Limited Benefit & Self-Funded
Minimum Essential Coverage (MEC) Enrollment Guide
Complete the Enrollment Form to Elect or Decline Coverage

IMPORTANT PLAN INFORMATION: You have two medical plan options. You may enroll in one or both. Additional benefits are available to add if you enroll in the Fixed Indemnity Medical Plan.

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.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 FIXED INDEMNITY MEDICAL PLAN IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED UNDER THE AFFORDABLE CARE ACT (ACA).


Voluntary Electronic Availability of Summary Health Information for MEC/Wellness Preventive Plan

Copies of the Summary of Benefits and Coverage ("SBC") and Summary Plan Description ("SPD") from Medical StaffCARE ("MSC") are available at the following link: www.essentialstaffcare.com/mec-sbc-spd

While you may have other health plans, this is the link for your MEC plan SPD with MSC. These important documents explain the terms and conditions of your Health Plan, including eligibility, coverage amounts and exclusions along with your rights and responsibilities. At any time, you may request paper copies or revoke your consent to electronic delivery, free of charge, by calling 1-866-798-0803.

For questions or assistance, please call Medical StaffCARE Customer Service at 1-866-798-0803.
A. REQUIRED EMPLOYEE INFORMATION

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

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

B. MEDICARE INFORMATION

Do you or any of your dependents receive Medicare benefits?
Yes No. If Yes:

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

C. LIMITED BENEFIT PLAN SELECTION

This plan is underwritten by BCS Insurance Company.

FIXED INDEMNITY MEDICAL

Employee Only $21.98
Employee + 1 $44.60
Employee + Family $59.56

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

Employee Only $21.98
Employee + 1 $44.60
Employee + Family $59.56

E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION

Enrolling in the Optional MEC Wellness/Preventive Benefit may DISQUALIFY you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is NOT underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Note: The Federal Affordable Care Act (ACA) individual mandate no longer imposes a penalty; however, please check your state for any individual mandate requirements or penalties. Rates for the MEC Wellness/Preventive Benefit are billed monthly.

Employee Only $58.19
Employee + 1 $69.53
Employee + Family $80.87

F. REQUIRED SIGNATURE

YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE

I have read the Benefits Summary and the Limitations and Exclusions for the Fixed Indemnity Medical Plan. I understand that I have been offered ACA compliant coverage (MEC Wellness/Preventive), and open enrollment is only available for a limited time. I understand that making no benefit selection is a declination of coverage.

DATE __ __ / __ __ / __ __ __ __  SIGNATURE
**LIMITED BENEFITS SUMMARY**

**FIXED INDEMNITY MEDICAL BENEFIT**

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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visit</td>
<td>$100 per day</td>
<td></td>
</tr>
<tr>
<td>Diagnostic (Lab)</td>
<td>$75 per day</td>
<td></td>
</tr>
<tr>
<td>Diagnostic (X-Ray)</td>
<td>$200 per day</td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>$300 per day</td>
<td></td>
</tr>
<tr>
<td>Physical, Speech, or Occupational Therapy</td>
<td>$50 per day</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Benefit - Sickness</td>
<td>$200 per day</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Benefit - Accident</td>
<td>$500 per day</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$500 per day</td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>$200 per day</td>
<td></td>
</tr>
<tr>
<td>Annual Outpatient Maximum</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs (via reimbursement)</td>
<td>$600</td>
<td></td>
</tr>
</tbody>
</table>

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 FIXED INDEMNITY MEDICAL PREMIUM**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$21.98</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$44.60</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$59.56</td>
</tr>
</tbody>
</table>

**OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT**

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Preventive Services for Adults</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>22 Preventive Services for Women</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>26 Covered Preventive Services for Children</td>
<td>100%</td>
<td>40%</td>
</tr>
</tbody>
</table>

1. For more information about preventive services, please visit www.healthcare.gov.

**MONTHLY MEC PREMIUM**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>MEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$58.19</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$69.53</td>
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<tr>
<td>Employee + Family</td>
<td>$80.87</td>
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</tbody>
</table>
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, visit www.msc-enrollment.com/FAQIND. For questions and a full list of preventive services covered by the MEC Wellness/Preventive Plan, as well as the MEC SBC, please visit www.msc-enrollment.com/FAQMECL. A paper copy of the SBC is also available, free of charge, by calling Medical StaffCARE Customer Service 1-866-798-0803.

PLEASE NOTE: Your Company has chosen to take your payroll deductions on a Post-Tax basis.

Medical 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.
- 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.