since 1975
terry neese
PERSONNEL
Connection Begins with People.

Limited Benefits Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

1. You **MUST** complete the Enrollment Form as part of your New Hire Process.
2. Elect or decline all benefits on the Enrollment Form.
3. You **MUST** Sign and Date the bottom of the form, even if you decline coverage.
4. Return the Enrollment Form to your Branch Manager.
5. Keep the Benefits at a Glance page for your records.

This plan does not qualify as minimum essential coverage as defined under the Affordable Care Act (ACA). This plan is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

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.

For Enrollees of California employer policies: In order to enroll in the Fixed Indemnity Medical Benefit, you must be enrolled in major medical coverage.

The Essential StaffCARE Fixed Indemnity Medical, Prescription Drug, and Accidental Loss of Life, Limb & Sight Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.1204 and 26.1214.

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

ESC
Essential StaffCARE

VSI **224700-NEE** | OFFICE USE ONLY | LOCATION _____ | Rehire Date __ __ /__ __ /__ __ __ __

ENROLLMENT FORM

ESC S-DVTY P1 v21.0

A. REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK (Must Be Filled Out)

Name	Social Security #	Home Phone	Gender M F
Address			Apt. #
City	State	Zip	Date of Birth / /

B. DO YOU OR ANY OF YOUR DEPENDENTS RECEIVE MEDICARE BENEFITS?

☐ Yes ☐ No. If Yes, please continue.

Medicare Health Insurance Claim Number (HICN)		Medicare Effective Date
Name of Covered Person (s): 1.	2.	3.

C. LIMITED BENEFITS PLAN SELECTION

Payroll Deducted Weekly Rates

FIXED INDEMNITY MEDICAL [1]

Employee Only	☐ **$19.98**	
Employee + 1	☐ **$40.54**	
Employee + Family	☐ **$54.14**	
	☐ **NO** to Fixed Indemnity Medical	

[1] This coverage is not available to residents of **NH, HI,** or **PR.**

For 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

D. REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth / /	Gender M F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner
Name	Social Security #	Date of Birth / /	Gender M F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner
Name	Social Security #	Date of Birth / /	Gender M F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner
Name	Social Security #	Date of Birth / /	Gender M F	Relationship ☐ Spouse ☐ Child ☐ Domestic Partner

E. REQUIRED SIGNATURE

YOU MUST SIGN AND DATE, EVEN IF YOU DECLINE COVERAGE

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.

DATE __ __ /__ __ /__ __ __ __ ▶ **SIGNATURE**

Policy Number **224700-NEE**

LIMITED BENEFITS SUMMARY

FIXED INDEMNITY MEDICAL BENEFIT

For more details, please see your Summary Plan Description.

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.

Outpatient Benefits [1]		**Inpatient Benefits**	
Physician Office Visit	$105 per day	Standard Care	$300 per day
Diagnostic (Lab)	$75 per day	Intensive Care Unit Maximum [5]	$400 per day
Diagnostic (X-Ray)	$200 per day	Inpatient Surgery	$2,000 per day
Ambulance Services	$300 per day	Anesthesiology	$400 per day
Physical, Speech, or Occupational Therapy	$50 per day	Skilled Nursing [6]	$100 per day
Emergency Room Benefit - Sickness	$200 per day	First Hospital Admission (1 per year)	$250
Emergency Room Benefit - Accident [2]	$500 per day	Annual Inpatient Maximum [7]	No Limit
Outpatient Surgery	$500 per day	**Accidental Loss of Life, Limb & Sight**	
Anesthesiology	$200 per day	Employee	$20,000
Annual Outpatient Maximum	$2,000	Spouse	$20,000
Prescription Drugs (via reimbursement) [3, 4]		Dependent (6 months to 26 years)	$5,000
Annual Maximum	$600	Dependent (15 days to 6 months)	$2,500
Generic Coinsurance	70%	**Wellness Care**	
Brand Coinsurance	50%	Wellness Care (one per year)	$100

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

WEEKLY LIMITED BENEFITS PREMIUM	**Medical**
Employee Only	$19.98
Employee + 1	$40.54
Employee + Family	$54.14

LIMITED BENEFIT 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.

FIXED INDEMNITY MEDICAL AND ACCIDENTAL LOSS OF LIFE, LIMB OR SIGHT BENEFIT

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 or
- With regard to the accidental loss of life, limb or sight benefit - sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

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.

The fixed indemnity medical plan is not available to residents of Hawaii, New Hampshire or Puerto Rico.

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.

Member Services:

For frequently asked questions and network information for the Fixed Indemnity Medical Plan, please go to *www.esc-enrollment.com/FAQIND.*

PLEASE NOTE: To make changes or cancel coverage by telephone call (800) 269-7783. Your pin code for enrolling/making changes is **142** + _ _ _ _ (last four digits of your SSN). Your Company has chosen to take your payroll deductions on a **Post-Tax** basis.

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

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and 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 "Members" and enter your group number.