



EMPLOYEE BENEFITS



2023

Benefit Enrollment Guide

*For assistance with benefit questions, claims, and billing inquiries call the Member Services Line at **1-866-798-0803**.*





Limited Benefits Summary

WEEKLY RATES

EMPLOYEE ONLY
\$15.98

EMPLOYEE+CHILDREN
\$26.54

EMPLOYEE+SPOUSE
\$30.36

EMPLOYEE+FAMILY
\$40.44

ESC FIXED INDEMNITY PLAN

- Medical, Rx, Dental and vision benefit options available.
- NO deductibles on medical.
- NO copays.
- NO health questions, guaranteed issue.
- NO waiting period on medical.
- NO pre-existing condition limitations.
- NO surgical schedule.
- Includes both in-patient and out-patient benefits.
- Weekly payroll deduction.
- First Health Network.

MINIMUM ESSENTIAL COVERAGE (MEC)

- Covers ACA mandated benefits
- Covers benefits for adults, children and women.
- Includes maternity benefits.
- Qualifies as minimum essential coverage.
- Provides coverage for preventive services.
- Services include immunization and routine health screenings.
- Covers 100% of cost services when in-network.
- First Health Network.

WEEKLY RATES

EMPLOYEE ONLY
\$13.42

EMPLOYEE+CHILDREN
\$15.18

EMPLOYEE+SPOUSE
\$16.38

EMPLOYEE+FAMILY
\$18.66

¹all outpatient benefits are subject to the outpatient maximum ²covers treatment for off the job accidents only ³not subject to outpatient maximum ⁴to file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. ⁵pays in addition to standard care benefit ⁶for stays in a skilled nursing facility after a hospital visit ⁷subject to internal limits of plan

CONTACT INFORMATION

BRANCH SERVICES:

We have a single toll-free number and an email address for you to use to submit your inquiries. Please contact the Essential StaffCARE Support Center at 1-844-262-6022 or via email at escsupport@paisc.com.

Representatives are available Monday-Friday from 8:30 a.m. - 5:00 p.m. ET.

Secondary Contact: 704-637-0022 - 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 do not call this number as it is reserved for management.

MEMBER SERVICES (Servicio al Cliente):

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 their coverage.

Customer service call center hours are M-F 8:30 a.m. to 8:00 p.m. EST

Los miembros llamarán a este número si tienen preguntas sobre la cobertura de su plan, la tarjeta de identificación, el estado de la reclamación, los folletos de la póliza y para cancelar su cobertura.

El horario del centro de llamadas de atención al cliente es de lunes a viernes de 8:30 a.m. a 8:00 p.m. EST.

Spanish speaking representatives are available. Representantes de habla hispana están disponibles.

OUR NETWORKS:

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

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COMMON QUESTIONS:

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 sooner they can contact the ECS 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 may not be initiated with a prepayment.

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. Go to www.firsthealthnetwork.com or call the First Health Network at 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 ESC 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. To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay.

Q: Where can I get a claim form?

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 tax deductions pre-tax. To make changes or cancel coverage by telephone call 1-866-798-0803.

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Limited Benefits Plan:		Weekly Limited Benefits Premium				Policy Number :	2994500-BHB
Receiving Coverage:	Fixed Indemnity Medical Insurance Plan	Dental	Vision	Term-Life	Short-Term Disability		
Employee Only	\$15.98	\$5.40	\$2.42	\$0.60	\$4.20		
Employee+Child(ren)	\$26.54	\$14.58	\$6.54	\$0.90			
Employee + Spouse	\$30.36	\$10.80	\$4.84	\$0.90			
Employee + Family	\$40.44	\$20.52	\$9.20	\$1.80			
*STD is not available to employees in CA, HI, NJ, NY, or RI.							

Fixed Indemnity Medical Benefits			
Outpatient Benefits ¹		Inpatient Benefits	
Physician Office Visit (Virtual or In-Person)	\$60/day	Standard Care	\$300 per day
Diagnostic (Lab)	\$75 per day	Intensive Care Unit Maximum ⁵	\$400 per day
Diagnostic (X-Ray)	\$250 per day	Inpatient Surgery	\$2,000 per day
Ambulance Services	\$300 per day	Anesthesia	\$400 per day
Physical, Speech, or Occupational Therapy	\$50 per day	Skilled Nursing ⁶	\$100 per day
Emergency Room Benefit-Sickness	\$100 per day	Annual Inpatient Maximum ⁷	No Limit
Emergency Room Benefit-Accident ²	\$300 per day		

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Outpatient Surgery	\$500 per day	Prescription Drugs (via Reimbursement) ^{3, 4}			
Anesthesia	\$200 per day	Annual Maximum	\$600		
Annual Outpatient Maximum	\$2000	Generic Coins.	70%	Brand Coins.	50%

Accidental Loss of Life, Limb, and Sight	
Employees/Spouse	\$20,000
Dependent (6 months to 26 years)	\$5,000
Dependent (15 days to 6 months)	\$2,500
Wellness Care (one per year)	\$75

DENTAL BENEFITS	SERVICES	
Coverage A: No waiting period/ 80%	Exams, Cleanings, Intraoral Films, and Bitewings	Dental Annual Maximum: \$750
Coverage B: 3 months/60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges, and Dentures	Dental Deductible: \$50
Coverage C: 12 months/ 50%	Periodontics, Crowns, Endodontics, Bridges, and Dentures	

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VISION BENEFITS	In-Network		Out-of-Network	
	You Pay:	Plan Pays:	You Pay: ³	Plan Pays:
Eye Exam (Including dilation) ¹	\$10 Copay	100%	100%	\$35
Standard Contact Lense Fit Exam (includes follow-up)	Up to \$55	\$0	100%	\$0
Premium Contact Lense Fit Exam (includes follow-up)	100%, after 10% discount	\$0	100%	\$0
Frames (once every 24 months)	80%, after \$110 allowance	20% + \$110 Allowance	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) ^{1,2}	\$25 Copay	100%	100%	\$25-\$55
Contact Lenses (Conventional, materials only) ¹	85% after \$110 allowance	15% + \$110 allowance	100%	\$88
Contact Lenses (Disposable, materials only) ¹	100% after \$110 allowance	\$110 allowance	100%	\$88
Contact Lenses (Medically Necessary) (Materials Only) ¹	\$0 Copay	100%	100%	\$200

¹Once every 12 months ²\$15 higher in AK, CA, OR, WA ³After plan payment

GROUP TERM LIFE BENEFITS

Employee Amount: \$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)

Spouse Amount: \$5,000 (terminates at age 70)

Child Amount (6 months to 26 years old): \$5,000

Infant Amount (15 days to 6 months old): \$1,000

SHORT TERM DISABILITY BENEFIT

Benefit Amount: 60% of base pay up to \$150 per week.

Waiting Period/Maximum Benefit Period: 7 days of injury

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or sickness/ up to 26 weeks.

OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT ¹

Policy #: 82994500-M-BHB

The optional MEC Wellness/Preventive Benefit DOES NOT cover medical services. This plan provides coverage for preventative services such as immunization and routine health screening. It does not cover conditions caused by accident or illness.

Benefit	In-Network	Non-Network	WEEKLY MEC PREMIUM	MEC
Preventative services for adults	100%	40%	Employee Only	\$13.42
Preventative services for women	100%	40%	Employee + child(ren)	\$15.18
Covered preventive services for children	100%	40%	Employee + family	\$16.38

^{*}For more information about preventative services, please visit www.healthcare.gov

Coverage when you need it most.

Unlike traditional major medical plans where a member must first satisfy an annual deductible before he/she is eligible to receive benefit payments, our Fixed Indemnity Medical Plans allow members to receive a flat dollar amount for covered health care services, regardless of what the medical provider charges. When a sickness or injury occurs, the Fixed Indemnity Medical Plan can provide support at a time when it is needed most.

There are no pre-existing condition limitations on the Fixed Indemnity Medical Plans.

Plan designs and availability vary by state.

Most plans include, but are not limited to, coverage for:

- **Wellness Care**
- **Prescription Drugs** (Indemnity plans do not include prescription benefits in California.)
- **Outpatient Fixed Indemnity Benefits**
 - **Physician Office Visit**
 - **Diagnostic Lab**
 - **Diagnostic X-Ray**
 - **Ambulance Services**

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- Emergency Room
- Outpatient Surgery
- Anesthesiology
- Inpatient Fixed Indemnity Benefits
 - Standard Care
 - Intensive Care
 - Inpatient Surgery
 - Anesthesiology
 - Skilled Nursing

Fixed indemnity medical benefit plans are a supplement to health insurance. They are not a substitute for essential health benefits or minimum essential coverage as defined by federal health law. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult with your tax advisor for more information.

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