



# **Employee Benefits Guide**

## **2025-2026**

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**Non-Corporate**



ESS is pleased to offer you a competitive Flexible Benefits Program. The 2025 – 2026 Benefit Booklet gives you an opportunity to review and understand the Flexible Benefits plan options. This booklet summarizes the options available to you and your eligible dependents, along with the actions you need to take to elect these benefits. You should reference the Summary Plan Descriptions (SPD's) for each Flexible Benefits plan option. Please ask one of our enrollment specialists.

Access to health care when you need it is important. Are you planning or expecting the birth or adoption of a child? Getting married soon? How would you replace some of your income if you are out of work due to a personal illness or injury? These are just some of life's changes that could affect the health care and financial needs of you and your family. These are questions you may want to consider when reviewing and electing your Flexible Benefits plan options during this Open Enrollment and as you experience qualifying life events (QLE's).

Talk to our benefits counselors directly for new enrollments at 866.951.0934, with any questions on the 2025 - 2026 Flexible Benefits Program. Please first read the Benefit Guide booklet to understand the options available to you and reference it as a guide in making the choices that best meet your needs. Choosing the right benefits today can make a real difference toward building a secure future for you and your family tomorrow.



**NOTE**

The Benefit Guide Book is an overview of benefits being offered through ESS. If you have specific questions about any of the benefits offered please call a Benefit Counselor.

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# ENROLLMENT CENTER CONTACT



For New Enrollments:  
**1.866.951.0934**

For all other inquiries, contact ICare at  
1.800.491.8771



Enrollment Center Times:  
**8:00am - 6:30pm EST**  
**Monday-Friday**

At **ICare Customer Service** we want to make sure you have the opportunity to enroll in your Voluntary Benefits program.

## NOTE



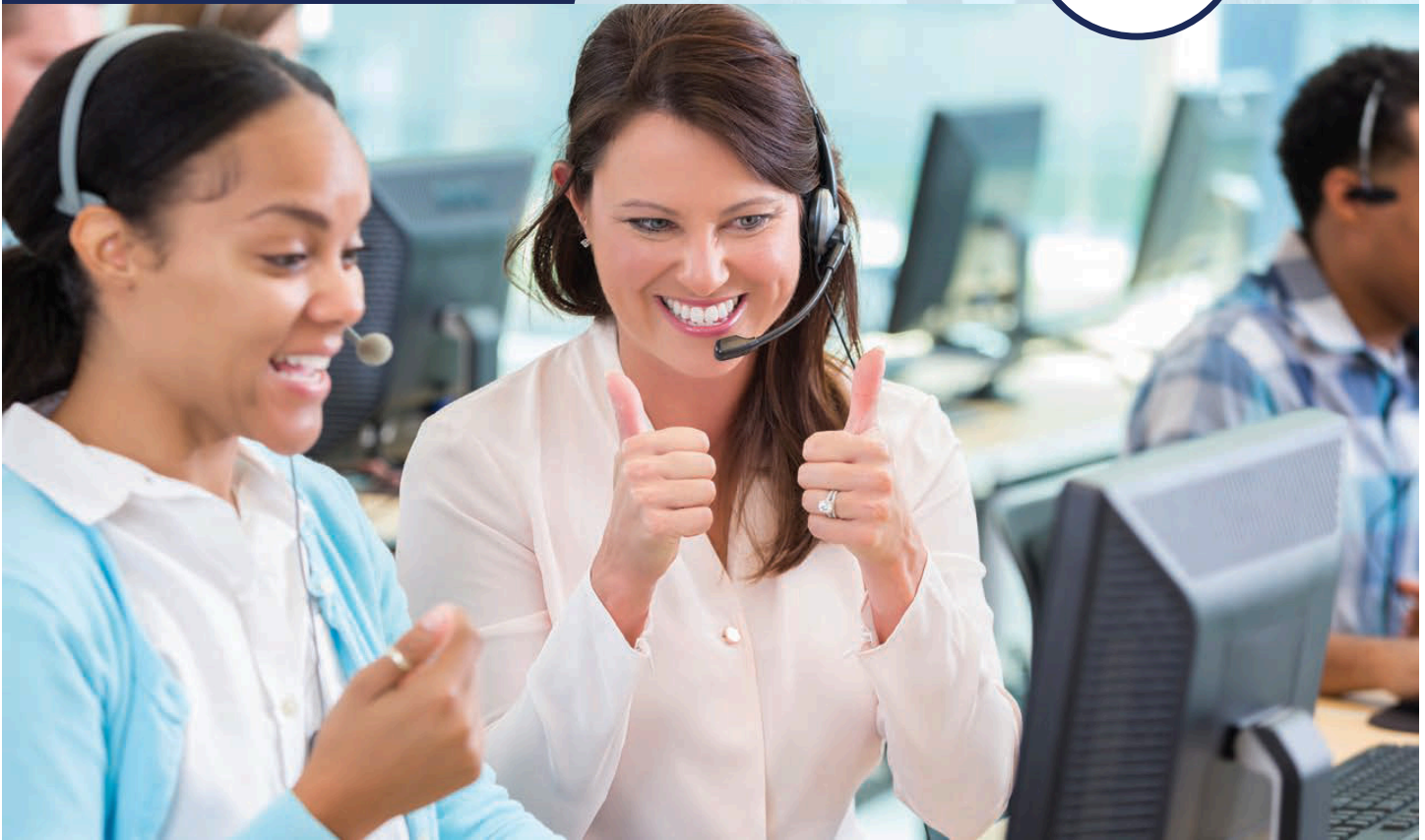
When enrolling please have the following information ready:

- 1) A benefit guide in front of you.
- 2) All dependents to be covered information. i.e.: Social Security, Birthdate
- 3) The Credit Card or Bank information you will be using for deductions.

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# CUSTOMER SERVICE



## FOR CUSTOMER SERVICE NEEDS PLEASE CONTACT ICARE



Contact ICARE at:  
**1.800.491.8771**



ICARE Business Hours:  
**9:00am - 5:00pm EST**  
**Monday-Friday**



Email ICARE at:  
**[info@icarepas.com](mailto:info@icarepas.com)**

## TO ENROLL, CHANGE OR TERMINATE COVERAGE

You must contact the Enrollment Center at:  
**866.951.0934**

# EMPLOYEE CHECKLIST



- **Review** this Benefit Booklet for valuable information for each option, descriptions of required medical underwriting requirements, and Terms and Conditions.
- **If Applying for Dependent Coverage:** Have your dependent's information such as:
  - 1) Social Security Numbers for all dependents, Date of Birth, and address if different than yours.
  - 2) Credit Card or Banking Information you will be using for deductions.
- Talk to one of the off-site Enrollment Specialists at 866.951.0934

## IMPORTANT

Current Policy Holders: If you have no changes there is no need to schedule to enroll. Your coverage will continue at the same rates. If you need to make changes to your coverage please use our appointment scheduler to book an appointment that is best for you. Book at: <https://abenroll.as.me/ESS>

## ADDITIONAL INFORMATION

This booklet summarizes the benefits you can elect through the ESS Flexible Benefits Program. A more detailed explanation of benefit provisions is provided in each Benefit Summary Plan Description. Every attempt has been made to ensure that the information in this booklet is accurate.

The ESS Flexible Benefits Program is governed by legal documentation and both Non-Insurance and Insurance Product Contracts. In the event of conflict between this booklet and the official plan descriptions and / or contracts, the terms of the official plan descriptions and contracts prevail.

The Flexible Benefits Program is governed by current tax law and is subject to, and operated in accordance with, regulations of the Internal Revenue Service (IRS). If changes in the Flexible Benefits Program are necessary, updates will be made to comply with applicable regulations.

## NEW & CURRENT EMPLOYEES

New employees who are eligible for benefits may enroll within the first 30 days after receiving their first paycheck.

### NOTE



When enrolling please have the following information ready:

- 1) A benefit guide in front of you.
- 2) All dependents to be covered information. i.e.: Social Security, Birthdate
- 3) The Credit Card or Bank information you will be using for deductions.

# YOUR RESPONSIBILITIES



## BOOK AN APPOINTMENT THAT IS CONVENIENT FOR YOU!

Ready, Set, Enroll! It's time to make your 2025/2026 Flexible Benefits elections. Simply click on the link or enter into your web browser: <https://abenroll.as.me/ESS>

### Your Responsibilities as an Active Employee

1. Read and review the plan materials in this document.
2. Make your elections with an off-site Enrollment Specialist at 866.951.0934. You can also book an appointment at <https://abenroll.as.me/ESS> for a time that is good for your schedule.
3. New Employees hired after May 1st will be offered the plans and policies listed in this 2025/2026 Benefit Guide Booklet.

### During Open Enrollment Periods, as an eligible Active Employee, you may:

- Enroll in Flexible Benefits coverage
- Enroll eligible dependents



#### NOTE

The elections made during Open Enrollment will be the coverage you will have for the entire 2025/2026 plan year, unless you have a qualifying life event (QLE) that allows a change to your coverage.

## FOR NEW & CURRENT EMPLOYEES

The benefits you choose during this Open Enrollment will have an effective date of July 1, 2025. You must have these elections completed by end of open enrollment. For New Hires moving forward, your effective date will be chosen by the time of the month you enroll. See below for example.

### Example:

Enroll before June 21st for a July 1, effective date of coverage.

Enroll after June 21st for a August 1, effective date of coverage.

# YOUR RESPONSIBILITIES



## **UNDERSTANDING YOUR WEEKLY DEDUCTIONS THROUGH OMEGA BENEFIT STRATEGIES INC.**

Your cost of benefits is not being deducted from your paycheck. It is being deducted by Omega Benefit Strategies Inc. from your personal bank account/credit card. This is to ensure no interruption occurs in your benefit coverage, due to lack of assignments and/or holiday breaks. Doing the deductions directly from your bank account means you can keep your benefits during these times when you are not actively receiving a paycheck.

### **IMPORTANT**

After you have selected your benefits, your enrollment is not complete. To complete your enrollment, you must authorize the deductions via text or email that you are sent, and then enter your banking or credit card number. Your benefits will not be active, and will be terminated before they begin. It is important that you authorize your deductions. This second step of authorization is being done for your financial privacy and protection. If you do not receive this text or email, please call OMEGA directly. Omega's phone number is: 508.250.0795, Option 3. No one at the enrollment center will ever ask for your financial information.

### **IMPORTANT**

Deductions are completed every Friday for the weekly amount you authorized. Your bank may not show the deduction until the following week, but the deduction is requested every Friday. **Insufficient Funds or Declined/ Reversed Credit Card Charges will result in additional CHARGES and FEES PAID BY YOU.** It will also lead to unfunded premium paid to the carriers which will interrupt your coverage or leave you with unpaid claims that you will be responsible for. Please make sure you choose an account that has enough dollars weekly to support your chosen deductions.

### **IMPORTANT**

You can cancel your benefits anytime by calling the enrollment center at 866.951.0934. Cancellations will take effect at the end of the month in which you called the enrollment center. Mid-Month Cancellations are acceptable but no refunds will be issued. If you cancel mid-month there will be no claims covered during that period.

# ENROLLMENT ELIGIBILITY



## ALL EMPLOYEES

- **Substitute Employees:** Part-time employees who work at least 5 hours per month..
- **Permanent Employees:** Individuals with a classification of Permanent Regular Employee who work a minimum of 30 hours per week.
- **New Hires:** You have 30 days from the date of your first paycheck to enroll.
- **Other Eligibility:** Individuals deemed eligible under applicable federal or state law.
- **If you're unsure about your eligibility, please contact ICARE at 800.491.8771 for assistance.**

## DEPENDENTS ELIGIBLE FOR COVERAGE

Eligible dependents include your:

- **Legal Spouse or Legal Domestic Partner**
- **Dependent children who are under age 26.**
- **Dependent children who are disabled prior to age 26 and incapable of self-sustaining employment by reason of mental incapacity or physical disability.**
- **Dependent children are defined as you or your spouse's natural or legally adopted children. To verify eligibility of newly added dependents, you must provide supporting documentation (ie: birth certificate, marriage certificate), if requested.**



### FOR NEW & CURRENT EMPLOYEES

ICARE is a plan administration provider for ESS that provides customer service for ESS Employees.

ICARE is your personal navigator/liaison for assisting with questions on ID CARDS, paperwork, claim forms and more from the benefits you selected. Your Customer Service from ICARE is paid for by your premium dollars, please utilize ICARE for anything. They will point you in the right direction. Any emails or phone calls to HR will be forwarded to ICARE so please contact them directly at 800.491.8771 or [Info@icarepas.com](mailto:Info@icarepas.com).

ICS Benefits - Broker, Chris Milam - [info@myicsbenefits.com](mailto:info@myicsbenefits.com)

ICARE should be able to assist you with anything you need, but during high volume call times, feel free to reach out to Chris Milam via email above or call him directly at **609.374.0444**.



# YOUR ESS 2025/2026 BENEFIT OPTIONS



# HEALTHCARE OPTIONS



## MEC PLANS

- Basic Plan
- Standard Plan
- Preferred Plan



## Marketplace Plan

If you need more coverage or benefits than these plans have to offer, you might be qualified for a Marketplace Plan. Our broker, Insurance Consulting Services will be glad to set an appointment to go through alternative options. Please email [info@myicsbenefits.com](mailto:info@myicsbenefits.com) to request a consultation.

## RECOMMENDED: STANDARD AND PREFERRED PLANS

This plan includes all benefits of the Basic Preventative & Wellness Plan, along with Group Limited indemnity plans underwritten by Globe Life and Accident Insurance Company (Globe Life). Group Limited Indemnity Insurance (GLI) pays a fixed dollar amount each date, up to a maximum of days per year, when you receive covered services due to an accident or illness. Rates starting at \$26.61 per week.

## YOUR PLAN CHOICES

- Value Plan
- Copper Plan
- Bronze Pro Plan

## VALUE, COPPER & BRONZE PRO PLAN

ESS offers medical coverage to employees working 30 or more hours per week. The plan provides comprehensive coverage for healthcare services due to accidents or illnesses as well as prescription drugs after the applicable copay / or deductible. The enrollment center does not enroll for this coverage. Please contact ICARE at 800.491.8771 or email: [info@icarepas.com](mailto:info@icarepas.com) to set an appointment to discuss these plans. Monthly rates starting at \$537.12 per month.



## Need Help with your Medical or MEC PLAN? Call ICARE!

ICARE is your personal navigator/liason for assisting with questions on ID CARDS, paperwork, claim forms and more from the benefits you selected. Your Customer Service from ICARE is paid for by your premium dollars, please utilize ICARE for anything. They will point you in the right direction. Any emails or phone calls to HR will be forwarded to ICARE so please contact them directly at 800.491.8771 [Info@icarepas.com](mailto:Info@icarepas.com).

# PLAN OPTIONS



Medical Plan Options	Value	Copper	Bronze Pro
Evidence of insurability		Guaranteed Acceptance	
<b>PPO Network<sup>7</sup></b>	<b>MultiPlan<sup>®</sup>: PHCS; Practitioner &amp; Ancillary</b>		
<b>Deductible</b>		<b>In-Network Provider</b>	
Individual/Family	\$0	\$9,200/\$18,400	\$5,000/\$10,000
<b>Out-of-Pocket Max</b>		<b>In-Network Provider</b>	
Individual/Family	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
<b>Medical Services</b>		<b>In-Network Provider</b>	
Preventive & Wellness (Non-Hospital Based)	\$0 Copay (Plan pays 100% of covered preventive and wellness services)		
Primary Care Office Visit (Non-Hospital Based)	\$60 Copay (Max 6 visits/plan yr)	\$25 Copay	\$25 Copay
Specialist Office Visit (Non-Hospital Based)		\$45 Copay	\$45 Copay
Urgent Care	\$50 Copay	\$60 Copay	\$60 Copay
Other Physician Services Performed in the Office	\$60 Copay (Combined limit with Primary Care/ Specialist visit plan yr)	\$45 Copay	\$45 Copay
Telemedicine Services		\$0 Copay <sup>6</sup>	
<b>Outpatient Diagnostic Services</b>			
Laboratory Services (Non-Hospital Based)	\$50 Copay (Combined 3 visits/plan yr)	After Deductible, plan pays 100%	
Radiology (Non-Hospital Based)		After Deductible, 20% coinsurance	
CT/MRI/PET Scan (Non-Hospital Based)		\$350 Copay <sup>2,4</sup> (Max of 1/plan yr)	
<b>Hospitalization and Emergency Services</b>			
Inpatient Hospitalization <sup>2</sup>	\$350 Copay per admission <sup>2,4</sup> (Max 3 days/plan yr)	After Deductible, plan pays 100% <sup>2</sup>	
Inpatient Surgery <sup>1</sup>	Included in Inpatient Hospitalization Copay <sup>2,4</sup> (Second surgical opinion may be required; Max 2 surgeries/ plan yr)	Included in Inpatient Hospitalization Benefit <sup>4</sup>	
Outpatient Hospital or Free Standing Facility Services and Surgery <sup>2</sup>	\$350 Copay <sup>6</sup> (Max 1 visit/plan yr)	After Deductible, plan pays 100% <sup>4</sup>	
Emergency Room Services <sup>2</sup>	\$350 Copay (Max 1 visit/plan yr)	After Deductible, 20% coinsurance	
Anesthesia <sup>2</sup>	Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Copay (Limited to 2 inpatient & 1 outpatient anesthetic procedures/plan yr)	Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Benefit	
<b>Pregnancy Benefits</b>			
Office Visits	Not Covered	\$25 Copay per visit	
Professional Services		After Deductible, plan pays 100% <sup>4</sup>	
Maternity/Childbirth/Delivery <sup>2</sup>		After Deductible, 20% coinsurance <sup>4</sup>	
<b>Mental Health, Behavioral Health, or Substance Abuse Services</b>			
Inpatient or Partial Day <sup>2</sup>	\$350 Copay per admission <sup>2,4</sup> (Max 3 days/plan yr)	After Deductible, plan pays 100% <sup>4</sup>	
Outpatient Hospital or Free-Standing Facility	\$350 Copay <sup>6</sup> (Max 1 visit/plan yr)	After Deductible, 20% coinsurance	
Office Visits	\$60 Copay (Limited to 6 visits/plan yr)	\$45 Copay	\$45 Copay
<b>Other Services</b>			
Rehabilitation/Habilitation Services (Physical, Speech, and Occupational)	\$50 Copay (Combined max 6 days/plan yr with physical, speech, & occupational therapies)	\$45 Copay per visit (Combined limit to 20 Visits/plan yr. Pre-authorization is required after 6 visits.)	
Allergy Services <sup>2</sup>	\$25 Copay	After Deductible, plan pays 100%	
Emergency Medical Transportation <sup>2</sup>	\$250 Copay (By land only; Max 1 transport/plan yr)	After Deductible, 20% coinsurance (max 20 visits/plan yr)	
Home Health Care	\$25 Copay <sup>6</sup> (Max 5 visits/plan yr)	After Deductible, plan pays 100% <sup>4</sup> (Limited to 60 Visits/plan yr)	
Second Surgical Opinion	\$0 Copay	\$0 Copay <sup>6</sup>	
Chiropractic Services	Not Covered	\$45 Copay per visit (Limited to 20 Visits/plan yr)	
Hospice Care		After Deductible, plan pays 100% <sup>2,4</sup>	
Prosthetic and Orthotic devices <sup>2</sup>		After Deductible, plan pays 100% (Limited to a maximum of \$6,500 per plan year)	
Skilled Nursing Facility <sup>2</sup>	Not Covered	After Deductible, 20% coinsurance (max of \$6,500/plan yr)	
Durable Medical Equipment <sup>2</sup>		After Deductible, plan pays 100% (Limited to 60 days/plan yr)	
<b>PHARMACY BENEFITS - Included in Medical Plans</b>			
Preventive Prescriptions	No Copay for ACA Compliant covered prescription drugs		
Non-Preventive Prescriptions	Generic - \$10 Copay	Not Covered	\$10 Copay - Generic only \$45 Copay - Preferred Brand \$100 Copay - Non-Preferred Brand
<b>PHARMACY BENEFITS - Provided by DataRx<sup>8</sup></b>			
Prescription Benefit	Copay: \$10 Formulary Generic; \$50 Formulary Brand Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand Annual Max: \$750 Per Person; \$1500 Per Family		Not Covered
<b>Monthly Rates</b>	<b>Value</b>	<b>Copper<sup>9</sup></b>	<b>Bronze Pro</b>
Individual	\$537.12	\$654.69	\$728.23
Individual + Spouse	\$1,046.15	\$1,292.24	\$1,459.92
Individual + Child	\$917.98	\$1,134.56	\$1,281.00
Family	\$1,403.66	\$1,748.73	\$1,993.69

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.

2. Subject to Reference Based Pricing

3. Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit

4. Pre-authorization required.

5. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. For the Max plan only: In the states noted, \$20 co-pay generic only, 30 day supply max.

6. This benefit is offered through a third party and is not integrated with the health plan design.

7. To find a provider through the PHCS Practitioner and Ancillary: <https://www.multiplan.com/webcenter/portal/ProviderSearch>

For additional information reference the Summary Plan Document for a list of services offered In-Network and out-of-Network. Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern. This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

# VALUE, COPPER, BRONZE PRO PLANS



1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.
2. Subject to Reference Based Pricing (RBP) – Reference-based pricing is a health care cost-containment strategy where a fixed price is set for specific services or procedures, rather than negotiating individual prices with each provider. This fixed price, often based on benchmarks like Medicare reimbursement rates, is then used as a reference point for all payments. Essentially, it establishes a ceiling for what the pay will cover (like an employer or health plan), regardless of the provider’s charges.
3. Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit
4. Pre-authorization required.
5. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. For the Max plan only: In the states noted, \$20 co-pay generic only, 30 day supply max.
6. This benefit is offered through a third party and is not integrated with the health plan design.
7. To find a provider through the PHCS Practitioner and Ancillary:  
<https://www.multiplan.com/webcenter/portal/ProviderSearch>
8. Value, Copper, & Bronze Pro plans not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

For additional information reference the Summary Plan Document for a list of services offered In-Network and out-of-Network. Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern. This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.



Welcome to America's Consumers & Affiliates, LP. You and your family may participate in the following benefit options. On your coverage effective date, you will gain access to the Rolling Strong wellness application to manage your own personal health goals, your health plans, and access to your ID Cards and provider network.

**Access Health Information**

- Retrieve your medical ID cards and medical plan information

**Log Health Information**

- Track sleep, water, meals and calories
- Create favorite recipes for easy food logging

**Health Education**

- On demand podcasts, articles and brochures
- Access Workout Routines

**In-App Health Guidance**

- Offers nutrition guidance with meal suggestions and predictive nutrition based on location
- Access partner services, pharmacy, clinics, and retailer discounts

# VALUE, COPPER, BRONZE PRO PLANS OPTIONS



## Preventive Health Services: Limitations, Intervals, and Requirements<sup>1</sup>

The following table represents the preventive services currently covered under the Pro, Max, Essential, Bronze Plans as well as the permitted interval and any requirements of such preventive services.

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

- Medical services with a rating of "A" or "B" from current recommendations of the United States Preventive Services Task Force. See <https://www.uspreventiveservicestaskforce.org>
- Preventative care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <https://www.hrsa.gov>
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

## Preventative and Wellness Services - Covered Benefits

Adults	Men Women Pregnant Women	Newborns Infants Children Adolescents Multiple Populations
<ul style="list-style-type: none"> <li>• Adult Annual Standard Physical</li> <li>• Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling</li> <li>• Aspirin: Preventive Medication</li> <li>• Blood pressure screening</li> <li>• Breastfeeding interventions</li> <li>• Chlamydia screening</li> <li>• Colorectal Cancer Screening</li> <li>• Dental cavities prevention: infants and children up to age 5 years</li> <li>• Depression Screening</li> <li>• Diabetes Screening</li> <li>• Fall Prevention : Older Adults</li> <li>• Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease</li> <li>• Hemoglobinopathies screening</li> <li>• Hepatitis B screening</li> <li>• Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.</li> <li>• High Blood Pressure Screening</li> <li>• HIV Preexposure Prophylaxis for the Prevention of HIV Infection</li> <li>• HIV Screening</li> <li>• Hypothyroidism screening</li> <li>• Lung Cancer Screening</li> <li>• Obesity screening and Counseling</li> <li>• Sexually Transmitted Infections Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Statin Preventive Medication</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Syphilis Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Aspirin: Preventive Medication</li> <li>• BRCA risk assessment and genetic counseling / testing</li> <li>• Breast Cancer Preventive Medications</li> <li>• Breast Cancer Screening</li> <li>• Cervical Cancer Screening: with Cytology (Pap Smear)</li> <li>• Lung cancer screening</li> <li>• Chlamydia Screening</li> <li>• Contraceptive Methods and Counseling Folic Acid Supplementation</li> <li>• Gonorrhea Screening</li> <li>• Intimate Partner Violence Screening</li> <li>• Osteoporosis Screening</li> <li>• Well-Woman Visits</li> <li>• Bacteriuria Screening</li> <li>• Breastfeeding Support, Supplies and Counseling</li> <li>• Depression Screening</li> <li>• Gestational Diabetes Mellitus Screening</li> <li>• Hepatitis B Screening</li> <li>• HIV Screening</li> <li>• Preeclampsia Screening</li> <li>• RH Incompatibility Screening : First Pregnancy Visit</li> <li>• RH Incompatibility Screening : 24 - 28 Weeks' Gestation</li> <li>• Syphilis Screening</li> <li>• Tobacco Use Counseling and Interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Gonorrhea Prophylactic Medication</li> <li>• Hemoglobinopathies Screening</li> <li>• Hypothyroidism Screening</li> <li>• Phenylketonuria Screening</li> <li>• Dental Caries Prevention : Infants and Children Up to Age 5</li> <li>• Dental Caries Prevention : Infants and Children Up to Age 5</li> <li>• Obesity screening and Counseling</li> <li>• Skin Cancer Behavior I Counseling</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Vision Screening: Age 3 to 5</li> <li>• Well-Child Visits</li> <li>• Depression Screening</li> <li>• Hepatitis B Screening</li> <li>• HIV Screening</li> <li>• Obesity screening and Counseling</li> <li>• Sexually Transmitted Infections Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Tuberculosis Screening : all populations at risk</li> <li>• Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children</li> </ul>

\*See Schedule of Benefits for Limitations, Intervals, and Requirements

## Vaccines

IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults\*

Adults 19 Years or Older	Children From 7 Through 18 Years Old	Birth Through 6 Years Old
<ul style="list-style-type: none"> <li>• IIV</li> <li>• RIV</li> <li>• LAIV</li> <li>• Tdap</li> <li>• MMR</li> <li>• VAR</li> <li>• RZV</li> <li>• ZVL</li> <li>• HPV - Female</li> <li>• HPV - Male</li> <li>• PCV13</li> <li>• PPSV23</li> </ul>	<ul style="list-style-type: none"> <li>• Flu</li> <li>• Tdap</li> <li>• HPV</li> <li>• MenACWY</li> <li>• MenACWY</li> </ul>	<ul style="list-style-type: none"> <li>• HepB</li> <li>• DTaP</li> <li>• Hib</li> <li>• PCV13</li> <li>• IPV</li> <li>• Flu</li> <li>• MMR</li> <li>• VAR</li> <li>• HepA</li> <li>• RV</li> </ul>

1. None of the Preventive Health Services are covered if they are provided at a hospital.

\* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

This plan is ACA Compliant. For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

# EXCLUSIONS



## Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:

- |               |                      |
|---------------|----------------------|
| a. Sports     | e. Insurance         |
| b. Camp       | f. Marriage          |
| c. Employment | g. Legal proceedings |
| d. Travel     |                      |

2. Routine foot care for treatment of the following:

- |              |                        |
|--------------|------------------------|
| a. Flat feet | e. Toenails            |
| b. Corns     | f. Fallen arches       |
| c. Bunions   | g. Weak feet           |
| d. Calluses  | h. Chronic foot strain |

3. Substance Abuse / Addiction Treatment Facilities

4. Dental procedures

5. Any other medical service, treatment, or procedure not covered under this Schedule of Benefits

6. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by any appendix or otherwise explicitly provided in the Plan Document, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service

7. Claims unrelated to treatment of medical care or treatment

8. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition

9. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits to the Plan Document

10. Any claim related to an injury arising out of or in the course of any employment for wage or profit that would be covered by other coverage for which the member is eligible

11. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed

12. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted

13. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant

14. Claims due to an act of war, declared or undeclared, not including acts of terrorism

15. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy

16. Elective, voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus were carried to term

17. Travel, unless specifically provided in the schedule of benefits

18. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill

19. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits

20. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials

21. Services or supplies which are primarily educational

22. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression

23. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion

24. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change

25. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant

26. Any claims for fertility or infertility treatment

27. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits

28. Claims for disability resulting from reversal of sterilization

29. Claims for telephone consultations, the completion of forms, or failure to keep scheduled appointments

30. Recreational or diversional therapy

31. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider

32. Claims for the care and/or treatment of an injury or illness resulting from engaging in a hazardous pursuit, hobby, or activity. A pursuit, hobby, or activity is hazardous if it is characterized by a constant threat of danger or by an increased risk of bodily harm. Examples of hazardous pursuits, hobbies, or activities include, but are not limited to, adventure sports such as skydiving, hang gliding, rappelling, rock climbing, bungee jumping, parasailing, use of all-terrain vehicles, motorcycle, boat or automobile racing, skiing off-piste, snowboarding off-piste, and activities such as reckless operation of a vehicle or other machinery, and motorcycle riding without a helmet

33. Claims that arise primarily due to medical tourism

34. Supportive devices of the foot

35. Treatments for sexual dysfunction

36. Aquatic or massage therapy

37. Biofeedback training

38. Emergency Medical Transportation

39. Skilled nursing facilities

40. Durable medical equipment and prosthetics

41. Home health care, hospice care, private duty nursing, or long-term care

42. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury

43. Claims for temporomandibular joint syndrome

44. Claims for biotech or specialty drugs, including biologics and hemophilic drugs

45. Genetic testing unless explicitly covered in the schedule of benefits

46. Human Cell, Tissue and Organ transplantation

47. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physical complications which result from such procedures

48. Chiropractic care

49. Radiation and chemotherapy

50. Dialysis

51. Acupuncture

52. Alternative medicine/homeopathy

53. Children dental and vision

54. Neonatal intensive care (NICU)

55. Outpatient surgery at a hospital

56. Outpatient surgery at ambulatory surgery center

57. PCP surgery

58. Surgery Specialist

59. Anesthesia

60. Routine eye care (Adult)

61. All maternity coverage for dependent children, including adult children up to age 26, and all coverage for the resultant newborn child. However, ACA mandated Preventive Health Services are not excluded

62. Diagnosis and treatment for sleep apnea

63. Use of Emergency Room Services for non-emergency care

64. This coverage does not include benefits for grandchildren (unless they are under your legal guardianship).

65. Private room unless medically necessary or if a semi-private room is not available.

66. Cell and gene therapies

67. Any claim arising from service received outside of the United States and its territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

68. All maternity coverage for dependent children, including adult children up to age 26, and all coverage for the resultant newborn child. However, ACA mandated Preventive Health Services are not excluded

69. CAR T therapies

70. Pregnancy Benefits, including office visits and childbirth/delivery professional and facility services

The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan.

# BASIC, STANDARD & PREFERRED PLAN BENEFITS



	Basic	Standard	Preferred	
<b>Self Funded Minimum Essential Coverage Benefits</b>				
<b>Preventive/Wellness Care</b>	Covers 100% of the preventive health services group health plans are required to cover at no cost under federal law (For a full list, visit <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> )			
<b>Telemedicine Care Benefits</b> Provided by Call Up A Doc 24/7/365 unlimited access to certified physicians via phone, video and secure email. Call 877.483.0010	<b>Virtual Counseling:</b> \$0 consult fee <b>Behavioral Health:</b> \$0 consult fee - Masters Degree Counselor <b>Psychology - Consults:</b> \$100 <b>Psychiatry - Initial:</b> \$205 <b>Follow-ups:</b> \$100			
<b>Pharmacy Benefits</b> Provided by Sheild PBM Services. Call 877.659.6101	ACA Formulary that covers all categories required by law, plus additional services: <ul style="list-style-type: none"> <li>Wholesale Mail-order pricing.</li> <li>Wholesale diabetic testing supplies.</li> <li>Prescription Assistance Program (PAP) processing for high cost medications. Call Shield PBM to go over the lowest cost in receiving your prescription medications.</li> </ul>			
<b>Group Limited Indemnity (GLI) Insurance Underwritten by Globe Life</b>				
Hospital Confinement	No Coverage	\$200 per day 365 days per year	\$300 per day 365 days per year	
Hospital ICU Confinement		\$400 per day 30 days per year	\$750 per day 30 days per year	
Hospital Admission		\$200 per day 1 day per year	\$500 per day 1 day per year	
Inpatient Surgery		\$500 per day 1 day per year	\$1,000 per day 1 day per year	
Outpatient Major Surgery		\$300 per day 1 day per year	\$500 per day 1 day per year	
Outpatient Minor Surgery		\$50 per day 1 day per year	\$100 per day 1 day per year	
Anesthesia		\$300 per day 2 days per year	\$300 per day 2 days per year	
Physician Office/Urgent Care		\$65 per day 6 days per year	\$75 per day 6 days per year	
Emergency Room - Sickness		\$100 per day 2 days per year	\$100 per day 2 days per year	
Outpatient Diagnostic Lab		\$50 per day 3 days per year	\$50 per day 3 days per year	
Outpatient X-Ray		\$50 per day 3 days per year	\$75 per day 3 days per year	
Outpatient Major Diagnostic Testing		\$100 per day 3 days per year	\$100 per day 3 days per year	
Wellness - Ages 18+ years Ages 6 days to 18 years		\$150 per day \$100 per day 1 day per year	\$150 per day \$100 per day 1 day per year	
Skilled Nursing Care Facility		\$50 per day 60 days per year	\$100 per day 60 days per year	
Accident Rider - For Urgent or OP Surgical Care For Emergency Room For Hospital Confinement		No Coverage	No Coverage	\$150 per day \$500 per day \$750 per day 1 day per year
First Health PPO Network <sup>3</sup>		No Coverage	Included	Included
<b>Weekly Rates<sup>4</sup></b>				
Employee Only	\$13.22	\$26.61	\$31.91	
Employee + Spouse	\$20.19	\$49.08	\$62.26	
Employee + Child(ren)	\$17.94	\$41.37	\$50.91	
Employee + Family	\$24.92	\$59.03	\$73.94	

Group Limited Indemnity Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr. McKinney, TX 75070.  
 Globe Life And Accident Insurance Company does not offer or underwrite any other listed products or services.  
 To find a provider: <https://www.firsthealthlp.com/LocateProvider/SelectNetworkType> Select First Health Network then Stat now.



## 100% COVERED SERVICES

### Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

\*Covid-19 testing required by employment or any type of surveillance testing is not covered

### Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits

- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

### Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV- negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (P U) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

# FIND A PROVIDER INSTRUCTIONS



## SBMA ID CARD - PREVENTATIVE & WELLNESS

### FIND A PROVIDER FOR YOUR MEC PLAN

To locate providers participating in the PHCS and/or Multiplan Network. Visit [www.multiplan.com](http://www.multiplan.com).

#### Online Instructions:

1. Click: **Find a Provider** located in the top right hand corner of the page
2. Click on **Select a Network**
3. A Pop Up appears to select Network. Select: **PHCS**
4. Select the plan type **Preventive Services Only**
5. Enter provider type: *i.e Primary Care, Ob-Gyn, Lab, etc.*
6. Enter zip code, then click on **Search** and your directory will be provided



## YOU WILL RECEIVE 2 ID CARDS FOR STANDARD AND PREFERRED PLANS

HERE IS A BREAKDOWN OF HOW TO USE THE 2 ID CARDS YOU HAVE FOR YOUR MEC STANDARD OR PREFERRED PLANS

### ID CARD 1

Loomis/Globe Life ID Card - Please use your limited medical benefits insured by as they will be administering the Limited Medical Benefits like doctor visits, X-Rays, Hospital stays, and lab work outside of your ACA wellness benefits.

### ID CARD 2

SBMA ID Card - Please use this card for your Wellness benefits and claims administration. Your network for MEC services is PHCS/Multiplan. We have included instructions on how to look up providers in your area in this document.

\*Please read it in its entirety to avoid problems with claims or customer service.

**To find a provider: call (800) 371-2507 or visit [www.multiplan.com/sbmapreventiveservices](http://www.multiplan.com/sbmapreventiveservices)**

### SBMA INFORMATION FROM THE BACK OF THE CARD

This is a preventive/Wellness Plan Only and you have to stay in network for these services.

There is no coverage for Illness, Emergencies, or Hospitalization MEMBER INFORMATION

For plan information and customer service contact SBMA at **888.505.7724 option 2**

For Telehealth, Behavioral Health & Employee Assistance Program contact 1800MD at **800.530.8666**

To locate a provider in the PHCH network please call **888.797.7427** and provide the following information.

PHCS representatives cannot verify benefits or provide plan information.

### IMPORTANT CONTACTS FOR YOUR SBMA WELLNESS PROVIDER:

- To verify members eligibility and benefits, call **888.505.7724 option 1**
- To verify if a provider or facility is in the PHCS network, call **800.950.7040**. PHCS representatives cannot verify benefits or provide plan information.
- Covered Lab Providers: Quest Diagnostics and LabCorp (preventive labs only)
- Submit claims to:

**Electronic Claims Payer ID: SBMCO | Clearing House: Tirzetto**

**(800) 556-2231 SBMA | PO Box 2369 | Montclair, CA. 91763**

**(888) 505-7724 option 3 | [claims@sbmamec.com](mailto:claims@sbmamec.com)**

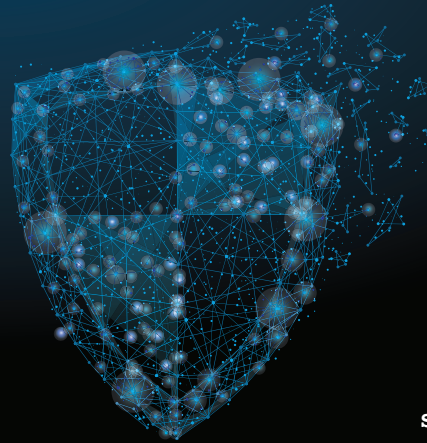
# SUMMARY OF PHARMACY BENEFITS



For MEC Members Only

**SHIELD** PBM

A PBM dedicated to working with you to provide the best pharmaceutical options available at the lowest out of pocket cost.



877.659.6101  
[www.ShieldPBM.com](http://www.ShieldPBM.com)  
[support@ShieldPBM.com](mailto:support@ShieldPBM.com)

## SUMMARY OF PHARMACY BENEFITS FOR BASIC, STANDARD, AND PREFERRED PLANS

### 1. LOCAL RETAIL PHARMACY: USE WHEN YOU NEED YOUR MEDICATIONS IMMEDIATELY

- Present your benefit card and valid prescription at any US retail pharmacy. \$0 cost for qualifying medications.
- All drugs available for INITIAL 30-day fill.
- 90-day retail option available but higher co-pays will apply.
- After INITIAL retail fill, CHRONIC meds roll-over automatically to mail-order (most cost effective and preferred option with lower copay).
- Meds over \$500 require prior authorization.
- An out-of-pocket co-pay will be required.

### 2. MAIL-ORDER: CONVENIENT COST-SAVING OPTION

- 90-day supply. Many medications are less than your co-pay – starting at \$13.95.
- Standard shipping is ALWAYS free/Overnight available for a fee.
- Controlled substances not eligible for mail-order are exempt and can be picked up at a retail store.
- Auto-refills and reminders/Medication reviews/Licensed pharmacist available for questions.

### 3. INTERNATIONAL MAIL-ORDER PHARMACY: BRANDED MEDS WITH MINIMAL CO-PAY

- An account manager will notify you if your drug is available and coordinate all paperwork.
- No shipping charges.
- All orders are dispensed in licensed pharmacies, by licensed pharmacists, safely and securely.

### 4. SPECIALTY PHARMACY: COMPLEX MEDS MADE SIMPLE

- Prior Authorization (PA): Expensive Complex Medications need prior approval BEFORE picking up at a retail pharmacy. If you're prescribed a complex drug, you may use our online PA form, call us or send an email. We will review and provide the best options for your well-being.
- 50% coinsurance to a maximum of \$250.

### 5. PAP: PRESCRIPTION ASSISTANCE PROGRAM FOR MEMBERS NEEDING FINANCIAL HELP

- For specific questions and information, call one of our account managers for assistance.
- If a drug qualifies, we file paperwork on your behalf to verify eligibility.
- As an "Exception Medication" an exception form will be completed and reviewed by your plan administrator and an account manager.
- In most cases, there will be no out-of-pocket costs to you.

### 6. DIABETIC SUPPLIES: CHOOSE FROM QUARTERLY TESTING PROGRAMS OR PURCHASE AS NEEDED

- Quarterly testing supplies – up to three (3) test strips per day at no charge.
- Quarterly shipments will be automatically mailed.
- Receive a free Prodigy AutoCode® glucose meter with your first order.

Visit [ShieldPBM.com](http://ShieldPBM.com) or call our dedicated support team today 877.659.6101

# GLOBE LIFE STANDARD & PREFERRED GLI BENEFIT DESCRIPTIONS



**Hospital Confinement Benefit:** Pays out a benefit if an Insured is confined and receiving treatment in a hospital due to sickness or injury for a period of 23 or more continuous hours on the advice of a Physician. Hospital confinement for mental or nervous disorders and substance abuse treated as any other hospital confinement (no benefits provided for rehabilitation or outpatient treatment).

**Hospital Intensive Care Unit Confinement Benefit:** Pays out a benefit if an Insured incurs charges for and is confined to a Hospital Intensive Care Unit - a designated area of a hospital that is restricted to patients who are critically ill or injured and who require intensive and comprehensive care, that is equipped with special lifesaving equipment, and that is under constant and continuous observation by specially trained nursing staff.

**Hospital Admission Benefit:** Pays out a benefit if an Insured is admitted and confined to a hospital due to sickness or injury. Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU.

**Inpatient Surgery Benefit:** Pays out a benefit if an Insured incurs charges for inpatient surgery due to sickness or injury.

**Outpatient Major Surgery Benefit:** Pays out a benefit if an Insured incurs charges for outpatient surgery due to sickness or injury in a Hospital, Outpatient Surgical Center or other similar medical facility for surgery. The surgery must be an eligible CPT code. Outpatient Major Surgery does not include the CPT codes for which Outpatient Minor Surgery benefits are payable.

**Outpatient Minor Surgery Benefit:** Pays out a benefit if an Insured incurs charges for outpatient surgery due to sickness or injury in a Hospital, Outpatient Surgical Center or similar medical facility. The surgery must be an eligible CPT code.

**Anesthesia Benefit:** Pays out a benefit if an Insured incurs charges for and receives general anesthesia administered by an anesthesiologist or a Certified Registered Nurse Anesthetist (CRNA) during a surgical procedure for which an Inpatient Surgery or Outpatient Major Surgery benefit is payable.

**Physician Office/Urgent Care Facility Benefit:** Pays out a benefit when an Insured incurs charges for and receives services rendered by a Physician at a Physician's office or urgent care facility.

**Emergency Room:** For treatment in an emergency room. (Treatment of an injury must occur within 72 hours of the accident.)

**Outpatient Physician Office Benefit:** For services rendered by a physician at physician's office, convenient care clinic or urgent care facility.

**Outpatient Diagnostic Lab Benefit:** Pays out a benefit when an Insured incurs charges for and undergoes any type of outpatient diagnostic laboratory testing that is ordered by a Physician and performed on an outpatient basis in a Hospital, Physician's office, Urgent Care Facility, Emergency Room or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.

**Outpatient X-Ray Benefit:** Pays out a benefit when an Insured incurs charges for and undergoes outpatient X-rays that are ordered by a Physician and performed on an outpatient basis in a Hospital, Physician's office, Urgent Care Facility, Emergency Room or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.

**Outpatient Major Diagnostic Testing Benefit:** Pays out a benefit when an Insured incurs charges for and undergoes an outpatient major diagnostic test that is ordered by a Physician and performed on an outpatient basis in a Hospital, Physician's Office, Urgent Care Facility, Emergency Room or other appropriately licensed stand-alone healthcare facility that provides diagnostic services. Outpatient Major Diagnostic tests include an MRI, an MRA, a CT scan, or a PET scan.

**Skilled Nursing Care Facility Benefit:** Pays out a benefit if an Insured is confined to and incurs charges for confinement in a Skilled Nursing Care Facility due to sickness or injury (within 14 days following a Hospital Confinement of at least 3 days). A Skilled Nursing Care Facility is a place where an Insured goes to recover from a sickness or accident that operates 24-hours a day, is supervised by a Physician, has a 24-hour nursing staff, and keeps written daily records for each patient.

**Accident Lump Sum Benefit Rider:** Pays a percentage of a Maximum Benefit Amount based on the type of facility where treatment is received: 100 % for Hospital Intensive Care Unit Confinement; 50% for Hospital Confinement; 15% for Treatment in Emergency Room; 10% for Treatment in Urgent Care/Physician's Office. If an Insured receives care in more than one facility for the same Accident, we will pay the highest applicable benefit. Only one benefit is payable per Accident.

**Please see the Certificate for a full description of benefits and all terms, conditions, limitations and exclusions.**

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and Riders Forms: GBLI, GBLIC, GBLITLR, GBLIADR, GBLIABR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Benefits may vary by state. Premium will vary based on the plan chosen. A pre-existing condition limitation may apply. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Benefits uses the services of third-party administrators.



## Benefits and Cost Sharing of Fenyx Health Group MSA

<input type="checkbox"/> Fenyx Health Group MSA ESS 600	<input type="checkbox"/> Fenyx Health Group MSA ESS 1200	<input type="checkbox"/> Fenyx Health Group MSA ESS 2400
<b>\$0</b> Monthly Plan Premium	<b>\$0</b> Monthly Plan Premium	<b>\$0</b> Monthly Plan Premium
<b>\$600</b> Deposit	<b>\$1,200</b> Deposit	<b>\$2,400</b> Deposit
<b>\$1,800</b> Deductible	<b>\$3,000</b> Deductible	<b>\$5,000</b> Deductible
Covered services out-of-pocket: (deductible - deposit) <b>\$1,200</b>	Covered services out-of-pocket: (deductible - deposit) <b>\$1,800</b>	Covered services out-of-pocket: (deductible - deposit) <b>\$2,600</b>

Our Plans cover the same as Medicare covers for these service categories:

- Inpatient Hospital Coverage
- Outpatient Hospital Coverage
- Ambulatory Surgical Center Services
- Doctor Visits (Primary and Specialists)
- Preventive Care
- Emergency Care
- Urgently Needed Services
- Diagnostic Services, Labs and Imaging
- Hearing Services
- Dental Services
- Vision Services
- Mental Health Services
- Skilled Nursing Facility
- Physical Therapy
- Ambulance
- Transportation
- Medicare Part B Drugs

You pay up to 100% of the Medicare-approved amount for all Medicare-covered services and items obtained from Medicare providers until you meet your deductible.

After you meet your deductible, you pay \$0 for Medicare-covered services and items obtained from Medicare providers.

Prior authorizations and/or physician referrals not required beyond those required by Medicare.

Whether or not you have met your deductible, you are responsible for paying all a) non-Medicare-covered services and items, b) Medicare-covered services and items obtained from providers opting out of Medicare and c) excess charges from providers not participating in and accepting of Medicare rates.

The complete list of services is found in the Evidence of Coverage (EOC). The EOC can be viewed at [www.fenyxhealth.com](http://www.fenyxhealth.com), or requested by emailing [hello@fenyxhealth.com](mailto:hello@fenyxhealth.com) or calling 1-800-350-6626 (TTY: 711) 9AM - 6PM Eastern time Monday through Friday excluding Federal holidays.

The current "Medicare & You" handbook contains Original Medicare coverage and costs. View it online at [www.medicare.gov](http://www.medicare.gov) or obtain a physical copy from 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



### Interested in Learning more about Group Medicare Options?

Contact our dedicated medicare insurance team:  
1.888.377.0019, TTY 711 or Schedule an appointment  
<https://www.essmedicareplans.com/>



# DENTAL & VISION

- \$1,500 Low Option Annual Benefit
- \$3,000 Medium Option Annual Benefit
- \$5,000 Preferred Option Annual Benefit (Greatest Value)
- No Waiting Periods for Preventative and Basic
- 80% Coverage for Basic
- No deductible for Preventative Services
- One Annual Deductible, not per procedure.

### **NEED HELP WITH YOUR DENTAL OR VISION? CALL ICARE!**

ICARE is your personal navigator/liason for assisting with questions on ID CARDS, paperwork, claim forms and more from the benefits you selected. Your Customer Service from ICARE is paid for by your premium dollars, please utilize ICARE for anything. They will point you in the right direction. Any emails or phone calls to HR will be forwarded to ICARE so please contact them directly at 800.491.8771 or [Info@icarepas.com](mailto:Info@icarepas.com).

# DENTAL



**\$1,500, \$3,000 & \$5,000  
ANNUAL BENEFITS  
AVAILABLE**  
**ADMINISTERED BY LOOMIS  
COMPANY**

<ul style="list-style-type: none"> <li>• Deductible</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 annual for Basic and Major Services (per person)</li> <li>• NO deductible for Preventive Services</li> </ul>
<b>PREVENTATIVE CARE (100% Coverage) No Waiting Period</b>	
<ul style="list-style-type: none"> <li>• Routine Exam (1 in 6 months)</li> <li>• Bitewing X-rays (1 in 6 months)</li> <li>• Space Maintainers for children under 19.</li> </ul>	<ul style="list-style-type: none"> <li>• Fluoride for Children 19 and under (1 in 12 months)</li> <li>• Periodontal Maintenance procedures following periodontal surgery.</li> </ul>
<b>BASIC CARE (80% Coverage) No Waiting Period</b>	
<ul style="list-style-type: none"> <li>• Simple Extractions</li> <li>• Sealants (ages 6 through 16)</li> </ul>	<ul style="list-style-type: none"> <li>• Full Mouth/Panoramic X-ray (1 in 3 years)</li> <li>• Amalgam or resin fillings</li> </ul>
<b>MAJOR CARE* (50% Coverage) 12 Month Waiting Period</b>	
<ul style="list-style-type: none"> <li>• Inlays (1 in 10 years per tooth)</li> <li>• Onlays (1 in 10 years per tooth)</li> <li>• Crowns (1 in 10 years per tooth)</li> <li>• Laminates (1 in 10 years per tooth)</li> <li>• Root canal treatment</li> <li>• Periodontal surgery</li> <li>• Repair, Reline or Recement Dentures</li> </ul>	<ul style="list-style-type: none"> <li>• Replace Inlays (1 in 10 years per tooth)</li> <li>• Replace Onlays (1 in 10 years)</li> <li>• Replace Crowns (1 in 10 years)</li> <li>• Replace Laminates (1 in 10 years)</li> <li>• Repair or Recement Inlays</li> <li>• Repair or Recement Onlays</li> <li>• Repair or Recement Crowns</li> <li>• Repair or Recement Bridges</li> </ul>



Out of Network coverage is included and will be covered at 50% of usual and customary accepted charges. This will lower your benefit amount so we recommend to stay in network to maximize your coverage amounts.

Employee Weekly Rates			
Coverage	1500	3000	5000
EE	\$8.45	\$10.78	\$11.94
ES	\$13.16	\$16.17	\$18.04
EC	\$14.41	\$17.52	\$19.73
FA	\$19.12	\$22.92	\$26.61

Provider Lookup: <https://www.dentemax.com/findadentist>



## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>Exam Services once every plan year</b>		
Exam at PLUS Providers	\$0 Copay	Up to \$40
Exam	\$10 Copay	Up to \$40
Any available frame at PLUS Providers Frame	\$0 Copay; 20% off balance over \$200 allowance	Up to \$75
Frame	\$0 Copay; 20% off balance over \$150 allowance	Up to \$75
<b>Standard Plastic Lenses in lieu of contacts once every plan year</b>		
Single Vision	\$10 Copay	Up to \$30
Bifocal	\$10 Copay	Up to \$50
TriFocal/Lenticular	\$10 Copay	Up to \$70
Progressive-Standard Progressive	\$65 Copay	Up to \$50
Premium Tier I, II, or III Progressive	\$95, \$105, or \$120 Copay	Up to \$50
Premium Tier IV	\$225 Copay	Up to \$50
<b>Lens Options</b>		
Anti Reflective Coating - Standard	\$45 Copay	Up to \$23
Anti Reflective Coating - Premium Tier I, II, or III	\$57, \$68, or \$100 Copay	Up to \$23
<b>Contact Lenses in lieu of contacts once every plan year</b>		
Contacts - Conventional at PLUS Providers	\$0 Copay; 15% off balance over \$200 allowance	Up to \$75
Contacts - Conventional	\$0 Copay; 15% off balance over \$150 allowance	Up to \$75
Contacts - Disposable at PLUS Providers	\$0 Copay; 100% of balance over \$200 allowance	Up to \$75
Contacts - Disposable	\$0 Copay; 100% of balance over \$150 allowance	Up to \$75
Contacts - Medically Necessary	\$0 Copay; paid in full	Up to \$300

Employee Weekly Rates	
Coverage	Vision
EE	\$2.87
EE+1	\$4.58
Family	\$5.95

EE = Employee  
 EE + 1 = Employee & Spouse or Employee & Child  
 F = Family



Provider Lookup:  
<https://eyedoclocator.eyemedvisioncare.com/>

# VISION



## SUMMARY OF BENEFITS

<b>NETWORK</b> Reinventing choice and convenience	<b>BENEFITS</b> Redefining flexibility and value	<b>EASY</b> Reimagining simple and transparent
<ul style="list-style-type: none"> <li>America's largest vision network<sup>2</sup> with the right mix of independent eye doctors and national and regional retail providers—so members can go where they want, when they want.</li> <li>In-network options for buying eyewear online at glasses.com, contactsdirect.com, lenscrafters.com, oakley.com, targetoptical.com and rayban.com — with benefits applied directly in the shopping cart.</li> <li>Members save more at PLUS Providers<sup>1</sup>— in-network locations that add value on top of existing benefits.</li> </ul>	<ul style="list-style-type: none"> <li>The freedom to choose any ophthalmic frame, lens or contact lens without restrictions at any of our retail providers, independent provider locations or online.</li> <li>Complimentary HealthyEyes wellness program keeps the focus on eye health with online tools, articles and videos. As part of HealthyEyes, the eyeRewards program rewards members for taking care of their vision health with savings, prizes and wellness tips.</li> <li>Members enjoy exclusive savings on LASIK, including up to \$1000 off at preferred providers or 5% off the in-store promotional price.<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Cost transparency with our Know Before You Go cost estimator.</li> <li>Digital Tools like online scheduling<sup>4</sup>, a mobile app and personalized text alerts.</li> <li>Welcome kits, ID cards and open enrollment support to ensure employees understand their benefits.</li> </ul>

1. Not available in all states

2. Based on the EyeMed Instight network, Spring 2022

3. Preferred lasik providers include LasikPlus, TLC Laser Eye Centers and The LASIK Vision Institute

4. At select locations D

VISION CARE SERVICES	IN-NETWORK MEMBER COST
<b>Exam Services</b>	
Retinal Imaging	Up to \$39
<b>Contact Lens Fit and Follow-Up</b>	
Fit and Follow-Up - Standard	Up to \$40
Fit and Follow-Up - Premium	10% off retail place
<b>Lens Options</b>	
Photochromic - Non-Glass	\$75
Photochromic - Standard	\$40
Scratch Coating - Standard Plastic	\$15
Tint - Solid or Gradient	\$15
UV Treatment	\$15
All Other Lens Options	20% off retail price

## ADDITIONAL DISCOUNTS

**40% OFF**

additional pairs of glasses

**20% OFF**

any item not covered by the plan

**15% OFF**

retail price or 5% off promotional price for Lasik or PRK from US Laser Network

**Up to 66% OFF**

hearing aids, with an extended warranty and free batteries through Amplifon Hearing Health Care Network



# DISABILITY INSURANCE & ACCIDENT PROTECTION



## **A DISABILITY CAN BE EXPENSIVE, ESPECIALLY WITHOUT THE SUPPORT OF A REGULAR PAYCHECK. PREMIUMS START AT \$2.73 PER PAY.**

Disability insurance from Allstate Benefits pays cash benefit to help protect an eligible individual's finances from a covered sickness or off-the-job injury. Insured who experience a total disability, partial disability, even a disability from donating an organ can get the help they need to alleviate daily living expenses.

## **EVEN WHEN WE LIVE WELL, ACCIDENTS HAPPEN. WE NEVER KNOW WHEN OR WHERE THEY WILL OCCUR. PREMIUMS START AT \$3.28 PER PAY.**

Accident insurance from Allstate Benefits pays a cash benefit to the insured for a covered accident or injury and can help pay expenses such as copays, deductibles and treatment. Accident coverage can help pick up where other insurance leaves off. Coverage may also include:

- Coverage available for the insured or the entire family
- Benefits are paid directly to the insured unless assigned to someone else
- Premiums are affordable

# ALLSTATE BENEFITS - GROUP VOLUNTARY DISABILITY INCOME



Group Voluntary Disability Income Product Illustration			
Benefit Period	6 Months	Accident Elimination Period	14 Days
Portability	No	Sick Elimination Period	14 Days
Mental and Nervous Disorders Covered	No	Premium Mode	Weekly
		Rate Class	Preferred Plus
Additional Riders	None		

Issue Ages					
Monthly Benefit	18-49	50-59	60-64	65-69	70+
\$400.00	\$2.73	\$3.64	\$4.89	\$5.26	\$5.78
\$500.00	\$3.41	\$4.55	\$6.11	\$6.57	\$7.23

## ACCIDENT INSURANCE

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

### HERE'S HOW IT WORKS

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

### MEETING YOUR NEEDS

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

**This rate insert is part of the approved brochure for ESS Staffing and is not to be used on its own.**

This material is valid as long as information remains current, but in no event later than 06/30/2026. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company.

[www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)

# ALLSTATE GROUP VOLUNTARY ACCIDENT



## GROUP VOLUNTARY ACCIDENT (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

### BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		\$1,000
Daily Hospital Confinement (pays daily)		\$200
Intensive Care (pays daily)		\$400
RIDER BENEFITS		PLAN 1
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$200
	Air	\$600
Accident Physician's Treatment		\$100
X-Ray		\$200
Urgent Care		\$100
Dislocation/Fracture Rider <sup>1</sup>		\$4,000
Emergency Room Services Rider		\$200
Outpatient Physician's Benefit Rider (pays daily)		\$25.00
Accidental Death, Dismemberment <sup>1</sup> and Functional Loss <sup>1</sup> Rider		\$40,000
Common Carrier (care-paying passenger)		\$100,000
BENEFIT ENHANCEMENT RIDER		PLAN 1
Accident Follow-Up Treatment (pays daily)		\$100
Lacerations		\$100
Burns	<15% body surface	\$200
	15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$600
Computed Technology (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100
Paralysis (pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250.00
Medical Supplies		\$10.00
Medicine		\$10.00
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily)		\$60
Rehabilitation Unit (pays daily)		\$200
Non-Local Transportation		\$500
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Broken Tooth		\$200
Residence/Vehicle Modification		\$1,000
Pain Management (Epidural Injection)		\$100
Miscellaneous Outpatient Surgery		\$200

\*Each benefit pays the amount shown. <sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse.

Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

FOR HOME OFFICE USE ONLY GVAP6

Opt 1 - 2.0U Base 2.0U D/F 2.0U AUC 2.0U ERS 2.0U ADD 2.0U BER 1.0U OPT w/ sick 24 Hour ABQ  
V09.30.2019 Rate Insert Creation Date: 10/25/2019

### OFFERED TO THE EMPLOYEES OF: ESS STAFFING

- EE = Employee
- EE + SP= Employee + Spouse
- EE + CH = Employee + Child(ren)
- F = Family

PLAN 1 PREMIUMS				
MODE	EE	EE+SP	EE+CH	F
Weekly	\$3.28	\$5.67	\$7.02	\$9.06

### INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1
Hip joint	\$4,000
Knee or ankle joint*, bone or bones of the foot*	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand*, collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE CLOSED FRACTURE	PLAN 1
Hip, thigh (femur), pelvis**	\$4,000
Skull*	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot**, hand or wrist**	\$1,400
Lower Jaw**	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280
LOSS	PLAN 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand or arm and one foot or leg	\$20,000
One or more entire toes or fingers	\$4,000

# ALLSTATE CRITICAL ILLNESS INSURANCE



We can't predict the future, but we can plan for it. Critical Illness Insurance from Allstate Benefits pays a lump-sum cash benefit when the insured or an eligible family member is diagnosed with a covered critical illness.

Wellness Benefit - Pays a yearly benefit when one of the 19 screening exams is performed.

- Coverage available for the insured or the entire family.
- Premiums Start at \$1.34 per pay.
- Benefits are paid directly to the insured unless assigned to someone else.
- Premiums are affordable.

# CRITICAL ILLNESS INSURANCE



## CRITICAL ILLNESS INSURANCE (GVCIP4)

from Allstate Benefits

### BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma In Situ (25%)	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Initial Critical Illness - (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness - (same amount as Cancer Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Skin Cancer Rider	\$250	\$250
Lifestyle Enhancement Rider	\$25	\$25
Second Evaluation, Transportation and Lodging Rider	\$1,000	\$1,000
Second Evaluation		
Non-Local Transportation <sup>1</sup> (per trip or mile <sup>3</sup> )		
Air Fare	\$500	\$500
Personal Vehicle	\$0.50	\$0.50
Outpatient Lodging <sup>2</sup> (daily)	\$100	\$100
Family Member Lodging <sup>2</sup> (daily) and Transportation <sup>1</sup> (per trip or mile <sup>3</sup> )	\$100	\$100
Air Fare	\$500	\$500
Personal Vehicle	\$0.50	\$0.50
Supplemental Critical Illness Rider†		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$50	\$50

<sup>1</sup>Limit of \$5,000 in a calendar year. <sup>2</sup>Limit of \$1,000 in a calendar year. <sup>3</sup>Maximum of 1,000 miles.

### OFFERED TO THE EMPLOYEES OF: ESS STAFFING

PLAN 1 - WEEKLY PREMIUMS				
AGE	EE, EE+CH	ES, Family	EE, EE+CH	ES, Family
	Non-Tobacco		Tobacco	
18-29	\$1.34	\$2.35	\$1.56	\$2.67
30-39	\$2.42	\$4.01	\$3.14	\$5.09
40-49	\$4.48	\$7.20	\$6.46	\$10.16
50-59	\$7.53	\$11.89	\$11.28	\$17.51
60-64	\$9.93	\$15.56	\$14.93	\$23.06
65+	\$15.01	\$23.29	\$22.41	\$34.39

PLAN 2 - WEEKLY PREMIUMS				
AGE	EE, EE+CH	ES, Family	EE, EE+CH	ES, Family
	Non-Tobacco		Tobacco	
18-29	\$2.01	\$3.35	\$2.44	\$4.00
30-39	\$4.06	\$6.47	\$5.51	\$8.64
40-49	\$8.02	\$12.50	\$11.97	\$18.42
50-59	\$13.89	\$21.42	\$21.38	\$32.65
60-64	\$18.53	\$28.45	\$28.52	\$43.44
65+	\$28.47	\$43.48	\$43.27	\$65.68

EE = Employee  
EE+EC - Employee + Children  
ES = Employee Spouse



For use in enrollments situated in: PA. This rate insert is part of the approved brochure for ESS Staffing. It is not to be used on its own. This material is valid as long as information remains current, but in no event later than March 11, 2023. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

FOR HOME OFFICE USE ONLY - GVCIP4

Opt 1 - Pre-Ex; 1.0U Base; CCILB: RCIB; RCCIB; SCI W/O; SCR; 2U FWR; LER; 2ndETL Opt 2 - Pre-Ex; 2.0U Base; CCILB: RCIB; RCCIB; SCI W/O; SCR; 2U FWR; LER; 2ndETL ABQ V 02.28.2020 Proposal Creation Date: 3/11/2020



# IDENTITY PROTECTION



**Allstate Identity Theft will  
reimburse up to 1 million dollars.**

- \$1 million identity theft insurance policy covers any out-of-pocket expenses, lost wages, or legal fees. Plus, we'll reimburse funds stolen from your bank, HSA, or 401(k) accounts includes benefits for hospital confinement and hospital intensive care.
- Family Coverage is determined by under care or dependent; including grandparents.
- Remediation and Restoration of identity and credit.

# IDENTITY PROTECTION

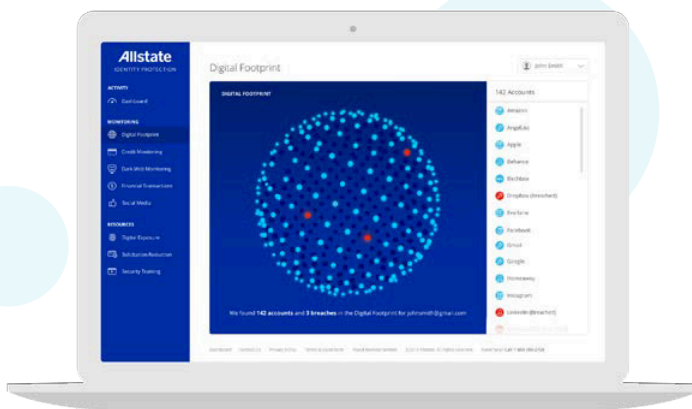


## IDENTITY PROTECTION THAT KEEPS UP WITH YOUR DIGITAL LIFE



Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind

Introducing our next evolution in identity protection. For over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



### SIGN UP DURING OPEN ENROLLMENT

Questions? 1.800.789.2720

Plans and pricing

### ALLSTATE IDENTITY PROTECTION PRO PLUS

\$9.95 per person / month

\$17.95 per family / month

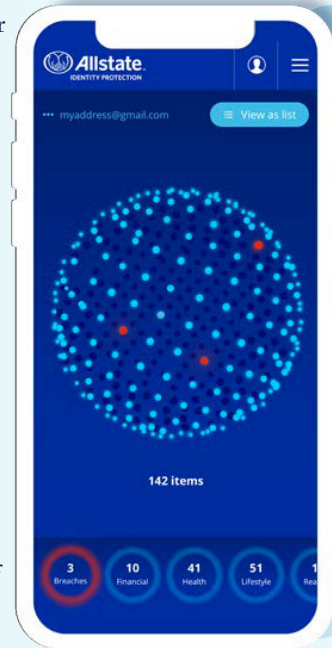
- ✓ SEE YOUR PERSONAL DATA
- ✓ MANAGE IT WITH REAL TIME ALERTS
- ✓ PROTECT YOUR IDENTITY AND FINANCES FROM FRAUD†

# ALLSTATE PROTECTION PRO PLUS



## WITH ALLSTATE IDENTITY PROTECTION PRO PLUS YOU'LL BE ABLE TO

- See and control your personal data with our unique tool, Allstate Digital Footprint™
- Monitor social media accounts for questionable content and signs of account takeover
- Check your identity health score
- View and manage alerts in real time
- Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Get help disputing errors on your credit report
- See if your IP addresses have been compromised
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses like stolen 401(k) & HSA funds or fraudulent tax returns with our \$1 million identity theft insurance policy†
- Protect yourself and your family (everyone that's "under your roof and wallet")\*



### PROTECT YOURSELF AND YOUR FAMILY

Kids' online identities can grow up faster than they do. Our Family Plan provides coverage for kids and teens of all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.\*

\*For family plans only

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

### IT'S EASY TO GET STARTED

#### 1. ENROLL IN ALLSTATE IDENTITY PROTECTION PRO PLUS

You're protected from your effective date. Our auto-on credit monitoring alerts require no additional setup.

#### 2. ACTIVATE KEY FEATURES

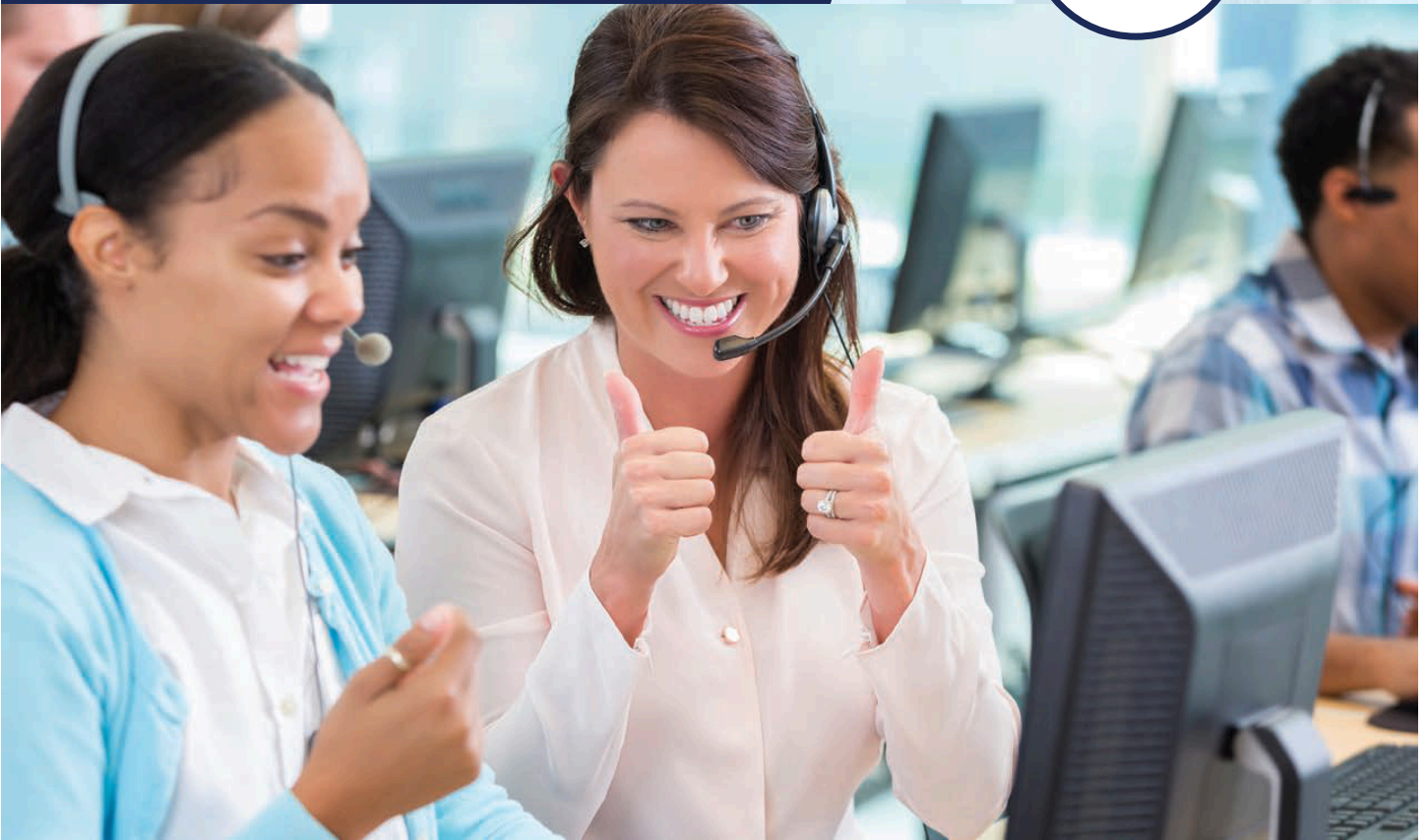
Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.

#### 3. LIVE YOUR BEST LIFE ONLINE

In the event of identity theft or fraud, you'll receive an alert as soon as it's detected.



# ENROLLMENT CENTER CONTACT



For New Enrollments:  
**1.866.951.0934**

For all other inquiries, contact ICare at  
1.800.491.8771



Enrollment Center Times:  
**8:00am - 6:30pm EST**  
**Monday-Friday**

At **ICare Customer Service** we want to make sure you have the opportunity to enroll in your Voluntary Benefits program.

## NOTE



When enrolling please have the following information ready:

- 1) A benefit guide in front of you.
- 2) All dependents to be covered information. i.e.: Social Security, Birthdate
- 3) The Credit Card or Bank information you will be using for deductions.

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ABJ33508X

# TERMS & CONDITIONS



1. Your participation in the Flexible Benefits Program is voluntary. You are not required to choose any of the options. If you do not wish to participate in these benefits, select “no coverage” in each benefit category or waive coverage with a Benefit Counselor.
2. Some coverage levels available to you and the premium amount for each coverage level may be calculated using your base salary, your age, your eligibility for disability retirement benefits, and FICA status on your date of hire or the Benefit Calculation Date, whichever is deemed appropriate by the Plan Administrator.
3. By selecting coverages and indicating contributions you are agreeing that you will be having a weekly ACH or Credit/Debit Card deduction. There is a service fee of \$1.75 weekly. Please add 2% if using a Debit Card or 3% using a Credit Card. We highly recommend using ACH option from your Checking or Savings Account.
4. For dependent and/or spousal coverage, it is your responsibility to notify the Benefit Center if the person ceases to be eligible to participate in the Plan. There will be no refund of premiums paid into the Plan, when a timely change is not made.
5. After this enrollment period you may become a participant or make changes in some coverages only under limited conditions. ESS and the plan administrator has the responsibility to interpret these conditions including rules set out by the carriers, and make the final decision as to whether you may enroll or change any coverage outside of the enrollment period. Your request for enrollment or a change in coverage under the Benefit Enrollment Center. A list of events that might permit you to enroll or change one or more coverages under the Flexible Benefits Program:
  - a. You gain or lose a spouse; or
  - b. You gain (no time limit if due to judgment, decree or order) or lose an eligible dependent; or
  - c. Your spouse or dependent becomes eligible for or loses coverage under another employer’s plan, COBRA or a governmental plan; or
  - d. An event causes your dependent to gain or lose eligibility for coverage under your employer’s plan; or
  - e. A change of residence causes you or your spouse or dependents to gain or lose eligibility for coverage under your plan or another employer’s plan; or
  - f. The cost of your dependent care increases or decreases significantly and your dependent provider is not related to you, your spouse, or your dependent; or
  - g. Your spouse’s employer increases, decreases or ceases coverage, or conducts open enrollment.



## OTHER IMPORTANT TERMS AND CONDITIONS

- a. **If you leave ESS it is your responsibility to contact the Enrollment Center to cancel your benefits.** Coverages and deductions will continue and will not be refunded once paid to the carriers and coverage will continue until you cancel.
- b. I understand and agree that Guaranteed issued insurance does not necessarily mean that benefits are payable for a loss which starts or occurs within 12 months of the effective date of coverage, and which is caused by, contributed to by, due to or resulting from a pre-existing condition, unless stated in the policy. You may have to have gone 12 months without medical care, treatment or supplies for the Pre-existing condition in order for it to be covered.
- c. I realize that any false statement or misrepresentation may result in loss of coverage under the certificate. I understand that no insurance will be in effect until approved by Allstate, Beam, and Beazley Insurance Companies, and the necessary premium is paid. Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

## IMPORTANT TO KNOW

- a. If you choose not to continue coverages, your ability to enroll at a later date will be subject to contractual provisions, which may include medical proof of insurability or limited coverages.
- b. If you failed to enroll in options requiring medical underwriting when first eligible and/or you choose new or increased levels of coverage, you must complete the medical underwriting process and be approved.
- c. If you choose coverage under the Life Insurance options and the Accidental Death and Dismemberment options, the same Beneficiary election information will be used. If a beneficiary is not named, the beneficiary will follow the order stated in the policy.

## ACH/CREDIT CARD TRANSACTION & ADMINISTRATION FEES

Only \$1.75 ACH per week. Please add 2% if using debit card or 3% using a credit card. We highly recommend using the ACH option from your checking or savings account.

# FREQUENTLY ASKED QUESTIONS



## Q. Who is ICARE and what does ICARE do?

- ICARE is your navigator / liaison in assisting with questions on paperwork, claim forms and more from the benefits you selected. Call ICARE first if you don't know who to call 800.491.8771 or email ICARE at [info@icarepas.com](mailto:info@icarepas.com)
- ICS Benefits - Broker, Chris Milam - [info@myicsbenefits.com](mailto:info@myicsbenefits.com)  
ICARE should be able to assist you with anything you need, but during high volume call times, feel free to reach out to Chris Milam via email above or call him directly at **609.374.0444**.

## Q. How do I cancel or make changes to my policy / policies?

- ESS cannot cancel or make changes to your policy / policies.
- Please call ABEnroll 866.951.0934

## Q. My child turned 26, how do I remove from my policy & update the deduction amount?

- Please call ABEnroll 866.951.0934

## Q. IMPORTANT! How are my Premiums being deducted?

- Your deductions will be deducted from your checking, savings account or credit card on file
- No Premium for Coverage will be deducted from your paycheck.
- You must authorize all Premium Deductions via text or email during enrollment. Not authorizing your deductions during enrollment will result in your benefits not being activated or changes you requested to current coverage will not take effect.

## Q. Who do I contact if I need help authorizing my deductions?

- Please call Omega Benefits at 508.250.0795, Option 3.

## Q. What do I do if my deductions haven't been being deducted?

- Please call Omega Benefits at 508.250.0795, Option 3.

## Q. How do I change or update my credit card information for my deductions?

- Please call Omega Benefits at 508.250.0795, Option 3.

## Q. Who do I call if I canceled my policy / policies and still being charged?

- Please call ICARE first at 800.491.8771 or email ICARE at [info@icarepas.com](mailto:info@icarepas.com)

## Q. Who do I contact if my coverage canceled without me requesting it to be canceled?

- Please call ICARE first at 800.491.8771 or email ICARE at [info@icarepas.com](mailto:info@icarepas.com)

## Q. Who do I contact if I have questions about the EOB (Explanation of Benefits) I received?

- Please call ICARE first at 800.491.8771 or email ICARE at [info@icarepas.com](mailto:info@icarepas.com)

## Q. What is a Qualifying Life Event?

- Qualifying Life Event is a change in your situation. ie: Marriage, having a baby, death, divorce or losing health coverage – that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the Open Enrollment Period.

## Q. How do I terminate my benefits if I leave employment?

- ESS or ICARE CAN NOT terminate your coverage or your authorized deductions. You must call ABEnroll at 866.951.0934.

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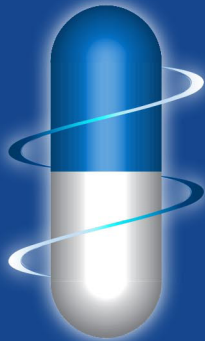
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