

Essential StaffCARE

For answers to your questions, call toll free 1-866-798-0803.

Frequently Asked Questions:

Q: How does the deductible work?

A: All eligible expenses are subject to the deductible and co-insurance except for office visits, which are described below.

Q: What does the office co-pay cover?

A: Doctor office visits will be covered at 100% after a \$15 co-pay for all covered medical expenses performed in the doctor's office, subject to the policy exclusions and limitations. The deductible is waived for doctor visits, although the deductible and 80% co-insurance will apply to any charges for services performed outside the doctor's office (except if billed separately for lab and x-ray services).

Q: What doctors can I see?

A: Please call the number on the back of your ID card to find a network doctor in your area, or you may print a personal network directory for your area at www.beechstreet.com. For enrollees located in Arkansas, Tennessee, Wisconsin and Utah, access the USA Network for participating providers at www.usamco.com. Network providers have agreed to discounted, contracted rates for services, which can SAVE YOU MONEY.

However, you can see any licensed physician. If you choose to go to a non-network provider, you will still be covered under the plan at 80% co-insurance, but you will not receive the PPO network discounts.

Q: What medical expenses will be covered?

A: Examples include: hospital bills, doctor bills, prescription drugs, lab and x-ray, medical equipment and supplies, therapy, home health care, and hospice inpatient care. See your Summary Plan Description (SPD) for details.

Q: What rules apply?

A: In order to be covered, your medical expense must:

- be administered and ordered by a licensed physician;
- be medically necessary for the diagnosis and treatment of a sickness or injury; and
- not be excluded by the policy.

Q: Is there a pre-existing condition exclusion?

A: Yes. The group health coverage you are applying for may not provide benefits for pre-existing conditions for a period of 12 months for persons who enroll when first eligible or who enroll during a special enrollment period, or for a period of 18 months for persons who are late enrollees. This period may be reduced if you had previous Creditable Coverage and furnish Planned Administrators, Inc. (PAI) with a Certificate of Creditable Coverage. Until this certification is received and a determination is made whether or not you are entitled to a reduced exclusion period for a pre-existing condition, any claim submitted for a pre-existing condition, incurred during the 12-month (or for late enrollees, 18-month) period, will be denied. If a Certificate or other evidence of Creditable Coverage is subsequently received, the claim will be reconsidered.

Q: How are inpatient physician charges covered?

A: Inpatient physician charges (such as surgery, anesthesiology, and doctor visits while admitted to the hospital) are covered at 80% up to the \$5,000 annual plan maximum.

Q: What does the Inpatient Limit refer to?

A: This refers to hospital-billed charges, other than room and board, during an inpatient stay. Some examples include: medications, supplies, etc.

Q: Are birth control pills covered under the medical plan?

A: No, not unless they are required by state law, or are medically necessary for treatment of an illness.

Q: What if I go to the emergency room?

A: Emergency room charges will be covered as any other outpatient expense, subject to deductible and co-insurance, unless you are admitted to the hospital. If admitted to the hospital, emergency room charges will be covered as an inpatient expense.

Q: Will I receive an ID card?

A: Yes. Once your enrollment is processed, an ID card will automatically be generated and mailed to your home address after the first payroll deduction. Please allow up to 3 weeks for delivery. If you have not received an ID card after 3 weeks, please contact member services at 1-866-798-0803.

Q: Are prescription drugs covered?

A: Yes. At an in-network pharmacy, your prescriptions will be offered at a discount price, to which you can submit the receipt with a claim form for reimbursement under the plan, payable at 80% after deductible and subject to the outpatient limit.