sick Cell screening for newborns

MEC Wellness/Preventive Benefits

Hepatitis B Screening	for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S. -born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11–17 years
HIV	Screening for adolescents at higher risk
Hypothyroidism Screening	for newborns
Immunization	Vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis (Whooping Cough), Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
Iron	Supplements for children ages 6 to 12 months at risk for anemia
Lead	Screening for children at risk of exposure
Maternal Depression	Screening for mothers or infants at 1, 2, 4, and 6-month visits
Medical History	For all children throughout development: Ages: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Obesity	Screening and counseling
Oral Health	Risk assessment for young children: Ages: 0 to 11 months; 1 to 4 years; 5 to 10 years
Phenylketonuria (PKU)	Screening for newborns
Sexually Transmitted Infection (STI)	Prevention counseling and screening for adolescents at higher risk
Tuberculin	Testing for children at higher risk of tuberculosis: Ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; and 15 to 17 years
Vision	Screening for all children

MEC Weekly Rates	
Employee Only	\$13.42
Employee + Child(ren)	\$15.18
Employee + Spouse	\$16.38
Employee + Family	\$18.66

MEC Wellness/Preventive Plan Questions & Answers

Q: How do I enroll?

A: Enrolling in the MEC Wellness/Preventive Plan is easy. You can enroll by completing an Essential StaffCARE MEC Wellness/Preventive Plan application and returning it to your manager.

Q: When can I enroll in the plan?

A: You are eligible to enroll in the MEC Wellness/Preventive Plan program within 30 days of your hire date or during your employer's annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

Q: What is a qualifying life event?

A: 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
- Death of an immediate family member
- Medicare entitlement
- Employer bankruptcy
- Loss of dependent status
- Loss of prior coverage
- Reduction of work hours (under 30)

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 benefit.

Q: Are dependents covered?

A: Yes. Eligible dependents include your spouse and your children up to age 26 (this may vary by state).

Q: When does coverage begin?

A: Coverage begins the Monday following receipt of your first payment.

Q: Can I make changes or cancel coverage?

A: You will only have 30 days from your hire date to enroll, add additional benefits or add additional insured members. After this time frame, you will only be allowed to enroll, add benefits or add additional insured members during your annual open enrollment period or within 30 days of a qualifying life event.

Q: How can I make changes or enroll if I initially decline?

A: To make changes or enroll if you initially declined, contact your employer and request a change form. Changes are effective the 1st of the month following the date of the change request. You can cancel or reduce coverage at any time. Please remember that you may only enroll or increase your coverage level during an open enrollment period or within 30 days of a qualifying life event.

Q: Is there a pre-existing clause for the medical benefit?

A: There are no restrictions for pre-existing conditions in this 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.

Q: How can managers and employees get the MEC Summary of Benefits and Coverage (SBC)?

A: Employees may contact Essential StaffCARE Customer Service at 1-866-798-0803 to request a printed or emailed copy of your group-specific MEC SBC. At the time of your annual MEC renewal, the main point of contact from your company will receive an updated PDF of the SBC via email. A sample version of the SBC is available at the following link: www.essentialstaffcare.com/mec-sbc-spd.