



ESC
Essential StaffCARE

Your Healthcare Benefits Overview

Why Health Benefits Matter

87%

Of temps say medical benefits are their most desired perk when looking for a position.

source: Inavero & careerbuilder.com

Loyalty & Preference



Employees who say health benefits are an important component of job loyalty ¹



Candidates who say they might choose one job over another if the benefits were better ²



Applicants who say benefits are very important in their job selection decision ³

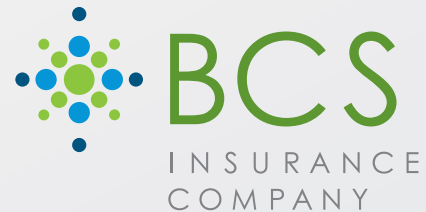
Workers are looking for competitive pay AND healthcare benefits. But with rising deductibles and ballooning premiums, they're looking for **AFFORDABLE** and **USABLE** insurance. They are rewarding employers who can offer both.

¹ MetLife Benefit Trends ² MetLife Benefit Trends ³ Employee Benefit Research Institute

Backed by the Best



PAI is a wholly-owned subsidiary of BlueCross BlueShield of SC. For more than two decades, PAI has been the reliable third party administrator for companies like yours. PAI provides flexible and dependable service, quality plan administration, and expertise in administering healthcare plan. But PAI's biggest strength is its commitment to superior customer service, as evidenced by its customer retention rate of more than 90% for the past five years.



BCS has more than 50 years of experience in the group insurance market. BCS is majority-owned by BlueCross BlueShield Plans, with the mission of developing and delivering products to meet the insurance needs of members across the country. Licensed in all 50 states and the District of Columbia, BCS has the rating of "A-" Excellent, from the A.M. Best Company, the oldest and most experienced insurance rating agency in the world.

Benefits Overview

Fixed Indemnity Weekly Rates

Employee Only

\$22.76

Employee + Child(ren)

\$37.78

Employee + Spouse

\$43.24

Employee + Family

\$57.58

ESC Fixed Indemnity Medical:

- ✓ Medical, RX, Dental, Term Life, Vision, and STD Options Available
- ✓ Virtual Primary Care
- ✓ No Deductibles & No Copays
- ✓ No Health Questions, Guaranteed Issue
- ✓ No Waiting Period
- ✓ No Pre-Existing Condition Limitations
- ✓ No Surgical Schedule
- ✓ Includes Both In & Outpatient Benefits
- ✓ First Dollar Benefits

MEC Weekly Rates

Employee Only

\$13.42

Employee + Child(ren)

\$15.18

Employee + Spouse

\$16.38

Employee + Family

\$18.66

Minimum Essential Coverage (MEC):

- ✓ Covers ACA Mandated Benefits
- ✓ Covers Benefits for Adults, Children, and Women
- ✓ Includes Maternity Benefits
- ✓ Qualifies as Minimum Essential Coverage
- ✓ Provides Coverage for Preventive Services
- ✓ Services Include Immunization and Routine Health Screenings
- ✓ Covers 100% of Cost of Services When In-Network

Fixed Indemnity Overview

Fixed Indemnity Medical Plan:

ESC's Most Popular Plan

The Fixed Indemnity Medical plan is designed to cover the most common, day-to-day medical needs at an easy-to-afford price. This plan pays a flat amount for each covered service and, if the covered service costs less than what the plan pays, you keep the difference. Once enrolled, the weekly premium payments will be taken out of your paycheck for your convenience.

Fixed Indemnity Medical Features



No Deductible & No Copay



First Dollar Benefits



No Pre-Existing Condition
Limitations



Large Network of Providers



No Waiting Periods



Affordable Weekly Price

Fixed Indemnity Medical Benefits



Doctor's Office Visits



Emergency Room



Urgent Care



Labs & X-Rays



Wellness Checkups



Surgical Benefits



Prescription Drug Benefits



In & Outpatient Hospital Care

Fixed Indemnity Summary of Benefits

Benefits	Plan 1
Outpatient Benefits ¹	\$2,200
Physician Office Visit (Virtual or In-Person) (per day)	\$115
Diagnostic (Lab) (per day)	\$90
Diagnostic (X-Ray) (per day)	\$250
Ambulance Services (per day)	\$350
Physical Therapy, Speech Therapy, Occupational Therapy (per day)	\$50
Emergency Room Benefit - Sickness (per day)	\$250
Emergency Room Benefit - Accident ² (per day)	\$500
Surgery	\$500
Anesthesia (per day)	\$200
Inpatient Hospital Benefits (requires 24 hour minimum stay)	
Standard Care (per day)	\$300
Intensive Care Unit Maximum ³	\$400
Surgery	\$2,000
Anesthesia	\$400
Skilled Nursing ⁴ (for stays in a skilled nursing facility after a hospital stay) (per day)	\$100
First Hospital Admission (1 per year)	\$300
Annual Inpatient Maximum ⁵	No Limit
Prescription Drugs ⁶	
Annual Maximum	\$600
Generic Copay / Brand Copay	\$10 / \$50
Wellness Care (1 per year)	\$100

¹ all outpatient benefits are subject to the outpatient maximum ² covers treatment for off the job accidents only ³ pays in addition to standard care benefit ⁴ for stays in a skilled nursing facility after a hospital stay ⁵ Subject to internal limits of plan ⁶ not subject to outpatient maximum

Weekly Rates

Tier Level	Fixed Indemnity Medical
Employee Only	\$22.76
Employee + Child(ren)	\$37.78
Employee + Spouse	\$43.24
Employee + Family	\$57.58

Insurance benefits provided under policies issued by BCS Insurance Company, Worthington, OH.



Teladoc Health Services

Included with the Fixed Indemnity Medical Plan



Unlimited Visits



No Membership Fee



Convenient Care

What is Teladoc Health?

Teladoc Health is a convenient and affordable way to speak with a licensed doctor or therapist anywhere you are by phone or video for many common health and mental health issues.

Three services are included:

1. General Medical Telehealth
2. Virtual Primary Care - Primary360
3. Online Mental Health Therapy.

Teladoc Health Services

Included with the Fixed Indemnity Medical Plan

FAQ: General Medical Telehealth

Q: What is General Medical Telehealth?

General Medical Telehealth provides 24/7 care for non-emergency conditions like cold & flu, sinus infections, allergies and more.

Q: How much does Telehealth cost?

Telehealth visits cost \$25 per visit. These visits are unlimited.

Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

FAQ: Online Mental Health Therapy

Q: Is online mental health therapy effective?

Yes, online mental health therapy has been shown to be extremely effective. According to a 2014 study by the Journal of Affective Disorders, online therapy was found to be as effective, if not more effective, than traditional in office therapy for depression and other mental health conditions.

Q: How is online therapy conducted?

Online therapy is simple and accessible. First, complete a brief assessment to help determine a therapist that best fits your needs, then select the licensed therapist that meets the time and date of your choice.

Q: How much does online therapy cost?

A virtual therapist visit is \$45 per therapist visit.

Teladoc Health Services

Included with the Fixed Indemnity Medical Plan

FAQ: Virtual Primary Care - Primary360

Q: What is Primary360?

Primary360 is a Virtual Primary Care service that provides access to best-in-class physicians from your phone or computer within 5 days or less. More than just urgent care, you will get a dedicated physician who can treat a wide range of chronic conditions while offering you full primary care experience, including prescriptions, lab orders, and specialist referrals. You will also get a care team of nurses and coordinators to support you between physicians' visits.

Q: What kind of medical care does Primary360 provide?

Teladoc's board certified physicians can care for many of the same conditions as an in-person primary care provider such as the treating of migraines, sinus infections, bronchitis, allergies, strep/sore throat, UTIs, yeast infections, rashes, and pink eye. Primary360 can also aid in managing chronic care needs such as high blood pressure, high cholesterol, and diabetes.

Q: How much does Primary360 cost?

The first physician visit through Primary360 is \$75 with all future visits at \$45. Primary360 visits are unlimited.

Q: Are physicians through Primary360 able to prescribe medications?

Yes, when medically appropriate, a Primary360 physician can prescribe most medications. Additionally, physicians through Primary360 are connected with all major retail pharmacies nationwide so covered prescriptions can be filled at the pharmacy of your choice, even if traveling.



Teladoc Health Services

Included with the Fixed Indemnity Medical Plan

FAQ: Virtual Primary Care - Primary360 (continued)

Q: Can a Primary360 physician be my primary care provider (PCP)?

Yes, covered insureds who prefer a virtual experience can select a Primary360 physician as their PCP.

Q: What happens if I need lab work?

Primary360 physicians will refer you to Quest Diagnostics or LabCorp locations based on your resident zip code.

Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

Q: Do I have to replace my primary care physician if I use a physician through Primary360?

No, but if you only need physician services one time or it is an urgent matter, you can still access on-demand care through Teladoc Health's general medical urgent care services 1-800-835-2362 or through your app. However, if you prefer to select your primary care provider (PCP) through Primary360 you may do so.

Q: Can my existing primary care physician obtain a copy of my medical records?

Yes, with your consent, an electronic copy of your visits may be sent to your existing primary care provider (PCP).

Teladoc Health services become effective the first Monday after your initial Fixed Indemnity Medical plan payroll deduction takes place.

GET STARTED TODAY!

To use Telehealth, Primary360 or Mental Health Services, you may do so by visiting TeladocHealth.com, calling 1-800-835-2362 or downloading the app.

For additional details regarding the Telehealth, Primary360, or Mental Health Services, please see your Summary Plan Description (SPD).

The Fixed Indemnity Medical Plan is underwritten by BCS Insurance Company, Oakbrook Terrace, IL. This is not a complete description of benefits. Plan limitations and provisions apply. See your SPD for plan details.

Ancillary Plan Overview

Dental, Vision, Term Life, and Short-Term Disability



DENTAL

Our Dental plan covers a portion of the costs for dental claims like exams, cleaning, fillings, and other dental work. The plan covers more procedures the longer you carry coverage.

Cleanings & Exams | Fillings & Dental Work | Crowns & Bridges



VISION

Our Vision plan helps offset the costs for eye exams, frames, and contacts, and could even pay 100% of the total cost when using in-network optometrists.

Eye Exams | Frames & Lenses | Contact Lenses



TERM LIFE

Our Term Life insurance is paid to your selected beneficiary and covers Accidental Death and Dismemberment. This plan can also cover dependents.

\$10,000 Primary | \$5,000 Spouse | \$5,000 Child | \$1,000 Infant



SHORT-TERM DISABILITY

Our Short-Term Disability plan covers 60% of your base pay up to \$150 per week up to 26 weeks if you become disabled and are unable to work.

60% of Salary | Paid Up to 26 Weeks | Paid After 7 Days

Ancillary Plan Summary of Benefits

Dental & Vision

Dental Benefit			
Annual Maximum Benefit		\$750	Deductible ¹
	Waiting Period	Co-Insurance	\$50
Coverage A	None	80%	Covered Procedures
Coverage B	3 Months	60%	Exams, Cleanings, Intraoral Films, and Bitewings
Coverage C	12 Months	50%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures
			Periodontics, Crowns, Endodontics, Bridges and Dentures

Vision Benefit		In-Network	Out-of-Network
Eye exam with dilation as necessary ^{2,3}		\$10 Copay; plan pays 100%	Plan pays \$35; you pay remaining
Exam Options ⁴			
Standard Contact Lens Fit		You pay up to \$55	You pay 100% of the price
Premium Contact Lens Fit		10% off retail price; you pay remaining	You pay 100% of the price
Frames ⁵		Plan pays 20% after \$110 allowance	\$55; you pay remaining
Standard Plastic Lenses ^{3,6}			
Single Vision		\$25 Copay; plan pays 100%	\$25; you pay remaining
Bifocal		\$25 Copay; plan pays 100%	\$40; you pay remaining
Trifocal		\$25 Copay; plan pays 100%	\$55; you pay remaining
Lens Options			
UV Coating		\$15	You pay 100% of the price
Tint (Solid and Gradient)		\$15	You pay 100% of the price
Standard Plastic Scratch Coating		\$15	You pay 100% of the price
Standard Polycarbonate		\$40	You pay 100% of the price
Standard Anti-Reflective Coating		\$45	You pay 100% of the price
Polarized		20% off retail price	You pay 100% of the price
Other Add-ons and Services		20% off retail price	You pay 100% of the price
Contact Lenses ^{3,7}			
Conventional		Plan pays 15% after \$110 allowance	\$88; you pay remaining
Disposable		Plan pays \$110 allowance	\$88; you pay remaining
Medically Necessary		Plan pays 100%	\$200; you pay remaining
Laser Vision Correction		15% off retail price or 5% off promotional price	You pay 100% of the price

¹Per insured, per covered year ²Actual plan charges will vary based on state specific exam fees ³Once every 12 months ⁴Includes follow up ⁵Any available frame at provider location; once every 24 months ⁶these items are \$15 higher in AK, CA, HI, OR, WA. ⁷Contact lens allowance covers materials only

Weekly Rates

Tier Level	Dental	Vision
Employee Only	\$5.40	\$2.42
Employee + Child(ren)	\$14.58	\$6.54
Employee + Spouse	\$10.80	\$4.84
Employee + Family	\$20.52	\$9.20

Ancillary Plan Summary of Benefits

Term Life & Short-Term Disability

Term Life Benefit	
Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at age 70)
Spouse Amount	\$5,000 (terminates at age 70)
Child Amount (6 months to 26 years old)	\$5,000
Infant Amount (15 days to 6 months)	\$1,000
Accidental Death & Dismemberment	
Employee Amount	\$20,000
Spouse Amount	\$20,000
Child Amount (6 months to 26 years old)	\$5,000
Infant Amount (15 days to 6 months)	\$2,500
Short-Term Disability Benefit	
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

Weekly Rates

Tier Level	Term Life	STD
Employee Only	\$0.60	\$4.20
Employee + Child(ren)	\$0.90	-
Employee + Spouse	\$0.90	-
Employee + Family	\$1.80	-

MEC Overview

The Minimum Essential Coverage (MEC) plan is an ACA-compliant wellness and preventive plan that provides coverage for services such as screenings, immunization and vaccinations, contraception, dietary and nutritional supplements, and more. For those working in areas where their state government mandates that a minimum level of health insurance is carried, the MEC plan satisfies this requirement.

MEC Plan - Includes All ACA-Mandated Preventive Services		
Minimum Essential Coverage Benefits	Network	Non-Network
Preventive Services for Adults	100%	40%
Preventive Services for Pregnant Women or Women Who May Become Pregnant	100%	40%
Other Preventive Services for Women	100%	40%
Preventive Services for Children	100%	40%

Sample of Services & Benefits for Adults

- Blood Pressure Screenings
- Flu Shots
- Cholesterol Screenings
- Immunizations

Sample of Services & Benefits for Children

- Immunizations
- Vision Screening
- Behavioral Assessments
- Autism Screening

Sample of Services & Benefits for Pregnant Women or Women Who May Become Pregnant

- Breastfeeding Comprehensive Support and Counseling
- Gestational Diabetes Screening
- Urinary Tract or Other Infection Screening

Sample of Services & Benefits for Women

- Mammography Services
- HIV & HPV Screenings
- Contraceptive Methods and Education
- Well-Woman Visits

Weekly Rates

Tier Level	MEC
Employee Only	\$13.42
Employee + Child(ren)	\$15.18
Employee + Spouse	\$16.38
Employee + Family	\$18.66

For more details, please visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Network Information

These benefit plans offer you savings for medical care through discounts negotiated with providers and facilities in the First Health Network. Although not required, choosing an in-network provider helps maximize your benefits. When you use an in-network provider, you will automatically receive the network discount and the doctor's office will file the claim for you. If you use a doctor who is not part of the network, you will not receive the discount, and you may need to file the claim yourself. To find a participating provider or to verify if your current medical provider is in-network, please call or visit the network websites listed below.

Medical Network

First Health Network

www.myfirsthealth.com

1-800-226-5116

Prescription Network

For your pharmacy benefit information, visit:

www.paisc.com

1-866-798-0803

Dental Network

Dentemax

www.dentemax.com

1-800-752-1547

Vision Network

EyeMed Vision Care

www.eyemedvisioncare.com

1-866-559-5252

Please do not contact the above networks for questions regarding your medical benefits. All medical benefit questions should be directed to **ESC Customer Service at 1-866-798-0803.**

Customer Service Information & FAQs

Fixed Indemnity Medical & Ancillary Plans

Group Number: 3103800

For FAQs and Additional Network Information, Visit:

www.enrollment.care/info/bcs/ind/

To Make Changes or Cancel Coverage, Call:

800-269-7783 and use pin code 142 + _ _ _ _ (last four digits of your SSN)

MEC Plan

Group Number: 83103800

For FAQs, a Full List of Covered Preventive Services, or an SBC, Visit:

www.enrollment.care/info/bcs/mw/

A paper copy of your SBC is also available, free of charge by calling
ESC Customer Service 1-866-798-0803.

To Make Changes or Cancel Coverage, Call:

800-269-7783 and use pin code 642 + _ _ _ _ (last four digits of your SSN)

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

Once enrolled, you can call this number for questions
regarding plan coverage, ID card, claim status,
policy booklets, and to add, change, or cancel coverage.

ESC Customer Service hours are

M - F, 8:30 a.m. to 8 p.m. EST.

Bilingual representatives are available.

You can also visit www.paisc.com,
click on “Members”, and enter your group number **3103800**



Exclusions and Limitations

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

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

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.

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.

TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

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.

For Accidental Death and Dismemberment benefits will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

Attempted suicide or intentionally self-inflicted injury; bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of poisonous food substance; 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, your spouse or domestic partner; you, your spouse's or domestic partner'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; work-related injury or sickness.

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.

The fixed indemnity medical/Rx, dental, vision, term life, and accidental death and dismemberment plans are not available to residents of Hawaii, New Hampshire, or Puerto Rico.

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 reside in California, Hawaii, New Hampshire, New Jersey, New York, or Rhode Island.