Affordable Care Act Compliant
Minimum Value (MV) Plan Enrollment Form

HOW TO ENROLL

1. You MUST complete the Enrollment Form on the back of this page.
   • You MUST complete the Employee Information Section as part of your new hire process.
   • You MUST Accept or Decline the MV Plan.
   • You MUST Sign and Date Even if you Decline Coverage.

2. You MUST return the Enrollment Form (this page only) to your Branch Manager.

3. Please keep the last page for your records.

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The Minimum Value Plan is an employer-sponsored, self-funded plan that has been deemed to be in compliance with ACA rules and regulations. More information about Preventive Services may be found on the government website at: https://www.healthcare.gov/what-are-my-preventive-care-benefits/. For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

Enrollment in the Minimum Value Plan (MVP) ELIMINATES your Individual Mandate Tax. You may qualify for your subsidy on the government exchange based on your income and the cost of the Minimum Value Plan.

To learn more go to: www.healthcare.gov

Availability of Summary Health Information for the Minimum Value Plan

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

A paper copy is available, free of charge, by calling Essential StaffCARE Customer Service at 1-866-798-0803.

The Minimum Value Plan is underwritten by Companion Life Insurance Company.
**ENROLLMENT FORM**

**REQUIRED EMPLOYEE INFORMATION**

**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Home Phone</th>
</tr>
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<tbody>
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</tbody>
</table>

Do you or any dependents have Medicare?

- [ ] Yes
- [ ] No

If Yes:

- Medicare Health Insurance Claim Number (HICN)

- Medicare Effective Date

- Names of Covered Person(s)
  1.
  2.
  3.

**REQUIRED DEPENDENT INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Relationship</th>
<th>Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Relationship</th>
<th>Name</th>
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<th>Sex</th>
<th>Relationship</th>
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</tbody>
</table>

**MINIMUM VALUE PLAN**

You MUST enroll in the Minimum Value Plan in order to enroll in the supplemental benefits. Your coverage level will be identical to your MVP selection.

- [ ] $212.91 Employee Only
- [ ] $341.86 Employee + 1
- [ ] $336.25 Employee + Family

- [ ] NO to MVP

This coverage is not available in the state of Hawaii. Rates may be reduced by employer contribution.

**SUPPLEMENTAL BENEFITS**

- [ ] YES $24.60 Employee Only
- [ ] NO $63.43 Employee + Family

If you elect the supplemental benefit plan, you will receive a separate ID card for this plan.

If you are currently enrolled in the medical fixed indemnity plan and wish to cancel it, please submit a change form, or you may cancel coverage by telephone by calling (800) 269-7783. Enter your PIN CODE plus the last four digits of your Social Security number (SSN). Remember, it may take up to two or three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.

**PIN CODE:** 142 + _ _ _ _ (last four digits of your SSN)

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

- [ ] Signature

Date ___/___/______
**Minimum Value Plan Covered Benefits (ACA Compliant Plan)**

<table>
<thead>
<tr>
<th>MVP Preventive Services</th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Preventive Services for Adults</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>22 Preventive Services for Women</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>26 Covered Preventive Services for Children</td>
<td>100%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**PPO Network: MultiPlan, [https://www.multiplan.com](https://www.multiplan.com), 888-342-7427**

<table>
<thead>
<tr>
<th>MVP Covered Benefits</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0 / $0</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100%</td>
<td>40%</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$1,850 / $12,700</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MVP Covered Benefits</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Services</td>
<td>$400 Copay</td>
<td>$400 Copay</td>
</tr>
<tr>
<td>Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)</td>
<td>$15 Copay</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$25 Copay</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Imaging (CT, PET Scans, MRIs)</td>
<td>$400 Copay</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Laboratory Outpatient and Professional Services</td>
<td>$50 Copay</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td>$50 Copay</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Preventive Care/Screening/Immunization (MEC)</td>
<td>100% Covered</td>
<td>Ded/Coins</td>
</tr>
<tr>
<td>Chronic Disease Management Benefit</td>
<td>100% Covered</td>
<td>Ded/Coins</td>
</tr>
</tbody>
</table>

This plan does not include in-patient hospitalization benefits.

**Prescription Drugs**

<table>
<thead>
<tr>
<th>Prescription Network</th>
<th>Caremark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generics</td>
<td>$15 Copay</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$25 Copay</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$75 Copay</td>
</tr>
</tbody>
</table>

| Employee Only | $212.91 | Employee + 1 | $341.86 | Employee + Family | $336.25 |

**Minimum Value Plan Supplemental Benefits (ACA Excepted Plan)**

**PPO Network: First Health, [https://www.firsthealth.com](https://www.firsthealth.com), 1-800-226-5116**

<table>
<thead>
<tr>
<th>Inpatient Benefits</th>
<th>Benefit Paid Per Day</th>
<th>Days per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Indemnity</td>
<td>$300</td>
<td>150</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>$600</td>
<td>30</td>
</tr>
<tr>
<td>Inpatient Surgical (Flat Surgical Benefit Payment)</td>
<td>$300</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$75</td>
<td>1</td>
</tr>
</tbody>
</table>

| Outpatient Maximum                          | $1,000 calendar year maximum |

<table>
<thead>
<tr>
<th>Outpatient Benefits</th>
<th>Benefit Paid Per Day</th>
<th>Days per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgical (Flat Surgical Benefit Payment)</td>
<td>$200</td>
<td>-</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$50</td>
<td>-</td>
</tr>
<tr>
<td>Outpatient Surgical Facility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 subject to outpatient maximum

| Employee Only | $24.60 | Employee + 1 | $46.49 | Employee + Family | $63.43 |

**Member Services:** Essential StaffCARE Customer Service: 1-866-798-0803
- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and policy booklets.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time.
  Bilingual representatives are available.
- Members can also visit [www.paisc.com](http://www.paisc.com) and click on “Your Plan” and enter your group number.
Does this plan satisfy the Individual Mandate?
Yes, by enrolling into the Minimum Value Plan you will be meeting your Individual Mandate obligations.

Are dependents covered?
Yes. Eligible dependents include your spouse and your children up to age 26.

When can I enroll in the plan?
You are able to enroll in the Essential StaffCARE MVP program within 30 days of your eligibility date or during your employer’s annual 30 day open enrollment period. If you do not enroll during one of these time periods, you will have to wait until the next annual open enrollment, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

What is a qualifying life event?
A qualifying life event is defined as a change in your status due to one of the following: Marriage or 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.

If you experience a qualifying life event, you must submit documentation of the event along with a change form requesting the change within 30 days of the event. In addition, you may request a special enrollment (for yourself, your spouse, and/or eligible dependents) within 60 days (1) of 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.

When should I expect an ID card?
An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents within 10 business days of your effective date, or if you have a change of address, please contact the Essential StaffCARE Customer Service at 866-798-0803. Present your ID card to the provider at the time of service. These ID cards are used for identification purposes and providers use them to verify eligibility status.

How can I make changes or enroll if I initially declined?
To make changes or enroll if you initially declined, contact your employer and request a change form. Changes are effective the 1st of the month following the date of the change request. You can cancel or reduce coverage at any time. Please remember that you may only enroll or add additional insured members during an open enrollment period or within 30 days of a qualifying life event.

The Minimum Value Plan will utilize a direct payment process. You will receive information in the mail with further instructions on how to set up payment. This payment option will require a credit card for payment so the premium can be automatically deducted.

MINIMUM VALUE PLAN
EXCLUSIONS AND LIMITATIONS

- Hospital inpatient services are not covered by the plan. This means any inpatient service billed by the hospital.
- Ambulatory Surgical Center Services are not covered.
- Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services are not covered with the exception of services covered under the MEC benefits.
- Rehabilitative Speech Therapy services are not covered.
- Rehabilitative Occupational and Rehabilitative Physical Therapy services are not covered.
- Skilled Nursing Facility services are not covered.
- Outpatient Surgery Physician/Surgical services are not covered.
- Specialty drugs are not covered.
- Charges that are not for the care or treatment of an accident or illness except as specifically provided for in this plan.
- Treatment made necessary as the result of illegal use of narcotics or use of hallucinogens in any form unless prescribed by a physician or as provided herein.
- Treatment made necessary by or a disability arising from war, declared or undeclared, or any act of war. An act of terrorism will not be considered an act of war, declared or undeclared.
- Treatment or services provided by anyone other than a healthcare provider as defined herein unless specifically stated in the plan.
- Investigatory and experimental treatment, services, and supplies.
- Organ transplants.

SUPPLEMENTAL BENEFITS
Limited Benefit Health – with respect to all of the benefits provided under the policy, no benefits will be payable as the result of any insured’s:
- Suicide or self-inflicted injury or sickness
- Routine examinations (refer to the wellness benefit)
- Pregnancy of a dependent child
- War or armed conflict
- Participation in a riot
- Voluntary abortion
- Rest care or rehabilitative care
- Psychiatric or psychological conditions
- Felonies or illegal occupations
- Well-Baby care (refer to the wellness benefit)
- Elective procedures
- Experimental treatments or surgery
- Intoxication
- Obesity or weight control
- Racing
- On-job accident or sickness
- Treatment outside the United States