



# Your Healthcare Benefits Overview

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The health and well-being of our employees is extremely important to us, which is why all employees are eligible to enroll in group health insurance products from Essential StaffCARE (ESC). The products offered to you have been carefully selected to provide the most usable, affordable, and effective medical coverage available on the market today.

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# How to Enroll

Malone Workforce Solutions is pleased to offer benefits to our employees through ESC. All applicants are required to enroll or decline benefits as part of the new hire onboarding process.

The ESC electronic enrollment form will automatically appear as a step in your onboarding process. All applicants are expected to complete the electronic enrollment form in order to finish your new hire onboarding process.

Upon completion of the electronic enrollment form, a confirmation email will be sent to you. This will include your enrollment confirmation number and a summary of the benefits you enrolled or declined.

You will have 30 days from the date of your first paycheck to modify your plan coverage selections. After that time passes, you must wait until your company's annual open enrollment period to enroll or make changes to your coverage.

Please call ESC Customer Service at **1-888-208-1998** for questions about the benefits being offered, for assistance with modifying your benefit selection, or for help confirming your coverage status or obtaining your insurance ID card. Representatives are able to assist you **Monday - Friday from 8:30am - 8pm EST**. You will be asked to provide your name and company policy number (3117000) so the representative can pull up your coverage information.

The next page in this guide (page 2) outlines step-by-step instructions needed to complete your ESC electronic enrollment form.

## **IMPORTANT NOTE: Minimum Value Plan**

Your employer will provide you with instructions on how to enroll into this plan.

# Electronic Enrollment Form Instructions

- 1** The ESC electronic enrollment form will automatically appear during your onboarding process. The enrollment page will be pre-populated with your personal information (name, birthdate, SSN) that was entered on previous screens during your onboarding process. If any of your information is missing, simply type it into the appropriate box
- 2** Click on the blue “View Benefit Guide” button to view a PDF document outlining the benefits being offered. The Benefit Guide includes a full list of services each plan covers, how much the plan pays for each of the covered service, and the cost of the plan.  
» You may save or print the Benefit Guide for your reference
- 3** Type in your email address to ensure you receive a confirmation email upon completing the enrollment process.  
» The confirmation email will include your enrollment confirmation number, the list of benefits you enrolled or declined, and a copy of the benefit guide for you to reference.
- 4** Click on the “Enrollment Status” drop down menu to either elect or decline coverage.
- 5** If you elect coverage, select your coverage level (employee-only coverage or dependent coverage) and enter your dependent information if applicable.  
» Please note that if you select dependent coverage and do not enter your dependent’s SSN, your coverage will still be processed but you must call ESC Customer Service at 1-888-208-1998 before any claims for your dependent will be processed.
- 6** Click on the yellow box to certify that you viewed the Benefit Guide.
- 7** Click on the blue “Submit” button.  
» If you entered your email address on the form, you will receive a confirmation email.
- 8** You are finished! You should now be returned to the final page of your onboarding packet within the onboarding system.

Your coverage will go into effect the Monday after you receive your first payroll deduction for benefits. You will receive an ID card by mail shortly after. If you need your ID card sooner, please contact ESC Customer Service at **1-888-208-1998** for assistance.

# Benefit Options Overview

## Fixed Indemnity Weekly Rates

Employee Only	<b>\$19.98</b>
Employee + Child(ren)	<b>\$33.17</b>
Employee + Spouse	<b>\$37.96</b>
Employee + Family	<b>\$50.55</b>

## MEC Plus Weekly Rates

Employee Only	<b>\$24.52</b>
Employee + Child(ren)	<b>\$32.65</b>
Employee + Spouse	<b>\$35.62</b>
Employee + Family	<b>\$43.39</b>

## MVP Monthly Rates\*

Employee Only	<b>\$339.50</b>
Employee + Child(ren)	<b>\$503.84</b>
Employee + Spouse	<b>\$586.02</b>
Employee + Family	<b>\$750.37</b>

## ESC Fixed Indemnity Medical:

- ✓ Medical, RX, Dental, & Accident Benefit Options Available
- ✓ No Deductibles & No Copays
- ✓ No Health Questions, Guaranteed Issue
- ✓ No Waiting Period
- ✓ No Pre-Existing Condition Limitations
- ✓ No Surgical Schedule
- ✓ Includes Both In & Outpatient Benefits
- ✓ First Dollar Benefits

## Minimum Essential Coverage (MEC) Plus:

- ✓ Covers All Mandated Wellness & Preventive Services
- ✓ Covers Services for Adults, Children, & Women
- ✓ Includes Maternity Benefits
- ✓ Qualifies as Minimum Essential Coverage
- ✓ Services Include Immunization & Routine Health Screenings
- ✓ Covers 100% of Cost of Services When In-network

## Minimum Value Plan (MVP):

- ✓ Covers 80% of Cost of Services When In-network
- ✓ First Health Network
- ✓ Offers Rx Benefits
- ✓ Covers ACA Preventive Care

\*Rates listed are prior to any applicable employer contribution

# Fixed Indemnity Overview

## Fixed Indemnity Medical Plan:

### *ESC's Most Popular Plan*

The Fixed Indemnity Medical plan is designed to cover the most common, day-to-day medical needs at an easy-to-afford price. This plan pays a flat amount for each covered service and, if the covered service costs less than what the plan pays, you keep the difference. Once enrolled, the weekly premium payments will be taken out of your paycheck for your convenience.

## Fixed Indemnity Medical Benefits



Doctor's Office Visits



Emergency Room



Urgent Care



Labs & X-Rays



Wellness Checkups



Surgical Benefits



Prescription Drug Benefits



In & Outpatient  
Hospital Care

## Fixed Indemnity Medical Features



No Deductible



First Dollar Benefits



No Copay



Large Network of Providers



No Waiting Periods



Affordable Weekly Price

## Additional Benefit Options:

### Dental



Covers a percentage of dental services, including cleanings, exams, fillings, oral surgery, crowns, bridges, and dentures.

### Accident



Pays a flat amount for covered medical services due to an accidental injury, including emergency care, ambulance transportation, x-rays, AD&D, and rehabilitative therapy.

The Fixed Indemnity Medical Plan is a supplement to health insurance. It is not Major Medical insurance or a substitute for essential health benefits coverage as defined in federal health law.

# Fixed Indemnity Overview Video

# Fixed Indemnity Summary of Benefits

BENEFIT	Plan Year Max	Plan 1
<b>Outpatient Medical Benefits</b>		
Physician Office Visit (per day)	8 days	\$105
Surgery <sup>1</sup> (per day)	1 day	\$500
Anesthesiology (per day)	—	\$125
Diagnostic Labs (per day) <sup>2</sup>	6 days	\$75
Diagnostic X-Ray (per day) <sup>3</sup>	3 days	\$200
Ambulance Services (per day) <sup>4</sup>	1 day	\$300 <sup>5</sup> / \$900 <sup>6</sup>
Emergency Room—Sickness (per day)	2 days	\$200
Emergency Room—Injuries (per day) <sup>7</sup>	2 days	\$500
<b>Prescription Drugs <sup>8</sup></b>		
Generic/Brand (per day)	30 days	\$20
<b>Inpatient Hospital Benefits (requires 24 hour minimum stay)</b>		
Daily Hospital Confinement (per day)	3 stays (unlimited days per stay)	\$300
Hospital Admission (per day)	1 day	\$250
Intensive Care Unit Maximum (per day) <sup>9</sup>	30 days	\$400
Skilled Nursing (per day) <sup>10</sup>	60 days (no lifetime max)	\$100
Surgery (per day)	1 day	\$2,000
Anesthesiology (per day)	—	\$500
<b>Wellness Care <sup>11</sup></b>	<b>Age 1+: 1 day Age&lt;1: 4 days</b>	<b>\$100</b>

<sup>1</sup> benefits are not payable for surgical operations performed in a Physician's office <sup>2</sup> routine or wellness lab screens and tests are not covered <sup>3</sup> laboratory tests and routine wellness screens and tests not covered <sup>4</sup> transportation must occur within 72 hours of the accident or onset of the sickness <sup>5</sup> benefit is for ground/water services <sup>6</sup> benefit is for air services <sup>7</sup> treatment must be within 72 hours of the accident <sup>8</sup> To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. <sup>9</sup> pays in addition to daily hospital confinement <sup>10</sup> must be under age 65 and admitted to the Skilled Nursing Facility within 14 days following a Hospital stay of at least three consecutive days <sup>11</sup> benefit is payable for each day an insured person has any one of the health screenings, exams, or tests listed in the policy

## Weekly Rates

Tier Level	Fixed Indemnity Medical
Employee Only	\$19.98
Employee + Child(ren)	\$33.17
Employee + Spouse	\$37.96
Employee + Family	\$50.55

# 1.800MD Telemedicine Services

## Included with the Fixed Indemnity Medical Plan

1.800MD provides fast and convenient access to board certified physicians around the clock (24 hours a day, 7 days a week, 365 days a year) throughout the United States. 1.800MD saves you and your family time and money as an alternative to non-emergent Emergency Room visits, Urgent Care Clinic visits, or the inconvenience of traveling to a scheduled appointment with your Primary Care Physician. 1.800MD physicians can answer health questions, give advice, diagnose, and even treat illnesses, all without long wait times.

1.800MD virtual visits come at no cost to Fixed Indemnity Medical plan enrollees and there is no annual limit on number of visits you can have with a 1.800MD physician.

### What 1.800MD Treats:

- Allergies
- Arthritic Pain
- Bronchitis
- Cold
- Flu
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infection
- Sinus Infections
- Diarrhea
- Upset Stomach
- Urinary Tract
- Infections

And many other non-emergency conditions

### How 1.800MD Works:

#### Step 1: Activate Membership

- To activate your account, please visit [www.1800md.com](http://www.1800md.com) and choose “Member Login”.
- Click the “Activate” button and enter your Group Number and Member Number. These can be found on your Membership Card.
- Once you are logged into the Member Portal, you will need to complete a quick and easy Health History form. This form MUST be completed before requesting a consultation.

#### Step 2: Request a Consultation

- You may request a consultation straight from your Member Portal.
- Your basic member information, pharmacy information, and symptoms will be noted at this step.

#### Step 3: Talk to a Doctor

- A physician will call you for a diagnosis within 1 hour of requesting a consultation.
- If necessary, the physician will e-prescribe you a prescription to your pharmacy of choice.

#### Step 4: Continued Care

- Your consultation notes and prescription information can be found on your Member Portal for you to share with your care coordinator or primary care physician if desired.

NOTE: This product does not cover any employees residing in the state of WA

**If you have any questions regarding your 1.800MD membership, please contact the Customer Care Center at 1.800-530-8666.**

# Dental

## Summary of Benefits

Dental benefits are payable for dental treatment services and supplies performed by or prescribed by a Dentist or Dental Hygienist.

Dental			
Annual Maximum Benefit		\$750	Deductible \$50
	Waiting Period	Co-Insurance	Covered Prodecures
Coverage A	None	80%	Exams, Cleanings, Intraoral Films, and Bitewings
Coverage B	3 Months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges, and Dentures
Coverage C	12 Months	50%	Periodontics, Crowns, Endodontics, Bridges, and Dentures

### Weekly Rates

Tier Level	Dental
Employee Only	\$5.40
Employee + Child(ren)	\$14.58
Employee + Spouse	\$10.80
Employee + Family	\$20.52

*Insurance benefits provided under policies issued by Fidelity Security Life Insurance Company, Kansas City, MO*

# Accident Summary of Benefits

Accident benefits are paid once per accident, one day per year, unless otherwise noted here or in the exclusions and limitations.

Accident <sup>1</sup>	
Benefit	Plan 1
Medical Benefit Maximum <sup>2</sup>	\$3,000
Emergency Room Deductible (per visit)	\$0
Emergency Care	up to \$3,000
Ambulance Ground/Air Transportation	\$300/\$750
First Treatment <sup>3</sup>	72 hours
X-Rays <sup>2</sup>	up to \$3,000
Durable Medical Equipment	\$300
Major Diagnostic Exam	\$750
Prosthetic Devices <sup>1,4</sup>	up to \$3,000
Dental	\$450
Accidental Death (Employee)	\$10,000
Accidental Death (Spouse)	\$5,000
Accidental Death (per Child)	\$2,500
Accidental Dismemberment	\$3,000
Follow-up Care <sup>2</sup>	up to 4 visits
Subsequent Treatment <sup>3</sup>	120 days
Rehabilitative Therapy <sup>2</sup>	up to 10 visits

<sup>1</sup> payable for non-occupational accidental injury <sup>2</sup> per insured, per covered year <sup>3</sup> within listed time frame <sup>4</sup> one accident per year

## Weekly Rates

Tier Level	Accident
Employee Only	\$2.80
Employee + Child(ren)	\$6.74
Employee + Spouse	\$4.42
Employee + Family	\$10.02

Insurance benefits provided under policies issued by Fidelity Security Life Insurance Company, Kansas City, MO

# MEC Plus Overview

The Minimum Essential Coverage (MEC) Plus plan meets the Affordable Care Act's definition of minimum essential coverage, providing benefits for all mandated testing, screening, and wellness services. In addition to ACA-mandated benefits, the MEC Plus plan pays first-dollar for covered inpatient and outpatient services.

## Inpatient & Outpatient Benefits

- Doctor's Office Visits
- Prescription Drug Coverage
- Emergency Room Coverage
- Lab & X-ray Services
- Ambulance Services
- Surgical Benefits

## Wellness & Preventive Services

- Screenings
- Immunizations & Vaccinations
- Contraception
- Dietary & Nutrition Supplements
- Behavioral Assessments
- Pregnancy Support

Enrollment in the MEC Plus plan will DISQUALIFY you from receiving a subsidy from the health insurance exchange. Please DO NOT enroll in the MEC Plus plan if you wish to obtain or continue receiving subsidized health insurance from the health insurance exchange.

The MEC Plus plan covers all wellness and preventive services mandated by the Affordable Care Act. The total number of covered benefits are subject to change based on the method of classification used.

For more details, please visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>.

# MEC Plus Video

# MEC Plus Summary of Benefits

Inpatient Benefits	Per Day	Plan Year Max
Inpatient Surgery	\$2,000	1 day
Anesthesiology	\$500	—
Daily Hospital Confinement	\$300	3 days
Intensive Care Unit Maximum <sup>1</sup>	\$400	30 days
Skilled Nursing <sup>2</sup>	\$100	60 days
Outpatient Medical Benefits		
Physician Office Visit	\$55	8 days
Diagnostic (Lab) <sup>3</sup>	\$75	6 days
Diagnostic (X-Ray) <sup>4</sup>	\$150	3 days
Ambulance Services <sup>5</sup>	\$300 <sup>6</sup> /\$900 <sup>7</sup>	1 day
Emergency Room Benefit (Sickness)	\$100	2 days
Emergency Room Benefit (Accident) <sup>8</sup>	\$300	2 days
Outpatient Surgery <sup>9</sup>	\$500	1 day
Anesthesiology	\$125	—
Prescription Drugs (via reimbursement) <sup>10</sup>		
Generic or Brand	\$20	30 days
Wellness Care <sup>11</sup>		
Persons Age 1+	\$75	1 day
Persons Under Age 1	\$75	4 days
Preventive Services Benefit <sup>12</sup>	In-Network	Out-of-Network
Preventive Services for Adults	100%	40%
Preventive Services for Women	100%	40%
Preventive Services for Children	100%	40%

<sup>1</sup> pays in addition to daily hospital confinement <sup>2</sup> must be under age 65 and admitted to the Skilled Nursing Facility within 14 days following a Hospital stay of at least three consecutive days <sup>3</sup> routine or wellness lab screens and tests are not covered <sup>4</sup> laboratory tests and routine wellness screens and tests not covered <sup>5</sup> transportation must occur within 72 hours of the accident or onset of the sickness <sup>6</sup> benefit is for ground/water services <sup>7</sup> benefit is for air services <sup>8</sup> treatment must be within 72 hours of the accident <sup>9</sup> benefits are not payable for surgical operations performed in a Physician's office <sup>10</sup> To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. <sup>11</sup> benefit is payable for each day an insured person has any one of the health screenings, exams, or tests listed in the policy <sup>12</sup> For more information about preventive services, please visit [www.healthcare.gov](http://www.healthcare.gov).

## Weekly Rates

Tier Level	MEC Plus
Employee Only	\$24.52
Employee + Child(ren)	\$32.65
Employee + Spouse	\$35.62
Employee + Family	\$43.39

# MVP Overview

The Major Medical Minimum Value Plan (MVP) is an ACA-compliant comprehensive medical plan covering inpatient and outpatient services. Once the deductible and out-of-pocket maximum are met, the MVP's coverage can act as a backstop by paying for unlimited catastrophic care should serious medical treatment be required, offering peace of mind by protecting the insured from expensive medical bills.

## MVP Benefits

- Doctor's Office Visits
- Labs & X-Rays
- Prescription Drugs
- Hospital Services
- Urgent Care
- Surgery Benefits
- Preventive Care
- Emergency Room Coverage
- Ambulance Transportation
- Allergy Testing

The MVP may satisfy your state individual health insurance mandate for those states that operate under an individual mandate requirement.

Please note that, in accordance with ACA regulations, this offer of the MVP DISQUALIFIES you and your dependent children from subsidized coverage on the Federal Marketplace. If you decline coverage under the MVP and purchase coverage on the Federal Marketplace, you may be responsible for the full cost of coverage without any subsidy from the government or your employer.

# MVP Summary of Benefits

Deductible & Co-insurance	
Individual Deductible	\$6,000
Family Deductible	\$12,000
Co-insurance	0%
Maximum Out-of-Pocket (per calendar year)	
Per Covered Person (excludes deductible and co-pays)	\$6,000
Family	\$12,000
Plan Lifetime Maximum	Unlimited
BENEFITS	PLAN PAYS
Physician Services	
Office Visits	100% after deductible
Primary Care	100% after deductible
Specialty Care	100% after deductible
In-Hospital Visits	100% after deductible
Surgery (1 asst. max; 25% of primary fee)	100% after deductible
Anesthesiology	100% after deductible
Urgent Care	100% after deductible
Preventive Care	
ACA Recommended, Gender and Age-appropriate Clinical Screenings	100%
Diagnostic Procedures	
Lab or X-Ray	100% after deductible
X-Ray for Complex Imaging (MRI, MRA, PET, CT Scans; pre-authorization required)	100% after deductible
Hospital Services	
Room and Board	100% after deductible
Emergency Room	100% after deductible
Intensive Care Unit	100% after deductible
Outpatient Surgery	100% after deductible
Urgent Care	100% after deductible
Lab/X-Ray	100% after deductible
Outpatient Dialysis/Chemotherapy	100% after deductible

# MVP Summary of Benefits

Other Medical Services	
Home Health Care (pre-authorization required)	100% after deductible
Skilled Nursing Facility	100% after deductible
Organ Transplants (kidney, pancreas, heart, liver, lung and bone marrow; includes prep and transport)	100% after deductible
Hospice Care (outpatient; pre-authorization required)	100% after deductible
Ambulance	100% after deductible
Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max)	100% after deductible
Diabetes Supplies	100% after deductible
Prosthetics/Orthotics	100% after deductible
Mental and Nervous/Sub Abuse Inpatient (pre-authorization required)	100% after deductible
Mental and Nervous/Sub Abuse Outpatient (pre-authorization required)	100% after deductible
Allergy Testing	100% after deductible
Allergy Serum and Injections	100% after deductible
Spinal Manipulation	100% after deductible
Jaw Joint/TMJ	100% after deductible
Durable Medical Equipment	100% after deductible
Prescription Drug	
Generic Drug	100% after deductible
Brand Name Drug <sup>1</sup>	Not Covered
Non-Preferred Brand <sup>1</sup>	Not Covered
Specialty	Not Covered
Mail Order	Not Covered

<sup>1</sup> If a generic drug is not available then 100% after deductible will apply

## Monthly Rates

TIER LEVEL	ESC MVP
Employee Only	\$339.50
Employee + Child(ren)	\$503.84
Employee + Spouse	\$586.02
Employee + Family	\$750.37

Insurance benefits provided under policies issued by Fidelity Security Life Insurance Company, Kansas City, MO

# Network Information

These benefit plans offer you savings for medical care through discounts negotiated with providers and facilities in the First Health Network. Although not required, choosing an in-network provider helps maximize your benefits. When you use an in-network provider, you will automatically receive the network discount and the doctor's office will file the claim for you. If you use a doctor who is not part of the network, you will not receive the discount, and you may need to file the claim yourself. To find a participating provider or to verify if your current medical provider is in-network, please call or visit the network websites listed below.

## Fixed Indemnity & MEC Plus Medical Network

### First Health Network

[www.myfirsthealth.com](http://www.myfirsthealth.com)

1-800-226-5116

### Prescription Network

**For your pharmacy benefit information, visit:**

[www.paisc.com](http://www.paisc.com)

1-866-798-0803

## Dental & Accident Networks

These plans do not use a network. You can receive covered services from any provider.

## MVP Medical Network

This plan does not use a network. You can receive covered services from any provider.

### Prescription Network

**For your pharmacy benefit claims, visit:**

[www.paisc.com](http://www.paisc.com)

1-866-798-0803

### MedWatch Patient Advocacy

In the event you need to settle a claim with a provider, the MedWatch Patient Advocacy Center will negotiate on your behalf. They can also help you find a provider that accepts the MVP's Reference-Based Plan pricing (120% of Medicare for physicians / 140% of Medicare for hospitals and ancillary providers).

1-800-432-8421

Please do not contact the above networks for questions regarding your medical plan benefits. All medical plan benefit questions should be directed to **ESC Customer Service at 1-888-208-1998.**



# Customer Service Information & FAQs

**Fixed Indemnity Medical Plan**

**Group Number: 3117000**

**For FAQs and Additional Network Information, Visit:**  
[www.esc-enrollment.com/FSLIND](http://www.esc-enrollment.com/FSLIND)

**To Make Changes or Cancel Coverage, Call:**  
1-888-208-1998 and use pin code 408 + \_ \_ \_ \_ (last four digits of your SSN)

**MEC Plus Plan**

**Group Number: P3117000**

**For FAQs, a Full List of Covered Preventive Services, or an SBC, Visit:**  
[www.esc-enrollment.com/FSLMECW](http://www.esc-enrollment.com/FSLMECW)

A paper copy of your SBC is also available, free of charge by calling  
ESC Customer Service 1-888-208-1998.

**To Make Changes or Cancel Coverage, Call:**  
1-888-208-1998 and use pin code 648 + \_ \_ \_ \_ (last four digits of your SSN)

**Essential StaffCARE Customer Service:**  
**1-888-208-1998**

Once enrolled, you can call this number for questions  
regarding plan coverage, ID card, claim status,  
policy booklets, and to add, change, or cancel coverage.

ESC Customer Service hours are  
**M - F, 8:30 a.m. to 8 p.m. EST.**  
Bilingual representatives are available.

You can also visit [www.paisc.com](http://www.paisc.com),  
click on “Members”, and enter your group number **3117000**.