

LIMITED BENEFITS SUMMARY

FIXED INDEMNITY MEDICAL BENEFIT

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.

Outpatient Benefits ¹		Inpatient Benefits	
Physician Office Visit	\$115 per day	Standard Care	\$500 per day
Diagnostic (Lab)	\$75 per day	Intensive Care Unit Maximum ⁴	\$600 per day
Diagnostic (X-Ray)	\$200 per day	Inpatient Surgery	\$3,000 per day
Ambulance Services	\$300 per day	Anesthesiology	\$600 per day
Physical, Speech, or Occupational Therapy	\$50 per day	Skilled Nursing ⁵	\$100 per day
Emergency Room Benefit - Sickness	\$200 per day	First Hospital Admission (1 per year)	\$250
Emergency Room Benefit - Accident	\$500 per day	Annual Inpatient Maximum ⁶	No Limit
Outpatient Surgery	\$500 per day	Accidental Loss of Life, Limb & Sight	
Anesthesiology	\$200 per day	Employee/Spouse	\$20,000
Annual Outpatient Maximum	\$2,000	Dependent (6 months to 26 years)	\$5,000
Prescription Drugs (via reimbursement) ^{2,3}		Dependent (15 days to 6 months)	\$2,500
Annual Maximum	\$600	Wellness Care	
Per Day	\$30	Wellness Care (one per year)	\$100

¹ all outpatient benefits are subject to the outpatient maximum ² not subject to outpatient maximum ³ To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. ⁴ pays in addition to standard care benefit ⁵ for stays in a skilled nursing facility after a hospital stay ⁶ Subject to internal limits of plan

DENTAL BENEFIT	Waiting Period/Coinsurance	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, Bridges, Endodontics and Dentures			

VISION BENEFIT ¹	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay	Plan Pays
Eye Examination ² (including dilation)	\$10 Copay	100%	100%	\$35
Exam Options (Standard or Premium Contact Lens Fit)	Up to \$55 or 10% off Retail Price	\$0	100%	\$0
Frames ³	80%, after \$110 allowance	\$110, plus 20% of remaining	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) ²	\$25 Copay	100%	100%	\$25-\$55
Lens Options	\$15-\$45 or 20% discount	100% or 20% off retail	100%	\$0
Contact Lenses (Conventional) ²	\$0 Copay, 85% of remaining	\$110, plus 15% of remaining	100%	\$88
Disposable Contact Lenses ²	\$0 Copay	\$110, plus balance	100%	\$88
Medically Necessary Contact Lenses ²	\$0 Copay	100%	\$0	\$200

¹ For complete plan details, please visit www.essentialstaffcare.com/vision ² Once every 12 months ³ Once every 24 months

TERM LIFE BENEFIT

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

SHORT-TERM DISABILITY BENEFIT

Benefit Amount	60% of Salary up to \$150 per week
Waiting Period/Maximum Benefit Period	7 days, up to 26 weeks

OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT ¹

Policy Number **82936000-M-AAN**

The optional MEC Wellness/Preventive Benefit **DOES NOT** cover medical services. This plan provides coverage for preventive services such as immunization and routine health screening. It does not cover conditions caused by accident or illness.

Benefit	In-Network	Non-Network	MONTHLY MEC PREMIUM	MEC
15 Preventive Services for Adults	100%	40%	Employee Only	\$62.00
22 Preventive Services for Women	100%	40%	Employee + Child(ren)	\$66.50
26 Covered Preventive Services for Children	100%	40%	Employee + Spouse	\$68.14
			Employee + Family	\$72.44

¹ For more information about preventive services, please visit www.healthcare.gov.

WEEKLY LIMITED BENEFITS PREMIUM

	Medical	Dental	Vision	Term Life	STD
Employee Only	\$20.91	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren)	\$34.71	\$14.58	\$6.54	\$0.90	-
Employee + Spouse	\$39.73	\$10.80	\$4.84	\$0.90	-
Employee + Family	\$52.90	\$20.52	\$9.20	\$1.80	-