



Essential StaffCARE

Limited Benefits & Self-Funded Minimum Essential Coverage (MEC) Enrollment Form



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.

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 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 Essential StaffCARE Customer Service at 1-866-798-0803.

Availability of Summary Health Information for MEC/Wellness Preventive Plan

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: essentialstaffcare.com/sbcmec. A paper copy is also available, free of charge, by calling Essential StaffCARE Customer Service 1-866-798-0803.

The Essential StaffCARE Fixed Indemnity Medical, Prescription Drug, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.1204, 26.1214, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

AAL ESC/MEC 4S PVDM v16.0B

PLAN OPTIONS

- You can choose to purchase the Fixed Indemnity Medical Plan (**Option 1**) or the MEC Wellness/Preventive Plan (**Option 2**) or both.
- Please read the following information on your plan options and fill out the Enrollment Form on the last page.

OPTION 1 - FIXED INDEMNITY MEDICAL PLAN

PLAN INFORMATION

OPTION 1 (Fixed Indemnity Medical Plan) pays a flat amount for each 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. The fixed indemnity medical plan does not satisfy the federal healthcare reform Individual Mandate.

PAYMENT INFORMATION

The Fixed Indemnity Medical, Dental, Vision, Term Life, and Short Term Disability Plans are payroll deducted. The premium for these products will be taken out of your paycheck.

TAX INFORMATION

Your Company has chosen to take your deductions for the Fixed Indemnity Medical, Dental, Vision, Term Life, and Short Term Disability Plans on a **Post-Tax basis**.

OPTION 2 - MEC WELLNESS/PREVENTIVE PLAN

PLAN INFORMATION

Choosing **OPTION 2** (MEC Wellness/Preventive Plan) will **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. This plan **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. This plan satisfies the federal healthcare reform Individual Mandate. **By purchasing this plan, you will not be taxed for failing to purchase insurance required by the Affordable Care Act.**

PAYMENT INFORMATION

The MEC Wellness/Preventive Plan will utilize a direct payment process. You will receive information in the mail with further instructions on how to set up payment. This payment option will require a credit card for payment so the premium can be automatically deducted.

HOW TO ENROLL

STEP 1

To Enroll, complete the Employee Form on the **last page** of this packet.

- Complete the Employee Information Section as part of your new hire process.
- Accept or Decline Each Benefit.
- You **MUST** Sign and Date Even if you Decline Coverage.

STEP 2

Please return the Enrollment Form (last page only) to your Branch Manager.

STEP 3

Keep remainder of this packet for your records.

Member Services:

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

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, policy booklets, and to add, change, or cancel coverage.
- 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 "Your Plan" and enter your group number.

FREQUENTLY ASKED QUESTIONS

AFFORDABLE CARE ACT

Can I receive a subsidy on the Exchange?

Enrolled into MEC Wellness/Preventive Plan:

No, if you enroll into the MEC Wellness/Preventive Plan you will not qualify for a subsidy at the health insurance exchange as this plan will meet the definition of Minimum Essential Coverage. Please DO NOT enroll into the MEC Wellness/Preventive Plan if you wish to obtain or wish to continue receiving Federally subsidized coverage from the health insurance exchange.

Does this plan satisfy the Individual Mandate?

Enrolled into MEC Wellness/Preventive Plan:

Yes, by enrolling into the MEC Wellness/Preventive Plan you will be meeting your Individual Mandate obligations.

MEC WELLNESS/PREVENTIVE PLAN

When can I enroll in the plan?

You are able to enroll in the MEC Wellness/Preventive Plan 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. 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.

When does coverage begin?

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

How can I make changes or enroll if I initially declined?

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 add additional insured members during an open enrollment period or within 30 days of a qualifying life event.

Does this plan cover medical services?

This plan is in compliance with ACA rules and regulations. It covers wellness and preventive services only.

Is there a pre-existing clause for the MEC Wellness/Preventive Plan?

There are no restrictions for pre-existing conditions for the MEC wellness/preventive 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.

FREQUENTLY ASKED QUESTIONS

FIXED INDEMNITY MEDICAL PLAN

When can I enroll in the Fixed Indemnity Medical Plan?

You are able to enroll in the Fixed Indemnity Medical Plan 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.

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 do not get placed on assignment right away, will I have to complete a new enrollment 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.

(Please refer to the "TAX INFORMATION" section on page 2 to see if deductions are Post-Tax or Pre-Tax)

How can I make changes?

To make changes or cancel coverage by telephone call (800) 269-7783. Enter your PIN CODE plus the last four digits of your Social Security number (SSN). 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.

PIN CODE: 400 + ____ (last four digits of your SSN)

Is there coverage for contraceptives on this plan?

Oral contraceptives are covered under the prescription benefit. Non-oral contraceptives are not covered.

Are maternity benefits covered?

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

GENERAL QUESTIONS

How do I enroll?

Enrolling in the Essential StaffCARE plans is easy. You can enroll by completing an Essential StaffCARE enrollment application and returning it to your manager.

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
- 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.

Are dependents covered?

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

Is there a pre-existing clause for the Fixed Indemnity Medical Plan?

There are no restrictions for pre-existing conditions for the fixed indemnity 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.

NETWORK INFORMATION

FIXED INDEMNITY MEDICAL PLAN

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 First Health 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 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

If enrolled in the Fixed Indemnity Medical Plan, you are automatically covered by the discount 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. Prescription drug benefit information can be found on the Benefits at a Glance page.

What if I need to have a prescription filled?

For generic and brand prescriptions, present your ID card at a participating pharmacy to receive discounts. Generic and brand prescriptions are payable based on the schedule of benefits up to the annual prescription drug maximum. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay.

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.

GENERAL INFORMATION

Fixed Indemnity Medical Plan and MEC Wellness/ Preventive Plan Network

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

Prescription

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

Vision

- EyeMed Vision Care
1-866-559-5252
www.eyemedvisioncare.com

Dental

- DenteMax
1-800-752-1547
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 1-866-798-0803.

When should I expect an ID card?

ID cards will be mailed as soon as your enrollment form is received and 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 Essential StaffCARE 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.

FIXED INDEMNITY MEDICAL PLAN 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.

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 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.

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 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.

OPTION 2 - MEC WELLNESS/PREVENTIVE PLAN BENEFITS AT A GLANCE

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

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 Premium	Policy Number	82935900-M-AAL
Employee Only		\$60.00
Employee + Child(ren)		\$79.80
Employee + Spouse		\$87.00
Employee + Family		\$105.90

PLEASE COMPLETE THE ENROLLMENT FORM ON THE LAST PAGE

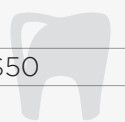
Fixed Indemnity Medical Benefits



Inpatient Benefits		Outpatient Benefits ¹	
Standard Care	\$300 per day	Annual Outpatient Maximum	\$2,000
Intensive Care Unit Maximum ²	\$400 per day	Physician Office Visit	\$55 per day
Inpatient Surgery	\$2,000 per day	Diagnostic (Lab)	\$75 per day
Anesthesiology	\$400 per day	Diagnostic (X-Ray)	\$150 per day
Skilled Nursing (for stays in a skilled nursing facility after a hospital stay)	\$100 per day	Physical Therapy, Speech Therapy, Occupational Therapy	\$50 per day
Accidental Loss of Life, Limb & Sight		Ambulance Services	\$300 per day
Employee	\$20,000	Emergency Room Benefit - Sickness	\$100 per day
Spouse	\$20,000	Emergency Room Benefit - Accident	\$300 per day
Dependent (6 months to 26 years)	\$5,000	Outpatient Surgery	\$500 per day
Dependent (15 days to 6 months)	\$2,500	Anesthesiology	\$200 per day
Wellness Care		Prescription Drugs ³	
Wellness Care (one per year)	\$75	Annual Maximum	\$600
		Generic Copay	\$10
		Brand Copay	\$50

¹ all outpatient benefits are subject to the outpatient maximum ² pays in addition to standard care benefit ³ not subject to outpatient maximum

Dental Benefits



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

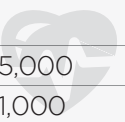
Vision Benefits



	In-Network	Out-of-Network
Eye Examination for Glasses ¹ (including dilation)	Copay: \$10, plan pays 100%	Plan pays \$35, you pay remainder
Frames ²	Plan pays \$110 allowance ⁴	Plan pays \$55
Standard Plastic Lenses for Glasses ¹	Copay: \$25, plan pays 100%	Copay: \$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

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%

Term Life Benefits



Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 mos)	\$1,000

Short-Term Disability



Benefit	60% of Salary up to \$150 per week
Waiting Period/Maximum Benefit Period	7 days/26 weeks

Weekly Premium

Tier Level	Medical	Dental	Vision	Term Life	STD
Employee Only	\$18.76	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren)	\$31.16	\$14.58	\$6.54	\$0.90	n/a
Employee + Spouse	\$35.64	\$10.80	\$4.84	\$0.90	n/a
Employee + Family	\$47.48	\$20.52	\$9.20	\$1.80	n/a

ENROLLMENT FORM

ESC 4US PVDM v16.0B

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ Sex M F

Name _____

Street Address _____

City _____ State ____ Zip _____

Home Phone _____ - _____ - _____

Do you or any dependents have Medicare? _____

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ____/____/____

Names of Covered Person(s)

1. _____
2. _____
3. _____

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / 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 _____

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature _____

Date ____/____/____

OPTION 1 - FIXED INDEMNITY PLAN Weekly Rates

SELECT COVERAGE LEVEL

You **MUST** select a coverage level before adding any benefits. Your coverage level will be identical for each benefit.

- | | |
|---|--|
| <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee + Spouse |
| <input type="checkbox"/> Employee + Child(ren) | <input type="checkbox"/> Employee + Family |
| <input type="checkbox"/> NO to all indemnity benefits. | |

FIXED INDEMNITY MEDICAL



- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> YES | \$18.76 Employee Only |
| <input type="checkbox"/> NO | \$31.16 Employee + Child(ren) |
| | \$35.64 Employee + Spouse |
| | \$47.48 Employee + Family |

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL



- | | |
|------------------------------|--------------------------------------|
| <input type="checkbox"/> YES | \$ 5.40 Employee Only |
| <input type="checkbox"/> NO | \$14.58 Employee + Child(ren) |
| | \$10.80 Employee + Spouse |
| | \$20.52 Employee + Family |

VISION



- | | |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> YES | \$2.42 Employee Only |
| <input type="checkbox"/> NO | \$6.54 Employee + Child(ren) |
| | \$4.84 Employee + Spouse |
| | \$9.20 Employee + Family |

TERM LIFE



- | | |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> YES | \$0.60 Employee Only |
| <input type="checkbox"/> NO | \$0.90 Employee + Child(ren) |
| | \$0.90 Employee + Spouse |
| | \$1.80 Employee + Family |

SHORT-TERM DISABILITY



- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | |
| <input type="checkbox"/> NO | \$4.20 Employee Only |

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

OPTION 2 - MEC WELLNESS/PREVENTIVE PLAN

- | | |
|---|-----------------------|
| <input type="checkbox"/> \$60.00 Employee Only | 82935900-M-AAL |
| <input type="checkbox"/> \$79.80 Employee + Child(ren) | Monthly Rates |
| <input type="checkbox"/> \$87.00 Employee + Spouse | |
| <input type="checkbox"/> \$105.90 Employee + Family | |
| <input type="checkbox"/> NO to MEC Wellness/Preventive Plan | |

