

## **Essential StaffCARE PROGRAM OVERVIEW & FREQUENTLY ASKED QUESTIONS**

### **When to Enroll in the Plan?**

Enrolling in the Essential StaffCARE plan is easy. You can enroll in the Medical/Rx, Dental, Vision, Term Life and Short-Term Disability plans by completing an Essential StaffCARE Enrollment Application and returning it to your manager.

### **Who Is Eligible to Enroll in Essential StaffCARE?**

As a full-time and/or part-time employee, you are able to enroll in the Essential StaffCARE program within 30 days of your hire date, 1st paycheck date, or 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.

### **What is a qualifying life event?**

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
- Loss of insurance coverage by your spouse
- 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 medical benefit.

### **Are dependents covered?**

Yes. Your eligible dependents are your spouse and your children up to age 26.

### **When does Coverage Begin?**

Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your check stub for deductions. If you miss a payroll deduction, to avoid a break in coverage, you may make direct payments to PAI. After six consecutive weeks without a payroll deduction or direct premium payment, coverage will be terminated and COBRA information will be sent at that time.

### **If I complete an enrollment form, but do not get placed on assignment right away, will I have to complete a new form?**

After six months if there has not been a deduction from your paycheck, please fill out a new enrollment form. Missing information will delay the process.

### **Can I make changes or cancel coverage?**

You may cancel or reduce coverage at any time unless your premiums are deducted pre-tax. You will only have 30 days from your hire date or first paycheck 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 can I make changes?**

To make changes or cancel coverage by telephone call: **(866)798-0803**

Remember, it may take up to two or three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.

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### **Do I have to go to an In Network provider?**

It is not required that you go to an in-network provider however, 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.

### **When should I expect an ID card?**

ID cards will be mailed out as soon as your enrollment form is received and processed. You should receive your ID card within 7-10 days of your effective date.

### **Is there a pre-existing clause for the Medical Benefit?**

There are no restrictions for pre-existing conditions in this medical 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.

### **Is there coverage for contraceptives on this plan?**

Yes, oral contraception is covered under the prescription benefits. However, non-oral contraceptives are not covered.

### **Are maternity benefits covered?**

Yes, maternity benefits are covered the same as any other condition under this plan.

## NETWORK INFORMATION

### Prescription Drug Network

If enrolled in the medical plan, you are automatically covered by the prescription drug program through the Caremark Pharmacy Network. Caremark has a national network with over 58,000 participating pharmacies. To find a local participating Caremark pharmacy, you can visit [www.caremark.com](http://www.caremark.com). Prescription drug benefit information can be found on the Benefits at a Glance page.

### Stretch Your Benefit Dollars

This benefit plan offers you and your family savings for medical care through discounts negotiated with providers and facilities in the Beech Street Network, PHCS Network, or Multiplan Network. Choosing an in-network provider helps maximize 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.

### How To 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.

### 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 the Essential StaffCARE Customer Service at **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.

### Medical

- Beechstreet  
1-866-907-3619  
[www.beechstreet.com](http://www.beechstreet.com)  
(available except where other networks are used)
- PHCS Network  
1-866-671-7427  
[www.phcs.com](http://www.phcs.com)  
(available for residents of Arkansas and Utah)
- Multiplan Network  
1-888-342-7427  
[www.multipplan.com](http://www.multipplan.com)  
(available for residents of West Virginia)

### Prescription

- Caremark  
1-888-963-7290  
[www.caremark.com](http://www.caremark.com)

### Vision

- EyeMed Vision Care  
1-866-723-0513  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

### Dental

- DenteMax  
1-800-752-1547  
[www.dentemax.com](http://www.dentemax.com)

**Do not contact the above Networks for questions regarding your Medical Benefits. All Medical Benefit questions should be directed to the Essential StaffCARE Member Services line at 866-798-0803.**

## 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.

### 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;
- 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.

### 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.

### For Residents of Massachusetts Only

This health plan, alone, does not meet Minimum Creditable Coverage standards that are effective January 1, 2009, as part of the Massachusetts Health Care Reform Law because the health plan imposes an overall annual maximum benefit for covered core services. If you purchase this health plan only, you will not satisfy the statutory requirement that you have health insurance meeting these standards. If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage standards. Your employer or other plan sponsor also may offer supplemental plans you can add to this insured health plan in order to meet Minimum Creditable Coverage. If you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its Web site at [www.mass.gov/doi](http://www.mass.gov/doi), or the Connector by calling 1-877-MA-ENROLL or visiting its Web site at [www.mahealthconnector.org](http://www.mahealthconnector.org).

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its Web site at [www.mass.gov/doi](http://www.mass.gov/doi).

## 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.

## VISION

No benefits will be paid for any materials, procedures or services provided under workers' 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.

## 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;
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York or Rhode Island.

## TERM LIFE

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.