Essential StaffCARE

Health Insurance Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

- You **MUST** Complete the Enrollment Form for the New Hire Process
- You **MUST** Elect or Decline Medical Coverage on the Enrollment Form
- You **MUST** Sign the Bottom of the Form, even if you Decline Coverage
- Return the Enrollment Form to your Branch Manager
- Keep the Plan Information Packet for Your Records

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.

VISPA TECHNOLOGY

This fixed medical indemnity benefit plan is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined by federal health law.

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

The Essential StaffCARE Medical/Rx, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.204, 26.212, and 26.213. The Term Life, Accidental Death and Dismemberment, and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

VSI-IND 247700-AVI | OFFICE USE ONLY | ReHire Date __/__/____

EMPLOYEE INFORMATION (Must Be Filled Out) — ENROLLMENT FORM - PLAN 3

PRINT USING BLACK or BLUE INK
ESC NA P3D v14.1

Social Security Number ___-___-____

Date of Birth __/__/____ Sex M F

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. _____

BENEFIT SELECTION — Weekly Rates

MEDICAL

☐ $31.28 Employee Only

☐ $63.48 Employee + One

☐ $84.77 Employee + Family

☐ **NO to all benefits.**
If NO is checked, sign and date the bottom of the form.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL

☐ **YES** $ 5.23 Employee Only
$10.46 Employee + One
☐ **NO** $17.26 Employee + Family

VISION

☐ **YES** $2.35 Employee Only
$4.00 Employee + One
☐ **NO** $5.64 Employee + Family

TERM LIFE

☐ **YES** $0.60 Employee Only
$0.90 Employee + One
☐ **NO** $1.80 Employee + Family

SHORT-TERM DISABILITY

☐ **YES**
☐ **NO** $4.20 Employee Only

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

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.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number ___-___-____

Date of Birth __/__/____ Sex M F

Relationship: ☐ Spouse ☐ Child ☐ Domestic Partner

Name _____

Social Security Number ___-___-____

Date of Birth __/__/____ Sex M F

Relationship: ☐ Spouse ☐ Child ☐ Domestic Partner

Name _____

Social Security Number ___-___-____

Date of Birth __/__/____ Sex M F

Relationship: ☐ Spouse ☐ Child ☐ Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

_____

RELATIONSHIP

_____

Accidental Death & Dismemberment is part of the Term Life 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 __/__/____

STEP 1: You **MUST** complete the Employee Information Section as part of your new hire process.

Essential StaffCARE

Plan Information Packet

Please keep for your records.

STEP 2: You **MUST** Accept or Decline coverage.

PLEASE NOTE: Your Company has chosen to take some/all of your deductions on a Pre-Tax basis. Please contact Customer Service at 1-866-798-0803 and a Representative will assist you in identifying the deductions that are taken Pre-Tax.

Member Services:

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

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, policy booklets, and to add, change, or cancel coverage.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time. Bilingual representatives are available.
- Members can also visit www.paisc.com and click on "Your Plan" and enter your group number.

STEP 3: You **MUST** Sign and Date here. Even if you decline coverage.

FREQUENTLY ASKED QUESTIONS

How do I enroll?

Enrolling in the Essential StaffCARE plan is easy. You can enroll by completing an Essential StaffCARE enrollment application and returning it to your manager.

When can I enroll in the plan?

As a full-time and/or part-time employee, you are able to enroll in the Essential StaffCARE program within 30 days of your hire date, 1st paycheck date, or 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.

What is a qualifying life event?

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

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. 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 medical benefit.

Are dependents covered?

Yes. Eligible dependents include your spouse and your children up to age 26.

When does coverage begin?

Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your check stub for deductions. If you miss a payroll 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, coverage will be terminated and COBRA information will be sent at that time.

If I complete an enrollment form, but do not get placed on assignment right away, will I have to complete a new form?

After six months if there has not been a deduction from your paycheck, please fill out a new enrollment form. Missing information will delay the process.

Can I make changes or cancel coverage?

You may cancel or reduce coverage at any time unless your premiums are deducted pre-tax. You will only have 30 days from your hire date or first paycheck 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.

(Please refer to the "PLEASE NOTE" section on the previous page to see if deductions are Post-Tax or Pre-Tax)

How can I make changes?

To make changes or cancel coverage by telephone call (800) 269-7783. Enter your PIN CODE plus the last four digits of your Social Security number (SSN).

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

Remember, it may 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.

Is there a pre-existing clause for the Medical Benefit?

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

Is there coverage for contraceptives on this plan?

Oral contraceptives are covered under the prescription benefit. Non-oral contraceptives are not covered.

Are maternity benefits covered?

Yes, maternity benefits are covered the same as any other condition under this plan.

NETWORK INFORMATION

Prescription Drug Network

If enrolled in the medical plan, you are automatically covered by the discount prescription drug program through the Caremark Pharmacy Network. Caremark has a national network with over 58,000 participating pharmacies. To find a local participating Caremark pharmacy, you can visit www.caremark.com. Prescription drug benefit information can be found on the Benefits at a Glance page.

Stretch Your Benefit Dollars

This benefit plan offers you and your family savings for medical care through discounts negotiated with providers and facilities in the First Health Network. Choosing an in-network provider helps maximize benefits. When you use an in-network provider, you will automatically receive the network discount and the doctor's office will file the claim for you. If you use a doctor who is not part of the network, you will not receive the discount and you may need to file the claim yourself.

How Do I Locate a Doctor?

Enrolled members are encouraged to visit providers in the networks listed in order to maximize their benefit dollars. To find a participating provider or verify your current medical provider is in-network, please call or visit the network websites referenced on this page.

What if I need to have a prescription filled?

For generic and brand prescriptions, the plan pays you $15 per day up to the annual maximum, for drugs dispensed by a pharmacist. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay. If you choose a participating pharmacy and present your ID card, you will receive a discount off the retail price of the prescription at the time of purchase. The pharmacy provider will file a claim for the fixed dollar amount to be paid directly to you.

Do I have to go to an in-network provider?

It is not required that you go to an in-network provider. If you choose a provider who participates in the PPO network, you receive two key advantages:

- PPO discount for all services.
- The provider will file the claim to the plan.

Medical

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

Prescription

- Caremark
  1-888-963-7290
  www.caremark.com

Vision

- EyeMed Vision Care
  1-866-559-5252
  www.eyemedvisioncare.com

Dental

- DenteMax
  1-800-752-1547
  www.dentemax.com

Do not contact the above Networks for questions regarding your medical benefits. All medical benefit questions should be directed to Essential StaffCARE Member Services line at 1-866-798-0803.

When should I expect an ID card?

ID cards will be mailed as soon as your enrollment form is received and processed. You should receive your ID card within 10 business days of your effective date.

Member ID Cards

An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents within 10 business days of your effective date, or have a change of address, please contact the Essential StaffCARE Customer Service at **1-866-798-0803**. Present your ID card to the provider at the time of service. These ID cards are used for identification purposes and providers use them to verify eligibility status.

BENEFITS AT A GLANCE

Policy Number 247700-AVI

Medical Benefits - Plan 3

Weekly Rates

Inpatient Benefits		Outpatient Benefits [1]	
Standard Care Maximum	$700 per day	**Annual Outpatient Maximum**	$2,250
Intensive Care Unit Maximum [2]	$800 per day	**Physician Office Visit**	$100 per day
Inpatient Surgery	$4,000 per day	**Diagnostic Lab**	$75 per day
Anesthesiology	$800 per day	**Diagnostic X-ray**	$200 per day
First Hospital Admission (one per year)	$500	**Ambulance Services**	$300 per day
Skilled Nursing payable for stays in a skilled nursing facility after a hospital stay	$100 per day	**Physical, Occupational, and Speech Therapy**	$50 per day
		Emergency Room - Sickness	$200 per day
Prescription Drug [3]		**Emergency Room - Accident**	$1000 per day
Prescription Drug Annual Maximum	$600	**Outpatient Surgery**	$1000 per day
Prescription Drug Benefits	$15 per day	**Anesthesiology**	$400 per day

Wellness Care	
Wellness Care (one per year)	$100

Employee Only **$31.28** **Employee + One** **$63.48** **Employee + Family** **$84.77**

[1] all outpatient benefits are subject to the outpatient maximum [2] pays in addition to standard care benefit [3] not subject to outpatient maximum

Dental Benefits

Weekly Rates

	Waiting Period	Co-insurance	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, Bridges, Endodontics and Dentures			

Employee Only **$5.23** **Employee + One** **$10.46** **Employee + Family** **$17.26**

Vision Benefits

Weekly Rates

	In-Network	Out-of-Network
Eye Examination for Glasses [1] **(including dilation)**	Co-pay: $10, plan pays 100%	Plan pays $35, you pay remaining balance
Frames [2]	Plan pays $110 allowance [4]	Plan pays $55
Standard Plastic Lenses for Glasses [1]	Co-pay: $25, plan pays 100%	Co-pay: $0, plan pays $25-$55 [3]
Standard Contact Lens Fit [1]	Plan pays 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

Employee Only **$2.35** **Employee + One** **$4.00** **Employee + Family** **$5.64**

[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%

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**

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 26 years old)	$5,000
Spouse Amount	$5,000 (terminates at age 70)	**Infant Amount** (15 days to 6 months)	$1,000

Accidental Death and Dismemberment Benefit			
Employee Amount	$20,000	**Child Amount** (6 months to 26 years old)	$5,000
Spouse Amount	$20,000	**Infant Amount** (15 days to 6 months)	$2,500

Employee Only **$0.60** **Employee + One** **$0.90** **Employee + Family** **$1.80**

EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

MEDICAL

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane;
- Declared or undeclared war;
- Serving on full-time active duty in the armed forces;
- The covered person's commission of a felony;
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law;

No benefits will be paid for:

- Eye examinations for glasses, any kind of eye glasses, or vision prescriptions;
- Hearing examinations or hearing aids;
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident;
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force;
- Services provided by a member of the covered person's immediate family.

PRESCRIPTION DRUGS

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

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 see your summary plan description.

VISION

No benefits will be paid for any materials, procedures or services provided under worker's 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;
- 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, you 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;
- Release of nuclear energy;
- 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; or
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

TERM LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.

For Accidental Death and Dismemberment benefits will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

Attempted suicide or intentionally self inflicted injury; 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 poisonous food substance; 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, your spouse or domestic partner; you, your spouse's or domestic partner'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; release of nuclear energy; 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; work-related injury or sickness.