

Health Insurance and Benefits Packet

- You **Must** Complete the Back of this Page for New Hire Process
 - You **Must** Elect or Decline Coverage, Back of Page
 - Tear off this Page and Return to Branch Manager
 - Keep the rest of the Packet for your Records and Plan Information
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ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.



Cⁿ Staffing Inc

Specialists in medical careers

12005 Ford Rd., Suite 545
Dallas, TX 75234



Complete the back of this Page to Elect or Decline Coverage

The Medical StaffCare Medical/Rx, Accidental Death and Dismemberment, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook, Illinois, under Policy Series Numbers 24.220, 26.212, and 26.213, and the Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200

EMPLOYEE INFORMATION (MUST BE FILLED OUT)

213600-CNS

Social Security Number -- Date of Birth // Sex M F

Name _____ Home Phone --

Street Address _____ City _____ State Zip

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

Signature _____ Date //

MEDICAL BENEFIT SELECTION

- \$20.70/week Employee Only
- \$42.00/week Employee Plus One
- \$56.10/week Employee Plus Family
- No to all benefits. If checked Stop, go no further!

Dependant Information	
Name	Relationship
DOB <input type="text"/> /	Sex <input type="text"/>
DOB <input type="text"/> /	Sex <input type="text"/>
DOB <input type="text"/> /	Sex <input type="text"/>
DOB <input type="text"/> /	Sex <input type="text"/>

- You **MUST** enroll in the Medical Insurance Plan before adding Dental, Vision, Disability, or Term Life.
- Your coverage level for Dental, Vision and Term Life will be identical to your medical plan selection.
- Please see benefits packet for additional information.
- For questions regarding benefits, please call Medical StaffCARE Customer Service at 1-866-798-0803.

DENTAL SELECTION

- Yes \$ 5.23/week Employee Only
- No \$10.46/week Employee Plus One
- No \$17.26/week Employee Plus Family

VISION SELECTION

- Yes \$2.35/week Employee Only
- No \$4.00/week Employee Plus One
- No \$5.64/week Employee Plus Family

SHORT TERM DISABILITY SELECTION

- Yes \$4.20/week Employee Only
- No

TERM LIFE SELECTION

- Yes \$0.60/week Employee Only
- No \$0.90/week Employee Plus One
- No \$1.80/week Employee Plus Family

LIFE INSURANCE BENEFICIARY _____

RELATIONSHIP _____

KEEP FOR YOUR RECORDS

213600-CNS

- Coverage will begin the 1st Monday following your 1st payroll deduction. This process may take several weeks.
- Missing information will delay the process. **YOU WILL NOT BE CONTACTED.** For questions or assistance, please call Medical StaffCARE Customer Service at 1-866-798-0803.
- Check your pay-stub to verify a payroll deduction has occurred. Coverage will not begin until there has been a payroll deduction.
- You will receive your Health Insurance I.D. card in the mail along with your Summary Plan Description (SPD) at your home address following verification of your first payroll deduction by the administrator.

MEDICAL

Annual Maximum Benefit* \$10,000 <small>*(per person, all expenses, includes inpatient, resets yearly)</small>	Individual Annual Deductible \$200	Annual Outpatient Limit \$1,500	Medical Network* BeechStreet Network www.beechstreet.com 1-800-432-1776
Doctor's Office Visits** 100% of bill after a \$15 co-pay <small>** (subject to outpatient limit, deductible does not apply)</small>	Family Annual Deductible \$500	Annual Maximum on Other Hospital Services \$1,500	Pharmacy Network Caremark Network www.caremark.com 1-888-963-7290
Coinsurance 80% <small>(in-network or out-of-network)</small>	Daily Room & Board Maximum \$400	Prescription Drug Coinsurance** 80% <small>** (in-network or out-of-network, subject to outpatient limit)</small>	
	Daily ICU Room & Board \$800		

*If you are a resident of Arkansas, Tennessee, Utah or Wisconsin you may locate a provider at www.usamco.com or call 1-800-USA-3860.

IMPORTANT To **ACCESS DOCTORS** or **VERIFY COVERAGE** before receiving your ID card supply your provider with the following information:

- Your Name
- Member ID# (your Social Security Number)
- Medical StaffCARE Customer Service number; 1-866-798-0803
- Claims mailing address – PAI, P.O. Box 6702 Columbia, SC 29260

Your Doctor may **CALL Verifax** at **1-800-768-4375** & receive a fax copy of your benefits, deductibles and benefit maximums.

weekly rates	medical	dental	vision	STD	term life
e	\$20.70	\$ 5.23	\$2.35	\$4.20	\$0.60
e+1	\$42.00	\$10.46	\$4.00		\$0.90
e+f	\$56.10	\$17.26	\$5.64		\$1.80

DENTAL

DenteMax Network www.dentemax.com 1-800-752-1547

\$50 Deductible \$750 Annual Maximum Same coverage in-network or out-of-network. In-network Dentist offer substantial discounts	Exams, Intraoral films and bitewings • No Waiting Period • 80% coinsurance	Fillings, oral surgery & repair of crowns, bridge & denture • Three-month waiting period • 60% coinsurance	Periodontics, crowns, bridge and dentures • Twelve-month waiting period • 50% coinsurance
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VISION

Cole Managed Network www.colemanagedvision.com 1-800-424-1155

Eye examination for glasses: 1 visit per 12 months \$5 deductible per visit 80% coinsurance Maximum benefit of \$25	Choice A: Eye Glasses 2 lenses per 12 months \$15 deductible per purchase Maximum benefit of \$35-\$75 see page 4 for more details	Choice B: Contact Lenses 2 lenses per 12 months \$15 deductible per purchase Maximum benefit of \$95	Choice C: Disposable Lenses 12 month supply per year \$15 deductible per purchase Maximum benefit of \$75
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75% coinsurance for all choices

Members may choose only one of the available benefits in any 12-month period: A, B or C.

SHORT TERM DISABILITY

60% of salary up to \$150 per week
7 day waiting period
Maximum benefit period 26 weeks

Short-term disability insurance gives you a source of income in case you can't work due to a covered sickness or non-work related accident. There is an elimination period that must be met before benefits will be paid. The short-term disability benefit is not available to persons who work in California, Hawaii, New Jersey, New York and Rhode Island, and Puerto Rico. In these states (and Puerto Rico) your employer is required to provide this benefit.

TERM LIFE

Employee Benefit \$10,000
(reduces to \$7,500 at age 65 & to \$5,000 at age 70)
Spouse Benefit \$5,000 (terminates at age 70)
Dependent Benefit (6 months to 24 years old) \$5,000
Dependent Benefit (15 days to 6 months old) \$1,000

This benefit will be issued to your named beneficiary in the event of your death. The policy does not pay the death benefit if the insured employee or dependent commits suicide within the 24 month period after the effective date of that person's life insurance under the group policy. Coverage is terminated if the employee ceases to pay premiums after a 31 day grace period; or at the retirement of the employee. Spouse coverage terminates upon retirement of the employee, divorce, or at age 70.

e-employee only | e+1-employee plus one | e+f-employee plus family

How To Make Changes and Cancel Coverage by Telephone

After your initial enrollment form has been submitted, you may make changes or cancel coverage by telephone. Changes can be made within 30 days after completing your enrollment form. If you do not have an assignment during the first 30 days, you can make changes to your coverage within 30 days from the pay check date of your first assignment. You will be prompted to enter your PIN CODE. Your personal Medical StaffCARE pin code begins with the numbers 140 followed by the last four digits of your social security number. Write your personal pin code here: 140 ____
Call 1-800-269-7783 (toll free) or 713-782-0880 (Houston, Texas only) to make changes or cancel coverage by telephone. You may cancel or reduce coverage at any time. **Remember, it will take up to two or three weeks for the changes to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.**

24-Hour Nurse Advisor

When a member selects medical coverage through Medical StaffCARE, it includes access to a 24-hour Nurse Advisor call line, your first place for HealthAdvice. When a member or dependent is sick, hurt or in need of medical advice, the answer is as close and convenient as the phone. your first place for HealthAdvice is a voluntary service that eligible Medical StaffCARE members can call at anytime, 24 hours a day, 7 days a week. A registered nurse will assess symptoms and help them make good healthcare decisions.

Important Information

This is a limited benefit medical insurance plan, renewable at the option of the insurer. This is not major medical insurance. Please read this brochure in its entirety. This plan is only available as an employer-sponsored benefit. It cannot be purchased as an individual policy. All members may receive additional deductions and additional weeks of coverage from their date of cancellation. Coverage begins the Monday following your first premium deduction. To avoid a break in coverage you may make direct payments to PAI. After six consecutive weeks without a weekly payroll deduction or direct premium payment, employees will receive COBRA information. If you are age 65 or older or if you or your dependants are eligible for Medicare and you are enrolled in the Medical StaffCARE employee benefits program, you need to obtain an important notice regarding Medicare-part D Prescription Drug Coverage. For the Medicare-part D notice, contact your Human Resource Department.

Medical StaffCARE Prescription Drug Benefit Notice

Your prescription drug benefits are not handled directly at the pharmacy. Prescriptions drug receipts must be mailed or faxed in for reimbursement at 80% after the plan deductible, up to the annual Outpatient limit. You can get a price discount directly at the pharmacy by visiting network pharmacies, but you must send in your receipts to the plan administrator (PAI) to have your prescription drug claims paid. If you have any questions, call (866) 798-0803. Thank you!

Limited Benefit Medical Plan

This brochure is intended as a brief summary of the Medical StaffCARE Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this brochure. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-866-798-0803.

Covered Medical Expenses

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

Rules

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment or sickness of injury
- Not be excluded by the group policy

Exclusions and Limitations

Medical

The following exclusions and limitations apply to expenses incurred by all participants. The exclusions and limitations may vary by state. No benefits will be paid for loss caused by or resulting from: expenses used to meet any deductible, or in excess of the percentage payable, or in excess of Usual and Customary, work-related injury or sickness, mental or nervous disorders, alcoholism or substance abuse treatment, intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane, declared or undeclared war, serving on full-time active duty in the Armed Forces, commission of a felony, flying as a pilot or crew member of any aircraft, eye examinations, ear examinations, hearing aids, normal health checkups (except as noted), treatment in a hospital or facility owned or run by the United States Government, dental care, treatment other than care of natural teeth and gums resulting from an accident, cosmetic surgery, and services provided by an immediate family member.

Pre-existing conditions: No benefits will be paid for a pre-existing condition (one you had within the six month period ending the day before your enrollment date) for the first 12 months of your coverage. This does not apply to pregnancy nor to a newborn or adopted child covered from birth or adoption. The exclusion period may be reduced by most previous medical expense coverage ("creditable coverage"), if there is no more than a 63 day break in coverage. You should give us a copy of any certificates of creditable

coverage. If you do not have a certificate, but have prior health coverage, we will help you obtain one from your prior plan. There are also other ways to demonstrate you have creditable coverage, so contact us if you need help. All questions about the preexisting condition exclusion and creditable coverage should be directed to Medical StaffCARE Unit Supervisor, Planned Administrators, Incorporated (PAI), P.O. Box 6702, Columbia, South Carolina 29260, or call us at: (866) 798-0803 or (803) 462-0151.

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 contact PAI.

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.

The exclusions, limitations and pre-existing exclusion may vary by state. Please refer to your Summary Plan Description for more information.

Vision Choice A: Eye Glasses

Allows 2 lenses (single vision, bifocal, trifocal, lenticular) per 12 months and will cover 75% of the bill after a \$15 per purchase deductible with a maximum benefit of \$35 for single vision and bifocal, \$50 for trifocal, and \$75 for lenticular.