

**Q: What is a fixed medical indemnity health plan and how do benefits pay?**

A: Fixed medical indemnity plans provide cash payout benefits for covered services. The Essential StaffCARE or Medical StaffCARE plan includes the Beech Street Preferred Provider Organization (PPO) network or in a few states another network may be used. Check your ID card for your PPO network logo and phone number. If you visit an in-network provider, the provider will file the claim for you. If you go to an out-of-network provider who does not file the claim for you, you will need to file a claim form along with a copy of your receipt to have the benefit payment sent in full to you.

**Q: How do these fixed medical indemnity plans compare to major medical coverage?**

A: That depends on the plan design but a fixed medical indemnity plan is not a “major medical” plan. It is designed to help you pay for basic medical needs, not catastrophic events.

**Q: Do I have to go to an in-network provider?**

A: It is not required that you go to an in-network provider. If you choose a provider who participates in the PPO network they receive two key advantages:

- They get the PPO discount for all services
- The provider will file the claim to the plan.

When an in-network provider is used, the provider will file the claim on your behalf and the plan will pay the provider the schedule amount. You are responsible for paying the difference between the network discount rate and the plan schedule amount.

**Q: When should I expect an ID card?**

A: An ID card and confirmation of coverage letter will be mailed to your home address within 10 business days of your effective date. If you do not receive these documents or you have a change of address please contact Essential StaffCARE customer service at 1-866-798-0803. Present your ID card to the provider at the time of service. ID cards are used by providers to verify the member’s identification and eligibility status.

**Q: Is there a pre-existing clause on the policy?**

A: There is no pre-existing clause for the medical benefits. Even if you have been previously diagnosed with a condition, you may receive coverage for related services as soon as your coverage goes into effect. However, there are certain pre-existing condition exclusions in place for Short-Term Disability.

**Q: When can I enroll?**

A: You may enroll during the annual group open enrollment, within 30 days of your 1<sup>st</sup> paycheck date, or if you have a qualifying life event. A qualifying life event (QLE) is defined as a change in your status due to one of the following: marriage, divorce, birth or adoption of a child(ren), termination, death of an immediate family member, Medicare entitlement, employer bankruptcy, loss of dependent status, or loss of prior coverage. In addition, you may request a special enrollment (for yourself, your spouse and/or eligible dependents) within 60 days of 1) termination of coverage under Medicaid or a State

Children's Health Insurance Program (SCHIP) or 2) upon becoming eligible for SCHIP premium assistance under this medical benefit. You must submit proof of the event along with your enrollment form.

**Q: Who is considered an eligible dependent?**

A: Eligible dependents include an employee's spouse and children up to age 26.

**Q: When will coverage start?**

A: If the premium is deducted by payroll coverage typically begins the Monday following the check date for which the premium is deducted.

**Q: Are there co-pays or deductibles?**

A: There are no co-pays or deductible with the plan. The plan pays a set dollar amount.

**Q: Is there coverage for contraceptives on this plan?**

A: Yes, oral contraceptives are covered under the prescription benefit. Non-oral contraceptives are not covered.

**Q: Are maternity benefits covered?**

A: Yes, maternity benefits are covered the same as any other condition under this plan.

**Q: How does the prescription plan work?**

A: If you enroll in the medical plan, you are automatically covered by the prescription drug program through Caremark. Caremark has a national network with over 53,000 participating pharmacies. Present your ID card at a participating pharmacy to receive discounts for prescriptions. Save your receipt and file a claim for reimbursement. The plan pays a fixed dollar amount for generic drugs and brand name drugs. 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:** Some plans include an "Enhanced Rx" benefit where the pharmacy will pay the benefit at the point of purchase. The prescription drug benefit may be subject to a monthly maximum or the overall annual outpatient maximum. Be sure you present your ID card when filling your prescriptions and refer to your specific plan for details.

**Q: Is Short-Term Disability offered in all states?**

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

**Q: Are live representatives available to provide assistance?**

A: Yes! If you have additional questions about your plan or claims, call the plan administrator at 1-866-798-0803 between the hours of 8:30 a.m. and 8 p.m. Eastern Standard Time. A language line is available with translation for most languages.