

MEDICAL

Annual Maximum Benefit*

\$5,000

*(per person, all expenses, includes inpatient, resets yearly)

Doctor's Office Visits**

100% of bill after a \$15 co-pay

** (subject to outpatient limit, deductible does not apply)

Coinsurance **80%**

(in-network or out-of-network)

Individual Annual Deductible

\$200

Family Annual Deductible

\$500

Daily Room & Board Maximum

\$200

Daily ICU Room & Board

\$400

Annual Outpatient Limit

\$2,000

Annual Maximum on Other Hospital Services

\$1,000

Prescription Drug

\$50 per month (no carryover)

\$10 co-pay Generic

\$30 co-pay Branded

Medical Network*

BeechStreet Network

www.beechstreet.com

1-800-432-1776

Pharmacy Network

Caremark Network

www.caremark.com

1-888-963-7290

*If you are a resident of Arkansas, Utah or Wisconsin you may locate a provider at www.usamco.com or call 1-800-USA-3860.

IMPORTANT

To **ACCESS DOCTORS** or **VERIFY COVERAGE** before receiving your ID card supply your provider with the following information:

- Your Name
- Member ID# (your Social Security Number)
- Essential StaffCARE Customer Service number; 1-866-798-0803
- Claims mailing address – PAI, P.O. Box 6702 Columbia, SC 29260

Your Doctor may **CALL Verifax** at **1-800-768-4375** & receive a fax copy of your benefits, deductibles and benefit maximums.

weekly rates	medical	dental	vision	STD	term life
e	\$20.48	\$ 5.23	\$2.35	\$4.20	\$0.60
e+1	\$41.55	\$10.46	\$4.00		\$0.90
e+f	\$55.50	\$17.26	\$5.64		\$1.80

DENTAL

DenteMax Network www.dentemax.com 1-800-752-1547

\$50 Deductible

\$750 Annual Maximum

Same coverage in-network or out-of-network. In-network

Dentist offer substantial discounts

Exams, Intraoral films and bitewings

- No Waiting Period
- **80%** coinsurance

Fillings, oral surgery & repair of crowns, bridge & denture

- Three-month waiting period
- **60%** coinsurance

Periodontics, crowns, bridge and dentures

- Twelve-month waiting period
- **50%** coinsurance

VISION

Cole Managed Network www.colemanagedvision.com 1-800-424-1155

Eye examination for glasses:

1 visit per 12 months

\$5 deductible per visit

80% coinsurance

Maximum benefit of \$25

Choice A: Eye Glasses

2 lenses per 12 months

\$15 deductible per purchase

Maximum benefit of **\$35-\$75**

see page 4 for more details

Choice B: Contact Lenses

2 lenses per 12 months

\$15 deductible per purchase

Maximum benefit of **\$95**

75% coinsurance for all choices

Members may choose only one of the available benefits in any 12-month period: A, B or C.

Choice C: Disposable Lenses

12 month supply per year

\$15 deductible per purchase

Maximum benefit of **\$75**

SHORT TERM DISABILITY

60% of salary up to \$150 per week

7 day waiting period

Maximum benefit period 26 weeks

Short-term disability insurance gives you a source of income in case you can't work due to a covered sickness or non-work related accident. There is an elimination period that must be met before benefits will be paid. The short-term disability benefit is not available to persons who work in California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico. In these states (and Puerto Rico) your employer is required to provide this benefit.

TERM LIFE

Employee Benefit **\$10,000**

(reduces to \$7,500 at age 65 & to \$5,000 at age 70)

Spouse Benefit **\$5,000** (terminates at age 70)

Dependent Benefit (6 months to 24 years old) **\$5,000**

Dependent Benefit (15 days to 6 months old) **\$1,000**

This benefit will be issued to your named beneficiary in the event of your death. The policy does not pay the death benefit if the insured employee or dependent commits suicide within the 24 month period after the effective date of that person's life insurance under the group policy. Coverage is terminated if the employee ceases to pay premiums after a 31 day grace period; or at the retirement of the employee. Spouse coverage terminates upon retirement of the employee, divorce, or at age 70.

e-employee only | e+1-employee plus one | e+f-employee plus family