

Essential StaffCARE 5500 Plan

Employee Benefit Enrollment Guide

Created on:
10/16/2015



Plan Overview

The Essential StaffCARE 5500 plan is a fully insured plan that provides comprehensive coverage as outlined under the Affordable Care Act (“ACA”) to full-time employees working a minimum of 30 or more hours per week.

Choosing a health coverage plan is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (“SBC”). The SBC summarizes important information about the Essential StaffCARE 5500 health plan in a standard format, to help you understand plan benefits. The SBC is available by visiting www.paisc.com or by contacting customer service at 1-866-798-0803.

Plan Enrollment

You are eligible to enroll in the Essential StaffCARE 5500 plan within 30 days of your eligibility date or during your employer's annual 30 day open enrollment period. You may enroll you and your children up to age 26 (or state mandate). In order to participate in this plan, you must sign up during the open enrollment period. If you miss this date, you and your dependents will have to wait until the next open enrollment period or until you have a Qualifying Life Event. You have 30 days after the date that triggered the qualifying life event to purchase major medical health insurance coverage for yourself and your children. A qualifying life event is defined as a change in your status due to the following:

- Marriage or divorce
- Birth or adoption of a child (children)
- Termination
- Death of an immediate family member
- Employer bankruptcy
- Loss of dependent status
- Involuntary loss of coverage

In addition, you may request a special enrollment for yourself and your eligible dependents within 60 days of the following:

- Termination of coverage under Medicaid or a
- State Children’s Health Insurance Program (SCHIP)
- Becoming Eligible for SCHIP Premium assistance under this medical benefit

Customer Service

Once enrolled, you may contact customer service at 1-866-798-0803 for questions regarding plan coverage, ID cards, claim status, policy booklets and to add, change, or cancel coverage.

Deductibles and Maximum Benefits

Deductibles and maximum benefits are based on a coverage year (January 1–December 31). If dependents are covered under the plan, each dependent must meet a deductible and is subject to the annual maximum benefit.

Important Information

This employer sponsored plan is renewable at the option of the policyholder. It may not be purchased as an individual policy. This form is intended as a brief summary of the coverage provided. The group policy issued to your employer is the official document governing the provisions of the Essential StaffCARE 5500 benefit plan. State mandated benefits that apply to this plan will be included even if they are not described herein. Your health insurance ID card will be sent in the mail along with information on how to access your Summary Plan Description (SPD). If you are age 65 or older, or if you or your dependents are eligible for Medicare and you are enrolled in the Essential StaffCARE 5500 plan, please contact your Human Resource Department for the Medicare Part-D notice.

Frequently Asked Questions

How do I enroll?

Enroll by completing the Essential StaffCARE 5500 plan enrollment form at www.essentialclient.com.

When can I enroll in the plan?

You are eligible to enroll in the Essential StaffCARE 5500 plan within 30 days of your eligibility date, or during your employer's annual 30 day open enrollment period.

If you experience a qualifying life event, you must submit a change request at www.essentialclient.com or by calling the Customer Service line at 1-866-798-0803. You also need to submit supporting documentation along with your change request.

Are dependents covered?

Yes. Eligible dependents include your children up to age 26 or state mandated.

When does coverage begin?

Coverage begins the 1st of the month following receipt of your first monthly payment after any waiting period elected by your employer.

Can I change my coverage?

To make changes, complete a change request form at www.essentialclient.com or by contacting Customer Service at 1-866-798-0803. Changes are effective the 1st of the month following the date of the request. You will only have 30 days from your eligibility 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.

How do I cancel coverage?

You may cancel coverage at any time unless your premiums are pre-tax.

Is there a pre-existing condition clause for the Essential StaffCARE 5500 plan?

There is not pre-existing condition clause for the Essential StaffCARE 5500 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.

Network Information

Stretch Your Benefit Dollars

This plan includes the First Health Network, which provides access to approximately 5,000 hospitals and over 550,000 doctors and health care professionals across all 50 states and the District of Columbia.

How Do I Locate a Doctor?

Enrolled members are encouraged to visit providers in the networks listed in order to maximize their benefit dollars. To find a participating provider or verify your current medical provider is in-network, please call or visit the network websites referenced on this page.

Prescription Drug Network

Caremark has a national network with over 65,000 pharmacy locations nationwide. Nearly all the chain drug stores and more than 20,000 independent pharmacies are in the Caremark network. To locate a pharmacy, contact Caremark at 1-888-963-7290 or visit www.caremark.com.

Do I have to go to an in-network provider?

It is not required that you go to an in-network provider. If you choose a provider who participates in the PPO network, you receive two key advantages:

- PPO discount for all services.
- The provider will file the claim to the plan.

Essential StaffCARE Plan

- First Health Network
1-800-226-5116
www.firsthealth.com

Prescription

- Caremark
1-888-963-7290
www.caremark.com

Do not contact the above Networks for questions regarding your medical benefits. All medical benefit questions should be directed to the Member Services line at 1-866-798-0803.

When should I expect an ID card?

ID cards will be mailed as soon as your enrollment form is processed. You should receive your ID card within 10 business days of your effective date.

Member ID Cards

An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents within 10 business days of your effective date, or have a change of address, please contact Customer Service at 1-866-798-0803. Present your ID card to the provider at the time of service. These ID cards are used for identification purposes and providers use them to verify eligibility status.

ACA Compliant Benefits at a Glance

Annual Maximum (deductibles are based on a coverage year)

Unlimited

Member Benefits

In Network Out of Network

Individual Deductible	\$5,500	\$11,000
Family Deductible	\$11,000	\$22,000
Coinsurance (payable by employee)	20%	40%

Out-of-Pocket Maximum (includes deductible)

Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400

Essential Health Benefits (coinsurance payable by employee after the Deductible)

Preventive Care/ Screening/Immunization (if in network the deductible is waived)	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 (coinsurance payable by employee after the deductible)

Generic	20%	40%
Preferred Brand	30%	50%
Non-Preferred Brand	40%	50%
Specialty	50%	N/A

Limitations and Exclusions

(Limitations and exclusions will vary by state)

The Essential StaffCARE 5500 policy contains certain exclusions and limitations. Charges for any treatment, services, or supplies as described below will not be considered as Covered Expenses under the Policy and no benefits will be payable for such charges. The Policy does not provide any benefits for:

1. Any treatment, service or supply which is not due to a Sickness or Injury, except for Preventive Care as specified under Covered Services; or
2. Any treatment, service or supply unless administered or ordered by a Physician and is Medically Necessary to the diagnosis or treatment of an Injury or Sickness; or
3. Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions that are not specifically the result of a Mental Health Disorder; or
4. Inpatient personal convenience items such as radio and television, massages, telephone charges, take home supplies and guest meals; or
5. Treatment, services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage; or
6. Treatment, services or supplies that are furnished to you by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government whether or not that payment or benefits are received; or
7. Hospital and Physician Charges for weekend Hospital admissions for non-Emergency procedures, unless Medically Necessary or unless Surgery is scheduled for the next day; or
8. Treatment, services or supplies for any Illness or Injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits; or
9. Physical or psychological examinations or Diagnostic Services required by any third party, such as by a court or for employment, premarital examinations, licensing, insurance, school, sports or recreational purposes and the completion of any forms for such examinations; or
10. Treatment, services or supplies for any Injury or Sickness resulting from war or any act of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an Employer; or
11. Treatment, services or supplies for any Injury or Sickness incurred during the commission or attempted commission of a crime or felony or while engaged in any illegal act; or
12. Treatment, services or supplies for any Injury or Sickness for Loss incurred as a result of a Covered Person being intoxicated, as defined by applicable state law in the state in which the Loss occurred, or being under the influence of any narcotic, barbiturate, hallucinatory or other drug, unless administered by a Physician and taken in accordance with the prescribed dosage or being under the influence of any illegal drug as defined by state or Federal law; or

13. Treatment of malocclusions, disorders of the temporomandibular joint (TMJ) or craniomandibular disorders; or
14. Treatment, services or supplies due to complications of a non-covered service; or
15. Cosmetic or plastic Surgery, or the complications of any such Surgery, except for Reconstructive Surgery that is incidental to or follows Surgery or an Injury that was covered under the Policy or is performed to correct a birth defect in a child who has been a Covered Person from birth until the date of Surgery; or
16. Breast augmentation or reduction; the removal of breast implants unless Medically Necessary and related to Surgery performed as Reconstructive Surgery due to a Sickness; and breast reduction Surgery unless Medically Necessary due to a Sickness; or
17. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
18. Routine eye exams, except as specified in the Pediatric Vision Benefit, eye glasses, visual therapy, or contact lenses, or
19. Routine hearing exams except as specified in the Preventive Care Services and Supplies Benefit or
20. Assessment of the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
21. Dental treatment, surgery, dental prostheses and orthodontic treatment except as specified in the Pediatric Dental Expense Benefit except for dental care or services necessary due to congenital disease or anomaly; or
22. Penile implants; fertility and sterility studies; any treatment, services or supplies to restore or enhance fertility; or
23. Vasectomies and reversal of sterilization; or
24. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including: in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all Charges related to such in vitro fertilization; or
25. Injury or Sickness that is intentionally self-inflicted while sane, except that this exclusion does not apply to any self-inflicted Injury or Sickness that is the result of a medical condition; or
26. The voluntary taking of poison; or the voluntary inhaling of gas; or
27. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
28. Services rendered to a surrogate mother who is not a Covered Person; or
29. Sexual reassignments or sexual dysfunctions or inadequacies; or
30. Alternative treatments as defined by the Office of Alternative Medicine of the National Institutes of Health including but not limited to: acupressure, acupuncture, aroma therapy, hypnotism, and massage therapy; or

31. Routine foot care, except for Covered Persons diagnosed with diabetes, including the cutting or removal of corns, calluses or bunions, the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet; or
32. Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot; or
33. Orthotics – specially fitted inserts to a shoe; or
34. Obesity, extreme obesity, morbid obesity or weight reduction, unless specified in the Preventive Care Services and Supplies Benefit including wiring of the teeth and all forms of surgery including bariatric surgery, intestinal bypass surgery and complications resulting from such surgery; or
35. Any services performed by a member of a Covered Person's Immediate Family; or
36. Experimental or Investigational treatment, services and supplies (including Prescription Drugs or medications) and all related services and supplies; or
37. Any surgical removal of an organ or tissue unless Medically Necessary; or
38. Any over-the-counter medication or medication that may be obtained without a prescription unless specified in the Preventive Care Services and Supplies Benefit; or
39. Blood derivatives that are not classified as drugs in the official formularies; or
40. Custodial Care, regardless of who prescribes or renders such care; or
41. Treatment, services or supplies received or purchased outside the United States, except for an Emergency, while traveling for up to a maximum of ninety (90) consecutive days. If travel extends beyond ninety (90) consecutive days, no coverage is provided for Emergency Medical Care for the entire period of travel including the first ninety (90) days; or
42. Any education or training materials including, programs or materials for management of pain, asthma and heart disorders; or
43. Equipment, other than Durable Medical Equipment, including, modifications to motor vehicles or motor homes; wheelchair lifts or ramps; water therapy devices, such as Jacuzzis or hot tubs; and exercise equipment or comfort and convenience items commonly used for other than medical purposes such as air conditioners, humidifiers, physical fitness equipment, television and telephones; or flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country; or
44. An Injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following: operating or riding on a motorcycle; professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; racing or speed testing any motorized vehicle or conveyance; racing or speed testing any non-motorized vehicle or conveyance (if the Covered Person is paid to participate or to instruct); scuba/skin diving (when diving 60 or more feet in depth); skydiving; bungee jumping; rodeo sports; horseback riding (if the Covered Person is paid to participate or to instruct); rock or mountain climbing (if the Covered Person is paid to participate or to instruct); or skiing (if the Covered Person is paid to participate or to instruct); or

45. Telephone and electronic consultations, appointment fees for failing to keep a scheduled visit, fees for completing claim forms, fees related to obtaining Prior Authorization, and fees related to the provision of medical records; or
46. Any treatment, services or supplies not identified or included as a Covered Expense under the Policy. You will be fully responsible for payment for any services that are not Covered Expenses; or
47. Treatment services or supplies that are provided prior to the Effective Date or after the termination date of this Policy, except as provided for under the Extension of Benefits provision or
48. Treatment, services and supplies related to an abortion; except if the life of the mother would be in danger if the fetus were carried to term.