



HEALTH INSURANCE & BENEFITS

For You And Your Family



- Coverage for Doctors' Office Visits and Inpatient Benefits
- Medical/Rx, Dental, Term Life, and Short-Term Disability Plans
- No Pre-existing Condition Limitations, No Health Questions

 Essential StaffCARE®
Health Benefits For You and Your Family

Essential StaffCARE
Customer Service

1-866-798-0803

Customer Service Call Center hours are
M-F 8:30am to 8:00pm EST

Spanish Speaking representatives are
available

[BCS Insurance Company and
BCS Life Insurance Company \(BCS\)](#)

Essential StaffCARE is underwritten by BCS, a company known for excellence in product development and special risk underwriting, with more than 50 years of experience in the group insurance market. BCS has the mission of developing and delivering products to meet the insurance needs of members across the country. Licensed in all 50 states and the District of Columbia, BCS has the rating of "A-;" Excellent, from the A.M. Best Company, the oldest and most experienced insurance rating agency in the world.

[Planned Administrators, Inc \(PAI\)](#)

PAI is a Third Party Administrator (TPA) focused since 1981 on health care claims administration and utilization management. PAI has become one of the nation's leading limited benefit administrators. By offering and administering affordable limited benefit plans, PAI helps employers provide hourly and part-time workers with access to insurance coverage that helps them meet basic healthcare needs. PAI's clients include national leaders in the food service, hospitality and staffing industries.

EXCLUSIONS AND LIMITATIONS

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;
- 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.

Networks

Medical

Beechstreet

1-866-907-3619

www.beechstreet.com

(available except where other networks are used)

PHCS Network

1-866-671-7427

www.phcs.com

(available for residents of Arkansas and Utah)

Multiplan Network

1-888-342-7427

www.multiplan.com

(available for residents of West Virginia)

Prescription

Caremark

1-888-963-7290

www.caremark.com

Dental

DenteMax

1-800-752-1547

www.dentemax.com

Vision

EyeMed Vision Care

1-866-723-0513

www.eyemedvisioncare.com

Schedule of Benefits

Plan 2

	Medical Network / Prescription Network	Beechstreet / Caremark
	Network Provider Must Accept Plan	Yes
	Pre-Existing Condition Limitation	None
Inpatient Benefits	Annual Inpatient Maximum	No Maximum
	Daily Room & Board Maximum	\$500 per day No limit on # of days
	Daily Intensive Care Unit	\$600 per day No limit on # of days
	Surgery (no limit on # of procedures)	\$3,000 per inpatient surgical procedure
	Anesthesiology	\$600 per inpatient surgical procedure
	Skilled Nursing (payable for stays in a skill nursing facility after a hospital stay)	\$100 per day No limit on # of days
Outpatient Benefits	Annual Outpatient Maximum	\$1,500
	Physician Office Visit* (includes lab and x-ray performed in the physician's office)	\$100 per visit No limit on # of visits
	Diagnostic Lab* (performed outside the physician's office)	\$75 per testing day No limit on # of days
	Diagnostic X-ray* (performed outside the physician's office)	\$200 per testing day No limit on # of days
	Ambulance Services*	\$300 per trip No limit on # of trips
	Emergency Room Benefit - Sickness*	\$200 per visit
	Emergency Room Benefit - Accident*	\$500 per visit
	Outpatient Surgery*	\$500 per procedure
	Anesthesiology*	\$200 per procedure
	Physical, Occupational, and Speech Therapy*	\$50 per visit
	Prescription Drug Benefits* (per script)	\$15 Generic / \$50 Brand
	Wellness Benefit (once per year)	\$75 lump sum payment
	Employee Only Weekly Rates	\$20.91
	Employee Plus One Weekly Rates	\$42.44
	Employee Plus Family Weekly Rates	\$56.67

* up to annual outpatient maximum

For more information on the Essential StaffCARE Benefits please obtain a Benefit Packet from your Branch Manager.