



HEALTH INSURANCE & BENEFITS

Our Employee Health Benefits

ACA Compliant—MEC Wellness/Preventive Plan

- Preventive Care¹ paid at 100%, when in network
- First Health Network

¹ See list of the preventive services in this brochure.

ESC Fixed Indemnity Plan

- First Dollar Coverage
- Affordable Weekly Rates
- No Deductibles and No Copays
- Extensive Networks of Doctors and Hospitals
- Additional Benefits include:
 - Dental, Vision, Term Life, Short-Term Disability, & Critical Illness



Why Health Benefits Matter

- Essential StaffCARE has a 92% customer satisfaction rating
- Health insurance is the #1 most effective employee retention tool—even higher than salary¹
- 71% of employees who are satisfied with their benefits are more likely to remain loyal and satisfied with their job²
- Improves employee morale
- Creates a more productive workforce
- Employee loyalty and retention affect your bottom line
- Recruit and retain a higher qualified work force

How Employees Benefit

- Affordable rates
- Medical, Dental, Vision, Term-Life, Short-term Disability, and Critical Illness Benefits
- Guaranteed issue / No health questions
- No Deductibles
- No Pre-existing Condition Limitations
- Accepted by doctors and hospitals nationwide
- Wellness benefits and other value added programs

¹Source: Society for Human Resource Management Employee Retention Study

²Source: 2011 Study of Employee Benefits Trends, Met Life

Fixed Indemnity Plan Design

Essential StaffCARE Fixed Medical Benefits

Outpatient Benefits ¹	
Annual Outpatient Maximum	\$2,000
Physician Office Visit per day	\$55
Diagnostic Lab/X-Ray per day	\$75/\$150
Ambulance Services per day	\$300
Physical, Speech, or Occupational Therapy per day	\$50
Emergency Room—Sickness per day	\$100
Emergency Room—Accident per day ²	\$300
Outpatient Surgery per day	\$500
Anesthesiology per day	\$200
Prescription Drugs (via reimbursement) ^{3, 4}	
Prescription Drug Annual Maximum	\$600
Generic/Brand Coinsurance	70%/50%
Inpatient Benefits	
Standard Care Maximum per day	\$300
Intensive Care Unit Maximum per day ⁵	\$400
Inpatient Surgery per day	\$2,000
Anesthesiology per day	\$400
Skilled Nursing per day (<i>payable for stays in a skilled nursing facility after a hospital stay</i>)	\$100
Wellness Benefit (1 per year)	\$75
Telemedicine	
Telemedicine Discount Service (phone/video)	\$25 per visit

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, save your receipt and remit to Planned Administrators, Inc. ⁵ pays in addition to standard care benefit

Essential StaffCARE Medical Rates and Optional Benefits

(Optional Benefits can be purchased along with Medical plan)

Weekly Rates	Medical	Dental	Vision	Term Life	STD	Critical Illness
Employee Only	\$15.98	\$5.40	\$2.42	\$0.60	\$4.20	\$2.71
Employee + Child(ren)	\$26.54	\$14.58	\$6.54	\$0.90	n/a	\$2.75
Employee + Spouse	\$30.36	\$10.80	\$4.84	\$0.90	n/a	\$4.99
Employee + Family	\$40.44	\$20.52	\$9.20	\$1.80	n/a	\$5.04

FIXED INDEMNITY PLAN 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 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.

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

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.

CRITICAL ILLNESS

No benefits for treatment, diagnosis, or other services are payable under the policy for any critical illness that is contributed to, caused by, or resulting from:

- any condition, sickness, or illness that does not satisfy the definition of a critical illness;
- a critical illness, as listed in the benefit schedule, occurring prior to the policy effective date of coverage for an insured;
- suicide or attempt at suicide, or intentional self-inflicted injury or sickness;
- an insured's use of a controlled substance (unless administered by a doctor or taken according to the doctor's instructions) or while
- intoxicated as defined by the law of the jurisdiction in which the cause of the loss occurs;
- participating in any sport or sporting activity for wage, compensation or profit;
- commission of or attempt to commit an assault or felony;
- engaging in an illegal activity or occupation;
- diagnosis, services, or treatment provided by a family member;
- active service, training, or duty in the armed forces, national guard or reserves of any state or country and for which any
- governmental body or its agencies are liable;
- diagnosis or treatment incurred outside the United States or its territories, unless the insured receives treatment for the critical
- illness in the United States or Canada within the time frame stated in the certificate;
- declared war or any act of declared war;
- travel in or descent from an aircraft, except while a fare-paying passenger;
- services or treatment for which there is no charge, unless there is no charge because the facility is a United States government facility;
- elective or cosmetic surgery; or
- an experimental major human organ transplant.

MEC Wellness/Preventive Plan Design

Medical Network—First Health, more information on the following page*

15 Covered Preventive Services for Adults (ages 18 and older) (Plan covers 100% in network, 40% out of network)

- **Abdominal Aortic Aneurysm**—one time screening for ages 65–75
- **Alcohol Misuse**—screening and counseling
- **Aspirin**—use for men ages 45–79 and women ages 55–79 to prevent CVD when prescribed by a physician
- **Blood Pressure**—screening for all adults
- **Cholesterol**—screening for adults
- **Colorectal Cancer**—screening for adults starting at age 50 limited to one every 5 years
- **Depression**—screening for adults
- **Type 2 Diabetes**—screening for adults
- **Diet**—counseling for adults
- **HIV**—screening for adults
- **Immunization**—vaccines for adults (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis)
- **Obesity**—screening and counseling for all adults
- **Sexually Transmitted Infection (STI)**—prevention counseling for adults
- **Tobacco Use**—screening for all adults and cessation interventions
- **Syphilis**—screening for all adults

22 Covered Preventive Services for Women, Including Pregnant Women (Plan covers 100% 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 and genetic testing for women at higher risk
- **Breast Cancer Mammography**—screenings every year for women age 40 and over
- **Breast Cancer Chemoprevention**—counseling for women
- **Breastfeeding**—comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. Non-network services will be payable as network services.
- **Cervical Cancer**—screening
- **Chlamydia Infection**—screening
- **Contraception**—Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
- **Domestic and Interpersonal Violence**—screening and counseling for all women
- **Folic Acid**—supplements for women who may become pregnant when prescribed by a physician
- **Gestational Diabetes**—screening
- **Gonorrhea**—screening for all women
- **Hepatitis B**—screening for pregnant women
- **Human Immunodeficiency Virus (HIV)**—screening and counseling
- **Human Papillomavirus (HPV) DNA Test**—HPV DNA testing every three years for women with normal cytology results who are 30 or older
- **Osteoporosis**—screening for women over age 60
- **Rh Incompatibility**—screening for all pregnant women and follow-up testing

- **Tobacco Use**—screening and interventions for all women, and expanded counseling for pregnant tobacco users
- **Sexually Transmitted Infections (STI)**—counseling
- **Syphilis**—screening
- **Well-woman visits**—to obtain recommended preventive services

26 Covered Services for Children

(Plan covers 100% in network, 40% out of network)

- **Alcohol and Drug Use**—assessments
- **Autism**—screening for children limited to two screenings up to 24 months
- **Behavioral**—assessments for children limited to 5 assessments up to age 17
- **Blood Pressure**—screening
- **Cervical Dysplasia**—screening
- **Congenital Hypothyroidism**—screening for newborns
- **Depression**—screening for adolescents age 12 and older
- **Developmental**—screening for children under age 3, and surveillance throughout childhood
- **Dyslipidemia**—screening for children
- **Fluoride Chemoprevention**—supplements for children without fluoride in their water source when prescribed by a physician
- **Gonorrhea**—preventive medication for the eyes of all newborns
- **Hearing**—screening for all newborns
- **Height, Weight and Body Mass Index**—measurements for children
- **Hematocrit or Hemoglobin**—screening for children
- **Hemoglobinopathies**—or sickle cell screening for newborns
- **HIV**—screening for adolescents
- **Immunization**—vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary (Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicells)
- **Iron**—supplements for children up to 12 months when prescribed by a physician
- **Lead**—screening for children
- **Medical History**—for all children throughout development (Ages: 0–11 months, 1–4 years, 5–10 years, 11–14 years, 15–17 years)
- **Obesity**—screening and counseling
- **Oral Health**—risk assessment for young children up to age 10
- **Phenylketonuria (PKU)**—screening for newborns
- **Sexually Transmitted Infection (STI)**—prevention counseling and screening for adolescents
- **Tuberculin**—testing for children
- **Vision**—screening for all children under the age of 5

**Benefits subject to change.*

For more information: www.healthcare.gov/what-are-my-preventive-care-benefits/

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

Bronze Plan Design

Bronze Plan Benefits

Annual Maximum	Unlimited	
Member Benefits	In Network	Out of Network
Individual Deductible	\$5,500	\$11,000
Family Deductible	\$11,000	\$22,000
Co-insurance	20%	40%
Out-of-pocket Maximum (includes deductible)		
Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400
Essential Health Benefits (Co-insurance payable after deductible)		
Preventive Care/Screening/Immunization 100% covered in-network (no deductible if in-network)	0%	40%
Physician Office Visits	20%	40%
Ambulatory Patient Services	20%	40%
Hospitalization (In-Patient and Out-Patient)	20%	40%
Hospice	20%	40%
Mental Health and Substance Abuse, Behavioral Health	20%	40%
Maternity and Newborn Care	20%	40%
Laboratory Services	20%	40%
Rehabilitative and Habilitative Services/Devices	20%	40%
Emergency Services	20%	40%
Prescription Drugs (Co-insurance payable after deductible)		
Generic	20%	40%
Preferred Brand	30%	50%
Non-Preferred Brand	40%	50%
Specialty	50%	N/A
Monthly Premium		
Employee Only:	\$1,949.70	
Employee + Child(ren):	\$3,273.09	