

# ESC Fixed Indemnity Plan Design

Essential StaffCARE Fixed Medical Benefits			
Medical Network	First Health	Prescription Network	Optum
Network Provider Must Accept Plan	Yes	Pre-Existing Condition Limitation	None

Outpatient Benefits <sup>1</sup>		Inpatient Benefits	
Physician Office Visit per day	\$55	Standard Care per day	\$300
Diagnostic (Lab) per day	\$75	Intensive Care Unit Maximum per day <sup>3</sup>	\$400
Diagnostic (X-Ray) per day	\$150	Inpatient Surgery per day	\$2,000
Ambulance Services per day	\$300	Anesthesiology per day	\$400
Physical, Speech, or Occupational Therapy per day	\$50	Skilled Nursing per day <sup>4</sup>	\$100
Emergency Room Benefit—Sickness per day	\$100	First Hospital Admission (1 per year)	\$250
Emergency Room Benefit—Accident per day <sup>2</sup>	\$300	Annual Inpatient Maximum <sup>5</sup>	No Limit
Outpatient Surgery per day	\$500	Prescription Drugs (via reimbursement) <sup>6, 7</sup>	
Anesthesiology per day	\$200	Annual Maximum	\$600
Annual Outpatient Maximum	\$2,000	Generic/Brand Coinsurance	70%/50%
<b>Wellness Care (one per year)</b>	<b>\$75</b>		

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

Essential StaffCARE Dental Benefits						
	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, Endodontics, Bridges and Dentures			

Essential StaffCARE Vision Benefits		
	In-Network	Out-of-Network
Eye Examination for Glasses <sup>1</sup> (including dilation)	Co-pay: \$10, plan pays 100%	Plan pays \$35, you pay remainder
Standard Contact Lens Fit Exam <sup>1</sup>	Plan pays up to \$55	You pay 100% of the price
Premium Contact Lens Fit Exam <sup>1</sup>	Plan pays 10% off the price	You pay 100% of the price
Frames <sup>2</sup>	You pay 80%, after \$110 allowance <sup>4</sup>	Plan pays \$55, you pay remainder
Standard Plastic Lenses for Glasses <sup>3, 4</sup>	Co-pay: \$25, plan pays 100%	Plan pays \$25–\$55, you pay remainder
Contact Lenses (Conventional) <sup>1</sup>	You pay 85%, after \$110 allowance <sup>4</sup>	Plan pays \$88, you pay remainder
Contact Lenses (Disposable) <sup>1</sup>	You pay 100%, after \$110 allowance <sup>4</sup>	Plan pays \$88, you pay remainder
Contact Lenses (Medically Necessary) <sup>1</sup>	Co-pay: \$0, plan pays 100%	Plan pays \$200, you pay remainder

<sup>1</sup> once every 12 months <sup>2</sup> once every 24 months <sup>3</sup> single vision: \$25, bifocal: \$40, trifocal: \$55 <sup>4</sup> \$15 higher in AK, CA, HI, OR, WA

Essential StaffCARE 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
Accidental Death & Dismemberment (Part of the Term Life Benefit)			
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

Essential StaffCARE Short-Term Disability			
Benefit Amount	60% of base pay up to \$150 per week	Waiting Period/Maximum Benefit Period	7 days for injury or sickness/up to 26 weeks

Essential StaffCARE Critical Illness Benefits	
Heart Attack	\$5,000
Stroke	\$5,000
Invasive Cancer	\$5,000
Cancer in Situ	\$1,250
Skin Cancer	\$250
Reoccurrence	None
Spousal Coverage	75% of policy amount
Child Coverage	50% of policy amount
Benefit Waiting Period	30 days
Pre-Existing Condition	12/12

## Weekly Premium

Tier Level	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

## ESC Bronze Plan Design

Essential StaffCARE 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%
Speciality	50%	N/A

Monthly Premium	
Employee Only: \$1,949.70	Employee + Child(ren): \$3,273.09

# ESC Minimum Essential Coverage (MEC) Plan Design

Minimum Essential Coverage (MEC) Benefits	
Adults - The 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 for men and women of certain ages
Blood Pressure	Screening for all adults
Cholesterol	Screening for adults of certain ages or at higher risk
Colorectal Cancer	Screening for adults over 50
Depression	Screening for adults
Type 2 Diabetes	Screening for adults with high blood pressure
Diet	Counseling for adults at higher risk for chronic disease
HIV	Screening for all adults at higher risk
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
Obesity	Screening and counseling for all adults
Sexually Transmitted Infection (STI)	Prevention counseling for adults at higher risk
Tobacco Use	Screening for all adults and cessation
Syphilis	Screening for all adults at higher risk
Women, Including Pregnant Women - The 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 for sexually active women
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, not including abortifacient drugs
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
Human Papillomavirus (HPV) DNA Test	High risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
Osteoporosis	Screening for women over age 60 depending on risk factors
Rh Incompatibility	Screening for all pregnant women and follow-up testing for women at a higher risk
Tobacco Use	Screening and interventions for all women, and expanded counseling for pregnant tobacco users
Sexually Transmitted Infections (STI)	Counseling for sexually active women
Syphilis	Screening for all pregnant women or other women at increased risk
Well-Woman Visits	To obtain recommended Preventive services for women under 65

**Children - The MEC Plan covers 100% of the allowed amount in network; 40% out of network**

Alcohol 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
Blood Pressure	Screenings for children: 0-11 months; 1 to 4 years; 5 to 10 years; 11 to 14 yers; 15 to 17 years
Cervical Dysplasia	Screening for sexually active females
Congenital Hypothyroidism	Screening for newborns
Depression	Screening for adolescents
Developmental	Screening for children under age 3, and surveillance throughout childhood
Dyslipidemia	Screening 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
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing	Screening for all newborns
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 Sickle Cell screening for newborns
HIV	Screening for adolescents at higher risk
Immunization	Vaccines for children from birth to age 18-- doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, 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
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 this genetic disorder in 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

## Weekly Premium

4 Tier Rates	MEC Weekly Rates
Employee Only	\$13.42
Employee + Children	\$15.18
Employee + Spouse	\$16.38
Employee + Family	\$18.66