

Fixed Indemnity Medical Benefits - Plan 2

Plan 2

Medical Network	First Health
Network Provider Must Accept Plan	Yes
Prescription Network	Optum
Pre-Existing Condition Limitation	None

Wellness Care

Wellness Care (one per year)	\$125
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Inpatient Benefits

Standard Care	\$700 per day
Intensive Care Unit Maximum ¹	\$800 per day
Inpatient Surgery	\$4,000 per day
Anesthesia	\$800 per day
First Hospital Admission (1 per year)	\$450
Skilled Nursing (<i>for stays in a skilled nursing facility after a hospital stay</i>)	\$100 per day

Outpatient Benefits ²

Annual Outpatient Maximum	\$2,500
Physician Office Visit (Virtual or In-Person)	\$130 per day
Diagnostic (Lab)	\$200 per day
Diagnostic (X-Ray)	\$300 per day
Ambulance Services	\$350 per day
Physical Therapy, Speech Therapy, Occupational Therapy	\$75 per day
Emergency Room Benefit - Sickness	\$375 per day
Emergency Room Benefit - Accident ³	\$1,000 per day
Outpatient Surgery	\$1,000 per day
Anesthesia	\$400 per day

Prescription Drugs (via reimbursement) ^{4, 5}

Annual Maximum	\$700
Per Day	\$40

¹ Pays in addition to standard care benefit ²All outpatient benefits are subject to the outpatient maximum ³Covers treatment for off the job accidents only ⁴Not subject to outpatient maximum ⁵To file a claim, save your receipt and remit to Planned Administrators, Inc.

Premiums	Medical		
	Weekly	Biweekly	Semi-monthly
Employee Only	\$19.96	\$39.92	\$43.25
Employee + 1	\$40.51	\$81.02	\$87.77
Employee + Family	\$54.09	\$108.18	\$117.20

Dental, Term Life, Short Term Disability, & Accidental Death & Dismemberment Benefits

Dental Benefits						
	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 Benefits				
	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 ¹ (single, bifocal, trifocal)	\$10 Copay	20% off retail	100%	\$25-\$55
Lens Options	\$15 Copay	-	100%	\$0
Contact Lenses (Conventional) ¹	\$0 Copay, 80% of remaining	\$80, plus 15% off	100%	\$64
Disposable Contact Lenses ¹	\$0 Copay	\$80 allowance	100%	\$0
Contact Lenses Medically Necessary ¹	\$0 Copay	100%	100%	\$200

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

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

Accidental Death & Dismemberment			
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

Accidental Death & Dismemberment is part of the Group Term Life Benefits.

Short-Term Disability			
Benefit	60% of base pay up to \$150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks

Premiums	Dental			Vision			Term Life			STD		
	weekly	biweekly	semi-monthly	weekly	biweekly	semi-monthly	weekly	biweekly	semi-monthly	weekly	biweekly	semi-monthly
Employee Only	\$6.17	\$12.34	\$13.37	\$2.42	\$4.84	\$3.61	\$0.60	\$1.20	\$1.30	\$4.20	\$8.40	\$9.10
Employee + 1	\$12.34	\$24.68	\$26.74	\$4.92	\$9.84	\$7.22	\$0.90	\$1.80	\$1.95	n/a	n/a	n/a
Employee + Family	\$20.36	\$40.72	\$44.11	\$6.56	\$13.12	\$11.45	\$1.80	\$3.60	\$3.90	n/a	n/a	n/a

Questions & Answers

Q: Do all employees have to complete an enrollment form?

A: Yes. By obtaining acknowledgement of either an acceptance or declination from each employee completes new-hire paperwork, you are limiting the liability you and your employer face. We never want an employee or family member of your agency to come back to you and say they were discriminated against and never offered insurance. It is in your company's best interest to make sure that all employees fill out the enrollment form and either elect or decline coverage.

Q: When can an employee enroll for benefits?

A: Employees may sign up for coverage during their first thirty (30) days of employment or during the company-wide open enrollment period. Employees who choose not to elect coverage during their own 30-day open enrollment period, or a company-wide open enrollment, will be asked to wait until the next company-wide open enrollment period before being allowed to elect coverage. Leaving one job assignment and immediately starting another does not constitute a "new" 30-day open enrollment period. If an employee has been terminated or laid off from an assignment and returns on a new assignment, after 6 or more weeks, he/she may re-enroll as a new hire. ESC/PAI considers an employee's first day on a job assignment, regardless of length, the start of their personal 30-day open enrollment period. This is why we encourage you to make sure ALL employees filling out new-hire paperwork complete an Essential StaffCARE enrollment form.

Q: Will an employee's insurance be canceled if a premium payment is missed?

A: No. Coverage may not be cancelled until the employee has missed six consecutive premium deductions. In the event that an employee misses a deduction(s), the employee may make direct payments to PAI, as long as there has been at least one payroll deduction made through their employer. It is the employee's responsibility to contact PAI to make arrangements for direct payments. PAI will NOT contact your employee if a premium payment is missed. Employees may not initiate coverage through a direct payment. If an employee chooses not to make payments for the week(s) they have a break, no benefit will be paid for claims incurred and submitted during the break in coverage. Payments must be received within 45 days of the date of the paycheck from which a premium deduction would have been made. If an employee comes back to work between one (1) and six (6) weeks, payroll deductions will automatically begin again and be applied on a going forward basis (the Monday following the next deduction). Deductions will only be taken weekly and will NOT be "caught up" by the employer or posted to back weeks.

Q: When will an employee and his/her eligible dependents be eligible for COBRA?

A: Employees become eligible to receive a COBRA offer if they have had at least one payroll deduction through their employer and have missed six consecutive premium payroll deductions. Once there is a six week break with no payroll premium reported, a COBRA letter is automatically generated and sent by PAI to the member's home address. If the employee or dependent is eligible, he or she may elect COBRA within sixty days from the date of their letter and the applicable premium must be remitted in full to the address provided in their letter. COBRA participants or "qualified beneficiaries", are not billed for their COBRA payment and must take responsibility to keep premium current. COBRA participants may generally stay on COBRA for up to 18 months from the date of a qualifying event that causes loss of coverage. A second qualifying event may allow extended COBRA coverage for up to 36 months. Qualifying events for COBRA are termination of employment, loss of coverage due to a reduction of hours, death of the employee, divorce or legal separation, change in status of a dependent, Medicare entitlement, retired employees, and for employer bankruptcy.

Q: Who is considered an "eligible dependent"?

A: Your eligible dependents are your spouse and your children under age 26 (this may vary by state).

Q: When can an enrollee add coverage for himself/herself or dependents?

A: An enrollee may add coverage for himself/herself during an annual open enrollment period or during a life changing event, such as birth, marriage, death, divorce, adoption, Medicare entitlement or loss of prior coverage. Proof of the event must be provided and enrollment or change must occur within thirty days of such event.

Our Networks

Please utilize the web site addresses or phone numbers below to locate a physician, dentist, or vision provider. **DO NOT** call with questions about your health plan. The networks do not have any knowledge of your medical plan.

Medical Network

First Health Network

www.myfirsthealth.com

1-800-226-5116

Prescription Network

For your pharmacy benefit information, visit:

www.paisc.com

1-866-798-0803

Dental Network

Dentemax

www.dentemax.com

1-800-752-1547

Vision Network

EyeMed Vision Care

www.eyemedvisioncare.com

1-866-559-5252