

LIMITED BENEFITS SUMMARY


FIXED INDEMNITY MEDICAL BENEFIT


For more details, please see your Summary Plan Description.

The Fixed Indemnity Medical Plan pays a flat amount for a 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.


Outpatient Benefits ¹		Inpatient Benefits	
Physician Office Visit (Virtual or In-Person)	\$120 per day	Standard Care	\$700 per day
Diagnostic (Lab)	\$200 per day	Intensive Care Unit Maximum ³	\$800 per day
Diagnostic (X-Ray)	\$300 per day	Inpatient Surgery	\$4,000 per day
Ambulance Services	\$300 per day	Anesthesia	\$800 per day
Physical, Speech, or Occupational Therapy	\$75 per day	Skilled Nursing ⁴	\$100 per day
Emergency Room Benefit—Sickness	\$200 per day	First Hospital Admission (1 per year)	\$375
Emergency Room Benefit—Accident ²	\$1,000 per day	Annual Inpatient Maximum ⁵	No Limit
Outpatient Surgery	\$1,000 per day	Prescription Drugs (via reimbursement)^{6,7}	
Anesthesia	\$400 per day	Annual Maximum	\$700
Annual Outpatient Maximum	\$2,300	Per Day	\$40
Wellness Care			
Wellness Care (one per year)	\$125		


¹all outpatient benefits are subject to the outpatient maximum ²covers treatment for off the job accidents only ³pays in addition to standard care benefit ⁴for stays in a skilled nursing facility after a hospital stay ⁵subject to internal limits of plan ⁶not subject to outpatient maximum ⁷To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc.

DENTAL BENEFIT	Waiting Period/Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
 Coverage A	None / 100%	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, Endodontics, Bridges and Dentures			

VISION BENEFIT	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay ³	Plan Pays
 Eye Examination ¹ (including dilation)	\$10 Copay	100%	100%	\$35
Exam Options (Standard or Premium Contact Lens Fit)	Up to \$55 or 10% off Retail Price	\$0	100%	up to \$40
Frames ²	\$0 Copay, 80%, after \$100 allowance	\$100 allowance, 20% off	100%	\$45
Standard Plastic Lenses (single, bifocal, trifocal) ¹	\$10 Co-pay	20% off retail	100%	\$25-\$55
Lens Options	\$15 Copay	-	100%	\$0
Contact Lenses (Conventional) ¹	\$0 Copay, 85% of remaining	\$80, plus 15% off	100%	\$64
Disposable Contact Lenses ¹	\$0 Copay	\$80 allowance	100%	\$0
Medically Necessary Contact Lenses ¹	\$0 Copay	100%	\$0	\$200

¹ Once every 12 months ² Once every 24 months ³ After plan payment

TERM LIFE BENEFIT			
 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
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D is part of the Group Term Life Benefit.)			
Employee Amount	\$20,000	Child Amount (6 mos to 26 yrs old)	\$5,000
Spouse Amount	\$20,000	Infant Amount (15 days to 6 mos)	\$2,500

SHORT-TERM DISABILITY BENEFIT					
 Benefit Amount	60% of base pay up to \$150 per week				
Waiting Period/Maximum Benefit Period	7 days for injury or sickness / up to 26 weeks				
LIMITED BENEFITS PREMIUM	Medical	Dental	Vision	Term Life	STD
Employee Only	\$19.96	\$6.17	\$1.67	\$0.60	\$4.20
Employee + 1	\$40.51	\$12.34	\$3.33	\$0.90	-
Employee + Family	\$54.09	\$20.36	\$5.28	\$1.80	-

Premium will be deducted every time you receive a payroll deduction. For weekly payrolls the amount is shown above, for other payroll cycles (every 2 weeks, twice a month, or monthly) the actual amount deducted will be prorated based on the weekly amount above. For example: Bi-weekly – weekly rate multiplied by 52 divided by 26; Semi-monthly – weekly rates multiplied by 52 divided by 24; Monthly – weekly rates multiplied by 52 divided by 12.

LIMITED BENEFIT 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

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 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.

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.

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

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.

The fixed indemnity medical/Rx, dental, term life, vision, and accidental death and dismemberment plans are not available to residents of Hawaii, New Hampshire or Puerto Rico.

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 reside in California, Hawaii, New Hampshire, New Jersey, New York, or Rhode Island.

Member Services:

For frequently asked questions and network information for the Fixed Indemnity Medical Plan, please go to <https://enrollment.care/info/bcs/ind>.

PLEASE NOTE: To make changes or cancel coverage by telephone call the Interactive Voice Response (IVR) line at (800) 269-7783. Your pin code for enrolling/making changes is **140** + ____ (last four digits of your SSN). Your Company has chosen to take some/all of your payroll deductions on a **Pre-Tax** basis. Please contact Customer Service at 1-866-798-0803 and a Representative will assist you in identifying the deductions that are taken Pre-Tax.

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

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and 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 "Members" and enter your group number.