



encadria®

staffing solutions

a Georgia-Pacific company 



# Health Insurance & Benefits

## Our Employee Health Benefits

### ESC Fixed Indemnity Medical 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

### Minimum Essential Coverage (MEC) Wellness & Preventive Plan

- Preventive care paid at 100%, when in network
- Covers ALL wellness and preventive services required by the ACA

# 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. 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 + Family	\$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.

## Ancillary Benefits:



Vision



Dental



Term Life



Short-Term  
Disability

## Minimum Essential Coverage (MEC):

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

### Minimum Essential Coverage Preventive Services

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

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

# Fixed Indemnity Plan Design

BENEFIT	Plan 1
Medical Network	First Health
Network Provider Must Accept Plan	Yes
Prescription Network	Optum
Pre-Existing Condition Limitation	None
<b>Outpatient Medical Benefit Maximum <sup>1</sup></b> (All outpatient benefits are subject to outpatient maximum)	<b>\$2,200</b>
Physician Office Visit (Virtual or In-person) (per day)	\$115
Diagnostic (Lab) (per day)	\$90
Diagnostic (X-Ray) (per day)	\$250
Ambulance Services (per day)	\$350
Emergency Room Benefit - Sickness (per day)	\$250
Emergency Room Benefit - Accident (per day) <sup>2</sup> (covers treatment for off the job accidents only)	\$500
Surgery (per day)	\$500
Anesthesiology (per day)	\$200
Physical Therapy, Speech Therapy, Occupational Therapy (per day)	\$50
<b>Prescription Drugs <sup>3,4</sup></b> (REIMBURSEMENT—not subject to outpatient maximum, payable via reimbursement; Optum Network)	
Annual Maximum	\$600
Generic Coinsurance	70%
Brand Coinsurance	50%
<b>Inpatient Hospital Benefit (requires 24 hour minimum stay)</b>	
Surgery (per day)	\$2,000
Anesthesiology (per day)	\$400
First Hospital Admission (1 per year)	\$300
Standard Care (per day)	\$300
Intensive Care Unit Maximum (per day) <sup>5</sup> (paid in addition to standard care benefit)	\$400
Skilled Nursing (per day) <sup>6</sup> (for stays in a skilled nursing facility after a hospital stay)	\$100
<b>Accidental Loss of Life, Limb, &amp; Sight</b>	
Employee/Spouse Amount	\$20,000
Child Amount (6 months to 26 years old)	\$5,000
Infant Amount (15 days to 6 months)	\$2,500
<b>Wellness Care (1 per year)</b>	<b>\$100</b>

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

## Medical Plan 1 Weekly Rates

TIER LEVEL	MEDICAL PLAN 1
Employee Only	\$19.98
Employee + Child(ren)	\$33.17
Employee + Spouse	\$37.96
Employee + Family	\$50.55



**Wider Provider  
Accessibility**



**More Privacy &  
Extra Comfort**



**Convenient App  
for Virtual Visits**



**Same Day  
Appointments**

*“PlushCare is so quick and easy. I had a cold virus that turned into a sinus infection. I pulled over on my way to a meeting to video chat with a doctor, he was attentive, kind, and efficient. After a few questions, he diagnosed my ailment. The call took less than 10 minutes and my prescription was at the pharmacy later that day. I will be a client for a long time.” - PlushCare Patient*

## FAQ: VIRTUAL PRIMARY CARE

### What is PlushCare Virtual Primary Care?

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.

### 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

### 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 (up to the annual outpatient maximum).

## FAQ: ONLINE THERAPY

### Is online therapy effective?

Yes, online therapy has been shown to be extremely effective. According to a 2014 study by the Journal of Affective Disorders, online therapy was found to be as effective, if not more effective, than traditional in-office therapy for depression and other mental health conditions.

### How is online therapy done?

Online therapy is simple and accessible. First, complete a brief assessment so PlushCare can help you find an online therapist that best fits your needs. Then, select to meet with one of their diverse, licensed therapists in your state at the time and date of your choice.

### 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 much does online therapy cost?

Online therapy is not covered by the Fixed Indemnity Medical plan. You can see one of PlushCare's trusted, licensed therapists in your state for \$169 for a single session or \$149 for weekly sessions. You can also book a free 15-minute consultation to meet your prospective therapist and find the perfect fit for you.

### Can online therapists prescribe medications?

PlushCare's online therapists can refer you to one of their board-certified doctors to prescribe medication for mental health management. Prescription drugs are covered under the Fixed Indemnity Medical plan (up to the annual maximum).

## HOW PLUSHCARE WORKS:

### 1. Activate Your PlushCare Account

Go to the website below to set up your PlushCare account.  
Primary Care: [www.plushcare.com/esc](http://www.plushcare.com/esc)  
Therapy: [www.plushcare.com/online-therapy](http://www.plushcare.com/online-therapy)

### 2. Choose Your Physician or Therapist

Choose a doctor or therapist 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 or therapist.

### PlushCare Customer Service: 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

DENTAL BENEFIT						
	Waiting Period	Co-Insurance	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 BENEFIT	In-Network Rates	Out-of-Network Rates
Eye exam with dilation as necessary <sup>2,3</sup>	\$10 Copay; plan pays 100%	Plan pays \$35; you pay remaining
Exam Options <sup>4</sup>		
Standard Contact Lens Fit	You pay up to \$55	You pay 100% of the price
Premium Contact Lens Fit	10% off retail price; you pay remaining	You pay 100% of the price
Frames <sup>5</sup>	Plan pays 20% after \$110 allowance	\$55; you pay remaining
Standard Plastic Lenses <sup>3,6</sup>		
Single Vision	\$25 Copay; plan pays 100%	\$25; you pay remaining
Bifocal	\$25 Copay; plan pays 100%	\$40; you pay remaining
Trifocal	\$25 Copay; plan pays 100%	\$55; you pay remaining
Lens Options		
UV Coating	\$15	You pay 100% of the price
Tint (Solid and Gradient)	\$15	You pay 100% of the price
Standard Plastic Scratch Coating	\$15	You pay 100% of the price
Standard Polycarbonate	\$40	You pay 100% of the price
Standard Anti-Reflective Coating	\$45	You pay 100% of the price
Polarized	20% off retail price	You pay 100% of the price
Other Add-ons and Services	20% off retail price	You pay 100% of the price
Contact Lenses <sup>3,7</sup>		
Conventional	Plan pays 15% after \$110 allowance	\$88; You pay remaining
Disposable	Plan pays \$110 allowance	\$88; You pay remaining
Medically Necessary	Plan pays 100%	\$200; You pay remaining
Laser Vision Correction	15% off retail price or 5% off promotional price	You pay 100% of the price

TERM LIFE BENEFIT	
Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at age 70)
Spouse Amount	\$5,000 (terminates at age 70)
Child Amount (6 months to 26 years old)	\$5,000
Infant Amount (15 days to 6 months)	\$1,000

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

<sup>1</sup> Per insured, per covered year <sup>2</sup> Actual plan charges will vary based on state specific exam fees <sup>3</sup> Once every 12 months <sup>4</sup> Includes follow up <sup>5</sup> Any available frame at provider location; once every 24 months <sup>6</sup> these items are \$15 higher in AK, CA, HI, OR, WA. <sup>7</sup> Contact lens allowance covers materials only

## Additional Benefit Weekly Rates

TIER LEVEL	DENTAL	VISION	TERM LIFE	STD
Employee Only	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren)	\$14.58	\$6.54	\$0.90	--
Employee + Spouse	\$10.80	\$4.84	\$0.90	--
Employee + Family	\$20.52	\$9.20	\$1.80	--

# MEC/Wellness Preventive Plan Design

## 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 to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- 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
- 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 age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary:
  - Chickenpox (Varicella)
  - Diphtheria
  - Flu (influenza)
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus (HPV)
  - Measles
  - Meningococcal
  - Mumps
  - Whooping Cough (Pertussis)
  - Pneumococcal
  - Rubella
  - Shingles
  - Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- 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 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

*Note: The MEC plan covers all wellness and preventive services mandated by the Affordable Care Act. The total number of covered benefits are subject to change based on the method of classification used. For more details please go to <https://www.healthcare.gov/coverage/preventive-care-benefits/>*



# MEC/Wellness Preventive Plan Design

## Covered Preventive Services for Women, Including Pregnant Women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer mammography screenings
  - Every 2 years for women 50 and over
  - As recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening
  - Pap test (also called a Pap smear) for women age 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- 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
- Gonorrhea screening for all women at higher risk
- HIV screening and counseling for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use
- Sexually transmitted infections counseling for sexually active women
- Tobacco use screening and interventions
- Urinary incontinence screening for women yearly
- Well-woman visits to get recommended services for all women
- Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) 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
- Maternal depression screening for mothers at well-baby visits
- 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
- Syphilis screening
- Expanded tobacco intervention and counseling for pregnant tobacco users
- Urinary tract or other infection screening



# MEC/Wellness Preventive Plan Design

## 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: Age 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: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning routinely at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
- Fluoride 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 regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
  - Chickenpox (Varicella)
  - Diphtheria, tetanus, and pertussis (DTaP)
  - Haemophilus influenzae type b
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus (HPV)
  - Inactivated Poliovirus
  - Influenza (flu shot)
  - Measles
  - Meningococcal
  - Mumps
  - Pneumococcal
  - Rubella
  - Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 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: Age 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
- Well-baby and well-child visits

## Minimum Essential Coverage Weekly Rates

TIER LEVEL	MEC
Employee Only	\$13.42
Employee + Child(ren)	\$15.18
Employee + Spouse	\$16.38
Employee + Family	\$18.66

*Note: The MEC plan covers all wellness and preventive services mandated by the Affordable Care Act. The total number of covered benefits are subject to change based on the method of classification used. For more details please go to <https://www.healthcare.gov/coverage/preventive-care-benefits/>*

# Fixed Indemnity Plan Exclusions & 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.

## 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.

*Note: The Fixed Indemnity Medical/Rx, and accidental loss of life, limb, or sight are not available to residents of Hawaii, New Hampshire, or Puerto Rico.*

# Other Exclusions & 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.

## 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.

*Note: Dental, term life, and vision 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 intentional 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.

*Note: Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.*

# Customer Service Information & FAQ's

## Fixed Indemnity Medical Plan

**For FAQs and Additional Network Information, Visit:**

[www.enrollment.care/info/bcs/ind/](http://www.enrollment.care/info/bcs/ind/)

**To Make Changes or Cancel Coverage, Call:**

1-866-798-0803 and use pin code 408 + \_\_\_\_ (last four digits of your SSN)

## Minimum Essential Coverage

**For FAQs, a Full List of Covered Preventive Services, or an SBC, Visit:**

[www.enrollment.care/info/bcs/mw/](http://www.enrollment.care/info/bcs/mw/)

A paper copy of your SBC is also available, free of charge by calling ESC Customer Service 1-866-798-0803.

**To Make Changes or Cancel Coverage, Call:**

1-866-798-0803 and use pin code 648 + \_\_\_\_ (last four digits of your SSN)

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

Once enrolled, you can call this number for questions regarding plan coverage, ID card, claim status, policy booklets, and to add, change, or cancel coverage.

**ESC Customer Service hours are  
M - F, 8:30 a.m. to 8 p.m. EST.  
Bilingual representatives are available.**

**You can also visit [www.paisc.com](http://www.paisc.com),  
click on "Members", and enter your group number 3110200.**

