Essential StaffCARE is a Fixed Indemnity Insurance Plan, and IS considered an excepted benefit under Title I of the Health Insurance Portability and Accountability Act (HIPAA). Essential StaffCARE does NOT qualify as minimum value major medical insurance under The Patient Protection and Affordable Care Act (PPACA). Associates enrolled in Essential StaffCARE ARE able to apply for Federal subsidies, and if eligible, receive premium tax credits toward the purchase of a qualified minimum value major medical health plan through a public exchange. For information regarding the public exchanges go to www.healthcare.gov.

For question or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

FREQUENTLY ASKED QUESTIONS

How do I enroll?
Enrolling in the Essential StaffCARE plan is easy. You can enroll by completing an Essential StaffCARE enrollment application and returning it to your manager.

When can I enroll in the plan?
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 Certified’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
- 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. Eligible dependents include 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 (800) 269-7783. Enter your PIN CODE plus the last four digits of your Social Security number (SSN).

PIN CODE: 142 + _ _ _
(last four digits of your 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.

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?
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.
**Prescription Drug Network**
If enrolled in the 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](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 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.

**What if I need to have a prescription filled?**
For generic and brand prescriptions, the plan pays you $20 per day up to the annual maximum, for drugs dispensed by a pharmacist. Prescription drug coverage is not provided for drugs administered during a physician office visit or hospital stay. If you choose a participating pharmacy and present your ID card, you will receive a discount off the retail price of the prescription at the time of purchase. Save your receipt to file a claim for reimbursement of the fixed dollar amount.

**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 PRO network, you receive two key advantages:

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

**Medical**
- First Health Network
  1-800-226-5116
  [www.firsthealth.com](http://www.firsthealth.com)

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

**Vision**
- EyeMed Vision Care
  1-866-559-5252
  [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 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.
### Medical Benefits - Plan 1

<table>
<thead>
<tr>
<th>Inpatient Benefits</th>
<th>Outpatient Benefits ¹</th>
<th>Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Inpatient Maximum</td>
<td>Annual Outpatient Maximum</td>
<td>$2,000</td>
</tr>
<tr>
<td>Daily Standard Care Maximum</td>
<td>Physician Office Visit</td>
<td>$100 per day</td>
</tr>
<tr>
<td>Daily Intensive Care Unit Maximum ²</td>
<td>Diagnostic Lab</td>
<td>$75 per day</td>
</tr>
<tr>
<td>Surgery</td>
<td>Diagnostic X-ray</td>
<td>$200 per day</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Ambulance Services</td>
<td>$300 per day</td>
</tr>
<tr>
<td>First Hospital Admission one per year</td>
<td>Physical, Occupational, and Speech Therapy</td>
<td>$50 per day</td>
</tr>
<tr>
<td>Skilled Nursing payable for stays in a skilled nursing facility after a hospital stay</td>
<td>Emergency Room - Sickness</td>
<td>$200 per day</td>
</tr>
</tbody>
</table>

**Prescription Drug ³**
- Prescription Drug Annual Maximum: $600
- Prescription Drug Benefits: $20 per day

**Wellness Care**
- Wellness Care one per year: $100
- Employee Only: $19.98
- Employee + One: $40.54
- Employee + Family: $54.14

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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Waiting Period</th>
<th>Co-insurance</th>
<th>Annual Maximum Benefit</th>
<th>Deductible</th>
<th>Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>None</td>
<td>80%</td>
<td>Exams, Cleanings, Intraoral Films and Bitewings</td>
<td>$750</td>
<td>$50</td>
</tr>
<tr>
<td>B</td>
<td>3 months</td>
<td>60%</td>
<td>Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>12 months</td>
<td>50%</td>
<td>Periodontics, Crowns, Bridges, Endodontics and Dentures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employee Only**
- $5.23

**Employee + One**
- $10.46

**Employee + Family**
- $17.26

### Vision Benefits

<table>
<thead>
<tr>
<th>Item Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination for Glasses ¹ (including dilation)</td>
<td>Co-pay: $10, plan pays 100%</td>
<td>Plan pays $35, you pay remaining balance</td>
</tr>
<tr>
<td>Frames ²</td>
<td>Plan pays $110 allowance ³</td>
<td>Plan pays $55</td>
</tr>
<tr>
<td>Standard Plastic Lenses for Glasses ³</td>
<td>Co-pay: $25, plan pays 100%</td>
<td>Co-pay: $0, plan pays $25-$55 ³</td>
</tr>
<tr>
<td>Standard Contact Lens Fit ¹</td>
<td>Plan pays up to $55</td>
<td>You pay 100% of the price</td>
</tr>
<tr>
<td>Premium Contact Lens Fit ¹</td>
<td>Plan pays 10% off the price</td>
<td>You pay 100% of the price</td>
</tr>
<tr>
<td>Contact Lenses or Disposable Lenses ¹</td>
<td>Plan pays $110 allowance ⁴</td>
<td>Plan pays $88</td>
</tr>
<tr>
<td>Contact Lenses Medically Necessary ¹</td>
<td>Plan pays 100%</td>
<td>Plan pays $200</td>
</tr>
</tbody>
</table>

**Employee Only**
- $2.35

**Employee + One**
- $4.00

**Employee + Family**
- $5.64

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

<table>
<thead>
<tr>
<th>Amount Description</th>
<th>Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Amount</td>
<td>$10,000 (reduces to $7,500 at 65; $5,000 at age 70)</td>
</tr>
<tr>
<td>Spouse Amount</td>
<td>$5,000 (terminates at age 70)</td>
</tr>
<tr>
<td>Child Amount (6 months to 26 years old)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Infant Amount (15 days to 6 months)</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Accidental Death and Dismemberment Benefit

<table>
<thead>
<tr>
<th>Amount Description</th>
<th>Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Amount</td>
<td>$20,000</td>
</tr>
<tr>
<td>Spouse Amount</td>
<td>$20,000</td>
</tr>
<tr>
<td>Child Amount (6 months to 26 years old)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Infant Amount (15 days to 6 months)</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

**Employee Only**
- $0.60

**Employee + One**
- $0.90

**Employee + Family**
- $1.80
EXCLUSIONS AND LIMITATIONS
These are the standard limitations and exclusions. As they may vary by state, please see your summary plan descriptions (SPD) for a more detailed listing.

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 accident 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.

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.

TERM LIFE WITH 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 passenger on a licensed, commercial, nonmilitary aircraft; work-related injury or sickness.