



encadria®  
staffing solutions

a Georgia-Pacific company 

# HEALTH INSURANCE & BENEFITS

## Our Employee Health Benefits

### ACA Compliant—MEC Wellness/Preventive Plan

- Preventive Care<sup>1</sup> paid at 100%, when in network
- First Health Network

<sup>1</sup> See list of the 76 preventive services in this brochure.

### ESC Fixed Indemnity Plan

- First Dollar Cover
- Affordable Weekly Rates
- No Deductibles and No Copays
- Extensive Networks of Doctors and Hospitals
- Additional Benefits include:
  - Dental, Vision, Term Life, and Short-Term Disability

**ESC**  
Essential StaffCARE

# WHY BENEFITS MATTER

- Essential StaffCARE has a 92% customer satisfaction rating
- Health insurance is the #1 most effective employee retention tool—even higher than salary<sup>1</sup>
- 71% of employees who are satisfied with their benefits are more likely to remain loyal and satisfied with their job<sup>2</sup>
- Improves employee morale
- Creates a more productive workforce
- Employee loyalty and retention affect your bottom line
- Recruit and retain a higher qualified work force

# HOW EMPLOYEES BENEFIT

- Affordable rates
- Medical, Dental, Vision, Term-Life, and Short-term Disability Benefits
- Guaranteed issue / No health questions
- No Deductibles
- No Pre-existing Condition Limitations
- Accepted by doctors and hospitals nationwide
- Wellness benefits and other value added programs

<sup>1</sup> Source: Society for Human Resource Management Employee Retention Study

<sup>2</sup> Source: 2011 Study of Employee Benefits Trends, Met Life

# Healthcare Benefits That Work



As a valued employee, you are now eligible to enroll in group healthcare insurance products only available through Encadria Staffing Solutions. Once enrolled, the premiums for these benefits will automatically be deducted from your paycheck and coverage will go into effect the Monday following your first payroll deduction. You will also receive a personalized ID card accepted by doctors nationwide.

## Fixed Indemnity Medical Plan:

This plan helps cover out-of-pocket costs with no deductibles and no co-pays, and is our most popular plan option because of its highly usable benefits.

Fixed Indemnity Medical Plan Weekly Rates	
Employee Only	\$19.98
Employee + Child(ren)	\$33.17
Employee + Spouse	\$37.96
Employee + Spouse	\$50.55

## Fixed Indemnity Medical Plan Benefits

### Leading Healthcare Coverage

- Doctor's Office Visits
- Urgent Care
- Emergency Room
- In & Outpatient Hospital Care
- Prescription Drug Benefits
- Labs & X-Rays

### Valuable Plan Features

- No Deductible
- No Co-pay
- No Increase in Premium
- Affordable Weekly Price

### Now With PlushCare

- Virtual Visits
- Choice of Primary Care Physician
- 24/7 Care Team Text
- Preventive, Urgent, & Chronic Care
- Referrals to Specialists

Go to [www.plushcare.com/esc](http://www.plushcare.com/esc) to set up your PlushCare account, choose your physician, and schedule your first appointment.

## Additional Supplemental Benefits



Vision



Dental



Short-Term  
Disability



Term Life

## Minimum Essential Coverage (MEC):

The Minimum Essential Coverage (MEC) plan provides coverage for preventive services such as immunization and routine health screening.

MEC Weekly Rates	
Employee Only	\$13.42
Employee + Child(ren)	\$15.18
Employee + Spouse	\$16.38
Employee + Spouse	\$18.66

## Minimum Essential Coverage Preventive Services

- |                           |                       |
|---------------------------|-----------------------|
| Immunizations             | Hearing Evaluations   |
| Blood Pressure Screenings | Vision Screenings     |
| Cholesterol Screenings    | Cancer Screenings     |
| Diabetes Screenings       | Contraceptive Methods |



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

# Fixed Indemnity Plan Design

## Essential StaffCARE Fixed Medical Benefits

Plan 1	
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)	\$100
Inpatient Benefits	
Standard Care	\$300 per day
Intensive Care Unit Maximum <sup>1</sup>	\$400 per day
Inpatient Surgery	\$2,000 per day
Anesthesia	\$400 per day
First Hospital Admission (1 per year)	\$250
Skilled Nursing ( <i>for stays in a skilled nursing facility after a hospital stay</i> )	\$100 per day
Outpatient Benefits <sup>2</sup>	
Annual Outpatient Maximum	\$2,000
Physician Office Visit (Virtual or In-Person)	\$105 per day
Diagnostic (Lab)	\$75 per day
Diagnostic (X-Ray)	\$200 per day
Ambulance Services	\$300 per day
Physical Therapy, Speech Therapy, Occupational Therapy	\$50 per day
Emergency Room Benefit - Sickness	\$200 per day
Emergency Room Benefit - Accident <sup>3</sup>	\$500 per day
Outpatient Surgery	\$500 per day
Anesthesia	\$200 per day
Prescription Drugs (via reimbursement) <sup>4,5</sup>	
Annual Maximum	\$600
Generic Coinsurance / Brand Coinsurance	70% / 50%

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

Weekly Premiums	Medical
Employee Only	\$19.98
Employee + Child(ren)	\$33.17
Employee + Spouse	\$37.96
Employee + Family	\$50.55



# FREQUENTLY ASKED QUESTIONS FOR PlushCare

## Quality Primary Care. Anytime, Anywhere.

Visit virtually with a board-certified primary care doctor when it's convenient for you.



**Doctors from Top 50 U.S. Medical Schools**



**24/7 Care Team Support**



**Convenient App for Virtual Visits**



**Same Day Appointments**

### What is PlushCare?

PlushCare offers virtual primary care services in all 50 states, giving you access to same-day visits with best-in-class doctors from your phone or computer. More than just urgent care, you'll get a dedicated doctor who can treat a wide range of chronic conditions while giving you the full primary care experience, including providing prescriptions, lab orders, and specialist referrals. You'll also get a Care Team of nurses and Care Coordinators to support you between your doctor visits. Virtual primary care visits and other PlushCare services are covered under the Fixed Indemnity Medical Plan.

### How much does a virtual primary care visit with a PlushCare doctor cost?

Virtual primary care visits and other PlushCare services are covered under the Fixed Indemnity Medical plan at no additional cost. Once the annual outpatient maximum is met, the credit or debit card PlushCare has on file will be charged the amount your Fixed Indemnity plan pays for a physician's office visit per virtual visit.

### What kind of medical care does PlushCare provide?

PlushCare's board-certified doctors can care for a majority of the same conditions as an in-person primary care provider.

Here are just a few of the common reasons people use PlushCare:

- Urgent issues like migraines, sinus infections, bronchitis, allergies, cold & flu, strep/sore throat, UTIs, yeast infections, rashes, and pink eye
- Everyday and chronic care needs like high blood pressure, high cholesterol, diabetes, thyroid issues, asthma, back pain, birth control, and PrEP
- Behavioral health conditions like anxiety, depression, and insomnia

### Do PlushCare doctors prescribe medications?

Yes! When medically appropriate, PlushCare doctors can prescribe nearly all medications that are not controlled substances.

### Can a PlushCare doctor be my primary care provider (PCP)?

Yes! We encourage patients to select a PlushCare doctor as their PCP.

### What happens if I need a prescription or lab work?

PlushCare is connected with all major retail pharmacies and most independent pharmacies nationwide, so you can have your covered prescriptions filled at the pharmacy of your choice, even if you're traveling. Covered lab work can be completed at any Quest or LabCorp location in the US.

### Who should I contact if I have questions or encounter an issue?

You can reach the PlushCare Care Team through in-app messaging, by sending an email to [info@plushcare.com](mailto:info@plushcare.com), or by calling PlushCare at 1-800-221-5140.

### Does PlushCare have to replace my existing primary care physician?

No. Your PlushCare virtual primary care doctor and other PlushCare services can be utilized alongside services your existing primary care physician provides. However, your PlushCare virtual primary care doctor can replace your existing primary care physician if you so choose.

### Can my existing primary care physician get a record of my PlushCare visit?

Yes! With your consent, an electronic copy of your PlushCare virtual primary care visit may be sent to your existing primary care provider.

## How It Works:

1.

### Activate Your PlushCare Account

Go to [www.plushcare.com/esc](http://www.plushcare.com/esc) to set up your PlushCare account and verify your member ID.

2.

### Choose Your Physician

Choose a doctor who's right for you. Browse profiles to learn more about their background and read real patient reviews.

3.

### Schedule Your First Appointment

Pick a time that works best for you and schedule your first visit with your new PlushCare doctor.

Note: PlushCare will collect debit or credit card information when setting up your account. Your card will ONLY be charged if you utilize PlushCare services after meeting your Fixed Indemnity Medical Plan annual outpatient maximum.

## Connect With A Doctor Today.

[www.plushcare.com/esc](http://www.plushcare.com/esc) | 1-800-221-5140

The Fixed Indemnity Medical Plan is underwritten by BCS Insurance Company, Oakbrook Terrace, IL. This is not a complete description of benefits. Plan limitations and provisions apply. See your SPD for plan details.

# Additional Benefit Options

## Accidental Loss of Life, Limb & Sight

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 Loss of Life, Limb & Sight is part of the Medical Benefits			

## 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, Endodontics, Bridges and Dentures			

## Vision Benefits

	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay <sup>3</sup>	Plan Pays
Eye Exam <sup>1</sup> (including dilation)	\$10 Copay	100%	100%	\$35
Standard Contact Lens Fit Exam (includes follow-up)	Up to \$55	\$0	100%	\$0
Premium Contact Lens Fit Exam (includes follow-up)	100%, after 10% discount	\$0	100%	\$0
Frames (once every 24 months)	80%, after \$110 allowance	20% plus \$110 allowance	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) <sup>1,2</sup>	\$25 Copay	100%	100%	\$25-\$55
Contact Lenses (Conventional) (materials only)	85%, after \$110 allowance	15% plus \$110 allowance	100%	\$88
Contact Lenses (Disposable) (materials only)	100%, after \$110 allowance	\$110 allowance	100%	\$88
Contact Lenses (Medically Necessary) (materials only)	\$0 Copay	100%	100%	\$200

<sup>1</sup> Once every 12 months <sup>2</sup> 15 higher in AK, CA, HI, OR, WA <sup>3</sup> After plan payment

## Group 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 base pay up to \$150 per week	Waiting Period/Maximum Benefit Period	7 days/26 weeks
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Weekly Premiums	Dental	Vision	Term Life	STD
Employee Only	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren)	\$14.58	\$6.54	\$0.90	n/a
Employee + Spouse	\$10.80	\$4.84	\$0.90	n/a
Employee + Family	\$20.52	\$9.20	\$1.80	n/a

# MEC/Wellness Preventive Plan Design

## 21 Covered Preventive Services for Adults

- 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
- Falls Prevention - with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
- HIV - screening for all adults at higher risk
- Hepatitis B - screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S. - born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence
- Hepatitis C - screening for adults at increased risk, and one time for everyone born 1945 - 1965
- 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
- Lung Cancer Screening - for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity - screening and counseling for all adults
- Sexually Transmitted Infection (STI) - prevention counseling for adults at higher risk
- Statin - preventive medication for adults 40 to 75 at high risk
- Syphilis - screening for all adults at higher risk
- Tobacco Use - screening for all adults and cessation interventions for tobacco users
- Tuberculosis - screening for certain adults without symptoms at high risk

# MEC/Wellness Preventive Plan Design

## 24 Covered Preventive Services for Women, Including Pregnant Women

- 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
  - Pap test (also called a pap smear: every 3 years for women 21 to 65
  - Human Papillomavirus (HPV): DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years
- 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
- Diabetes - screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- 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
- Osteoporosis - screening for women over age 60 depending on risk factors
- Preeclampsia prevention and screening - for pregnant women with high blood pressure
- Rh Incompatibility - screening for all pregnant women and follow-up testing for women at 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
- Urinary - incontinence screening services for women under 65
- Well-Woman visits - to obtain recommended preventive services

# MEC/Wellness Preventive Plan Design

## 31 Covered Preventive Services for Children

- Alcohol, Tobacco, and Drug Use - assessments for adolescents
- Autism - screening for children at 18 and 24 months
- Behavioral Assessments - for children of all ages
- Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin Concentration - screening for newborns
- Blood Pressure - screening for children
- Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood Screening - for newborns
- Cervical Dysplasia - screening for sexually active females
- 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, 15 to 17 years
- Fluoride Chemoprevention - supplements for children without fluoride in their water source
- Fluoride Varnish - for all infants and children as soon as teeth are present
- Gonorrhea - preventive medication for the eyes of all newborns
- Hearing - screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
- Height, Weight and Body Mass Index Measurements for Children
- Ages: 0 to 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
- Hepatitis B - screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11 to 17 years
- HIV - screening for adolescents at higher risk
- Hypothyroidism - screening for newborns
- Immunization - vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary:
  - Diphtheria, Tetanus, Pertussis (Whooping Cough)
  - Haemophilus influenzae type b
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus
  - Inactivated Poliovirus
  - Influenza (Flu Shot)
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Rotavirus
  - Varicella

# MEC/Wellness Preventive Plan Design

## 31 Covered Preventive Services for Children

- Iron - supplements for children ages 6 to 12 months at risk for anemia
- Lead - screening for children at risk of exposure
- Maternal Depression - screening for mothers of infants at 1, 2, 4, and 6-month visits
- Medical History - for all children throughout development
- Ages: 0 to 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 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, 15 to 17 years
- Vision - screening for all children

# Fixed Indemnity 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.

## 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 Drug

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

# Other 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.

## 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.