Medical Plan 2

	Plan 2
Medical Network	First Health Network
Network Provider Must Accept Plan	Yes
Pre-Existing Limitation	**None**
Wellness Care (once per year)	$100
Inpatient Benefits	
First Hospital Admission (once per year)	$250
Daily Room & Board Maximum	$500 per day
Daily Intensive Care Unit[2]	$600 per day
Surgery	$3,000 per day
Anesthesiology	$600 per day
Skilled Nursing[3]	$100 per day
Outpatient Benefits	
Annual Outpatient Maximum	$2,000
Physician Office Visit[1] (includes lab and x-ray performed in the physician's office)	$100 per day
Diagnostic Lab[1] (performed outside the physician's office)	$75 per day
Diagnostic X-ray[1] (performed outside the physician's office)	$200 per day
Ambulance Services[1]	$300 per day
Emergency Room Benefit - Sickness[1]	$200 per day
Emergency Room Benefit - Accident[1]	$500 per day
Outpatient Surgery[1]	$500 per day
Anesthesiology[1]	$200 per day
Physical, Occupational, and Speech Therapy[1]	$50 per day
Prescription Drug	
Annual Maximum	$600
Prescription Drug Benefits	$20 per day
Prescription Drug Network	Caremark
Employee Only Weekly Rates	**$20.91**
Employee Plus One Weekly Rates	**$42.44**
Employee Plus Family Weekly Rates	**$56.67**

[1] up to annual outpatient maximum [2] pays in addition to standard care benefit [3] payable for stays in a skilled nursing facility after a hospital stay

Dental, Vision, Term Life, & AD&D

Dental Benefits			
Annual Maximum Benefit	$750	**Deductible**	$50
	Waiting Period	**Co-insurance**	
Coverage A	None	80%	Exams, Intraoral Films and Bitewings
Coverage B	3 months	60%	Fillings, Oral Surgery, Repairs for Crowns, Bridges & Dentures
Coverage C	12 months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures
Employee Only	**$5.23**		
Employee + One	**$10.46**		
Employee + Family	**$17.26**		

Weekly Rates

Vision Benefits		Weekly Rates
	In-Network	**Out-of-Network**
Eye Examination for Glasses [1] **(including dilation)**	Co-pay: $10, plan pays 100%	Plan pays $35, you pay remaining balance
Frames[2]	Plan pays $110 allowance[4]	Plan pays $55
Standard Plastic Lenses for Glasses[1]	Co-pay: $25, plan pays 100%	Co-pay: $0, plan pays $25-$55[3]
Standard Contact Lens Fit[1]	Plan pays up to $55	You pay 100% of the price
Premium Contact Lens Fit[1]	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses[1]	Plan pays $110 allowance[4]	Plan pays $88
Contact Lenses Medically Necessary[1]	Plan pays 100%	Plan pays $200
Employee Only	**$2.35**	
Employee + One	**$4.00**	
Employee + Family	**$5.64**	

Term Life Benefits				Weekly Rates
Employee Amount	$10,000 (reduces to $7,500 at 65; $5,000 at age 70)		**Child Amount (6 months to 26 years old)**	$5,000
Spouse Amount	$5,000 (terminates at age 70)		**Infant Amount (15 days to 6 months)**	$1,000
Employee Only	**$0.60**		**Employee + Family**	**$1.80**
Employee + One	**$0.90**			

Accidental Death & Dismemberment			
Employee Amount	$20,000	**Child Amount (6 months to 26 years old)**	$5,000
Spouse Amount	$20,000	**Infant Amount (15 days to 6 months)**	$2,500
Accidental Death & Dismemberment is part of the Term Life Benefit			

[1] Once every 12 months. [2] Once every 24 months [3] Single Vision: $25, Bifocal: $40, Trifocal: $55
[4] Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%

Questions with Answers

Q: Do all employees have to complete an enrollment form?

A: Yes. By obtaining acknowledgement of either an acceptance or declination from each employee completes new-hire paperwork, you are limiting the liability you and your employer face. We never want an employee or family member of your agency to come back to you and say they were discriminated against and never offered insurance. It is in your company's best interest to make sure that all employees fill out the enrollment form and either elect or decline coverage.

Q: When can an employee enroll for benefits?

A: Employees may sign up for coverage during their first thirty (30) days of employment or during the company-wide open enrollment period. Employees who choose not to elect coverage during their own 30-day open enrollment period, or a company-wide open enrollment, will be asked to wait until the next company-wide open enrollment period before being allowed to elect coverage. Leaving one job assignment and immediately starting another does not constitute a "new" 30-day open enrollment period. If an employee has been terminated or laid off from an assignment and returns on a new assignment, after 6 or more weeks, he/she may re-enroll as a new hire. ESC/PAI considers an employee's first day on a job assignment, regardless of length, the start of their personal 30-day open enrollment period. This is why we encourage you to make sure ALL employees filling out new-hire paperwork complete an Essential StaffCARE enrollment form.

Q: Will an employee's insurance be canceled if a premium payment is missed?

A: No. Coverage cannot be cancelled until the employee has missed six consecutive premium deductions. In the event that an employee misses a deduction(s), the employee may make direct payments to PAI, as long as there has been at least one payroll deduction made through their employer. It is the employee's responsibility to contact PAI to make arrangements for direct payments. PAI will NOT contact your employee if a premium payment is missed. Employees may not initiate coverage through a direct payment. If an employee chooses not to make payments for the week(s) they have a break, no benefit will be paid for claims incurred and submitted during the break in coverage. Payments must be received within 45 days of the date of the paycheck from which a premium deduction would have been made. If an employee comes back to work between one (1) and six (6) weeks, payroll deductions will automatically begin again and be applied on a going forward basis (the Monday following the next deduction). Deductions will only be taken weekly and will NOT be "caught up" by the employer or posted to back weeks.

Q: When will an employee and his/her eligible dependents be eligible for COBRA?

A: Employees become eligible to receive a COBRA offer if they have had at least one payroll deduction through their employer and have missed six consecutive premium payroll deductions. Once there is a six week break with no payroll premium reported, a COBRA letter is automatically generated and sent by PAI to the member's home address. If the employee or dependent is eligible, he or she may elect COBRA within sixty days from the date of their letter and the applicable premium must be remitted in full to the address provided in their letter. COBRA participants or "qualified beneficiaries", are not billed for their COBRA payment and must take responsibility to keep premium current. COBRA participants may generally stay on COBRA for up to 18 months from the date of a qualifying event that causes loss of coverage. A second qualifying event may allow extended COBRA coverage for up to 36 months. Qualifying events for COBRA are termination of employment, loss of coverage due to a reduction of hours, death of the employee, divorce or legal separation, change in status of a dependent, Medicare entitlement, retired employees, and for employer bankruptcy.

Q: Who is considered an "eligible dependent"?

A: Your eligible dependents are your spouse and your children under age 26.

Q: When can an enrollee add coverage for himself/herself or dependents?

A: An enrollee may add coverage for himself/herself during an annual open enrollment period or during a life changing event, such as birth, marriage, death, divorce, adoption, Medicare entitlement or loss of prior coverage. Proof of the event must be provided and enrollment or change must occur within thirty days of such event.

OPTION 2 - MEC WELLNESS/PREVENTIVE PLAN BENEFITS AT A GLANCE Policy Number 82038000-M-KIM

ACA Required Wellness and Preventive 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

OPTION 2 - MEC WELLNESS/PREVENTIVE PLAN BENEFITS AT A GLANCE Policy Number 82038000-M-KIM

ACA Required Wellness and Preventive Benefits

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

Monthly Rates					
Employee Only	**$69.94**	**Employee + 1**	**$109.88**	**Employee + Family**	**$242.21**

Q: How do I enroll?

A: Enrolling in the MEC Wellness/Preventive Plan is easy. You can enroll by completing an Essential StaffCARE MEC Wellness/Preventive Plan application and returning it to your manager.

Q: When can I enroll in the plan?

A: You are eligible to enroll in the MEC Wellness/Preventive Plan program within 30 days of your hire date or during your employer's annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

Q: What is a qualifying life event?

A: A qualifying life event is defined as a change in your status due to one of the following:

- Marriage or divorce
- Birth or adoption of a child(ren)
- Termination
- Death of an immediate family member
- Medicare entitlement
- Employer bankruptcy
- Loss of dependent status
- Loss of prior coverage

In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this benefit.

Q: Are dependents covered?

A: Yes. Eligible dependents include your spouse and your children up to age 26.

Q: When does coverage begin?

A: Coverage begins the 1st of the month following receipt of your first monthly payment.

Q: Can I make changes or cancel coverage?

A: You will only have 30 days from your hire date to enroll, add additional benefi ts or add additional insured members. After this time frame, you will only be allowed to enroll, add benefits or add additional insured members during your annual open enrollment period or within 30 days of a qualifying life event.

Q: How can I make changes or enroll if I initially decline?

A: To make changes or enroll if you initially declined, contact your employer and request a change form. Changes are effective the 1st of the month following the date of the change request. You can cancel or reduce coverage at any time. Please remember that you may only enroll or increase your coverage level during an open enrollment period or within 30 days of a qualifying life event.

Q: Is there a pre-exisiting clause for the medical benefit?

A: There are no restrictions for pre-existing conditions in this plan. Even if you were previously diagnosed with a condition, you can receive coverage for related services as soon as your coverage goes into effect.

Minimum Value Plan Covered Benefits
(ACA Compliant Plan)

MVP Preventive Services	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%
PPO Network	**MultiPlan**	
MVP Covered Benefits	**Network**	**Non-Network**
Deductible	$0 / $0	$500 / $1,000
Coinsurance	100%	40%
Out of Pocket Maximum	$1,850 / $12,700	N/A
MVP Covered Benefits	**Network**	**Non-Network**
Emergency Room Services	$400 Copay	$400 Copay
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	$15 Copay	Ded/Coins
Specialist Visit	$25 Copay	Ded/Coins
Imaging (CT, PET Scans, MRIs)	$400 Copay	Ded/Coins
Laboratory Outpatient and Professional Services	$50 Copay	Ded/Coins
X-rays and Diagnostic Imaging	$50 Copay	Ded/Coins
Preventive Care/Screening/Immunization (MVP)	100% Covered	Ded/Coins
Chronic Disease Management Benefit	100% Covered	Ded/Coins
Prescription Drugs		
Prescription Network	**Caremark**	
Generics	$15 Copay	Ded/Coins
Preferred Brand Drugs	$25 Copay	Ded/Coins
Non-Preferred Brand Drugs	$75 Copay	Ded/Coins
Employee Only	**$224.30**	
Employee + 1	**$354.78**	
Employee + Family	**$487.38**	

ACA Required Wellness and Preventive Benefits	
Adults	
The MVP 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 MVP 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
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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

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
ACA Required Wellness and Preventive Benefits	
Children	
The MVP Plan covers 100% of the allowed amount in network; 40% out of network	
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Autism	Screening for children at 18 and 24 months
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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
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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
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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

Q: How do I enroll?

A: Enrolling in the Minimum Value Plan is easy. You can enroll by completing an Essential StaffCARE Minimum Value Plan application and returning it to your manager.

Q: When can I enroll in the plan?

A: You are able to enroll in the Essential StaffCARE MVP program within 30 days of your eligibility date or during your employer's annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

Q: What is a qualifying life event?

A: A qualifying life event is defined as a change in your status due to one of the following:

- Marriage or divorce
- Birth or adoption of a child(ren)
- Termination
- Death of an immediate family member
- Medicare entitlement
- Employer bankruptcy
- Loss of dependent status
- Loss of prior coverage

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

Q: Are dependents covered?

A: Yes. Eligible dependents include your spouse and your children up to age 26.

Q: When does coverage begin?

A: Coverage begins the 1st of the month following the waiting period selected by your employer.

Q: Can I make changes or cancel coverage?

A: You will only have 30 days from your hire date to enroll, add additional benefits or add additional insured members. After this time frame, you will only be allowed to enroll, add benefits or add additional insured members during your annual open enrollment period or within 30 days of a qualifying life event.

Q: How can I make changes or enroll if I initially decline?

A: To make changes or enroll if you initially declined, contact your employer and request a change form. Changes are effective the 1st of the month following the date of the change request. You can cancel or reduce coverage at any time. Please remember that you may only enroll or increase your coverage level during an open enrollment period or within 30 days of a qualifying life event.

Q: Is there a pre-exisiting clause for the medical benefit?

A: There are no restrictions for pre-existing conditions in this plan. Even if you were previously diagnosed with a condition, you can receive coverage for related services as soon as your coverage goes into effect.