



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).

The Medical 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.

The **MEC Wellness/Preventive Plan** is an employer-sponsored, self-funded plan that has been deemed to be in compliance with ACA rules and regulations. More information about Preventive Services may be found on the government website at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. For questions or assistance, please call Medical StaffCARE Customer Service at 1-866-798-0803.

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.





B1 **260800-MED** OFFICE USE ONLY LOCATION _____ New Hire Rehire Date ___/___/_____

ENROLLMENT FORM

MSC/MEC ESL-DVYT P1M v21.0

A. REQUIRED EMPLOYEE INFORMATION

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

Name	Home Phone	
Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> 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

Payroll Deducted Weekly Rates

This plan is underwritten by BCS Insurance Company.

FIXED INDEMNITY MEDICAL ¹

Employee Only	<input type="checkbox"/>	\$21.98	
Employee + 1	<input type="checkbox"/>	\$44.60	
Employee + Family	<input type="checkbox"/>	\$59.56	
	<input type="checkbox"/>	NO	

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 <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
Name	Social Security #	Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION

82608000-M-MED

List Bill Monthly Rates

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.

\$58.19 Employee Only **\$69.53** Employee + 1 **\$80.87** Employee + Family **NO** to MEC Wellness/Preventive

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

Policy Number **260800-MED**

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	\$100 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/Spouse	\$20,000
Annual Outpatient Maximum	\$2,000	Dependent (6 months to 26 years)	\$5,000
Prescription Drugs (via reimbursement) ^{3,4}		Dependent (15 days to 6 months)	\$2,500
Annual Maximum	\$600	Wellness Care	
Generic Coinsurance / Brand Coinsurance	70% / 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 FIXED INDEMNITY MEDICAL PREMIUM

Medical

Employee Only

\$21.98

Employee + 1

\$44.60

Employee + Family

\$59.56

OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT ¹

Policy Number **82608000-M-MED**

 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.

Benefit	In-Network	Non-Network
15 Preventive Services for Adults	100%	40%
22 Preventive Services for Women	100%	40%
26 Covered Preventive Services for Children	100%	40%

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

MONTHLY MEC PREMIUM

MEC

Employee Only

\$58.19

Employee + 1

\$69.53

Employee + Family

\$80.87

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.