

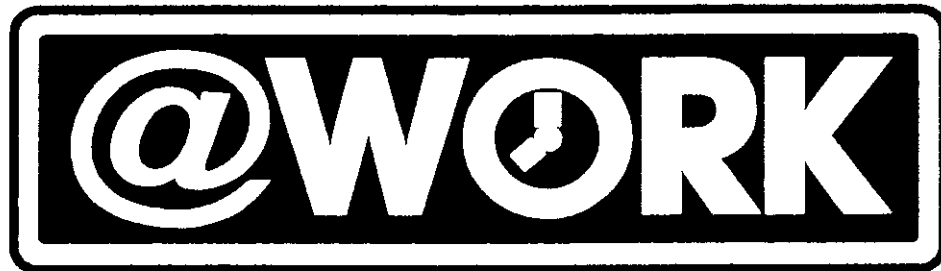


Health Insurance Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

- You **MUST** Complete the Enrollment Form for the New Hire Process
- You **MUST** Elect or Decline Coverage on the Enrollment Form
- Return the Enrollment Form to your Branch Manager
- Keep the Benefit Page for Your Records and Plan Information

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.



MEDICAL SERVICES SM

For questions or assistance, please call Medical StaffCARE Customer Service at 1-866-798-0803.

The Medical StaffCARE Medical/Rx, Accidental Loss of Life, Limb & Sight, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.204, 26.212, and 26.213. The Term Life and Short-Term Disability Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

Form: MSC S P3 v9.2a

EMPLOYEE INFORMATION
(Must Be Filled Out)**ENROLLMENT FORM - PLAN 3**

USE BLACK or BLUE INK ONLY

Social Security Number --

Date of Birth / / Sex

Name _____

Street Address _____

City _____ State Zip

Home Phone --

Do you or any dependents have Medicare? _____

 Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date / /

Names of Covered Person(s)

1. _____

2. _____

3. _____

4. _____

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

Signature _____ Date / /

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$31.36 Employee Only
- \$63.63 Employee +1
- \$84.98 Employee + Family
- NO to all benefits.
If checked, stop! Go no further.

DENTAL

- YES \$5.23 Employee Only
- YES \$10.46 Employee +1
- NO \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only
- YES \$4.00 Employee +1
- NO \$5.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
- YES \$0.90 Employee +1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number --Date of Birth / / Sex Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --Date of Birth / / Sex Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --Date of Birth / / Sex Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --Date of Birth / / Sex Relationship: Spouse Domestic Partner Child**BENEFICIARY INFORMATION**

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.

BENEFITS AT A GLANCE

Group Number

242900-AMS

Medical Benefits - Plan 3**Weekly Rates**

Inpatient Benefits		Outpatient Benefits	
Annual Inpatient Maximum	No Maximum	Annual Outpatient Maximum	\$2,250
Daily Standard Care Maximum	\$700 per day [†]	Physician Office Visit [†]	\$100 per visit
Daily Intensive Care Unit Maximum	\$800 per day [†]	Diagnostic Lab [†]	\$75 per testing day
Surgery (no limit on # of procedures)	\$4,000 per inpatient surgical procedure	Diagnostic X-ray [†]	\$200 per testing day
Anesthesiology	\$800 per inpatient surgical procedure	Ambulance Services [†]	\$300 per trip no limit on # of trips
Skilled Nursing (payable for stays in a skill nursing facility after a hospital stay)	\$100 per day [†]	Physical, Occupational, and Speech Therapy [†]	\$50 per visit
Accidental Loss of Life, Limb & Sight		Emergency Room [†] - Sickness	\$200 per visit
Employee Amount	\$20,000	Emergency Room [†] - Accident	\$1,000 per visit
Spouse Amount	\$20,000	Outpatient Surgery [†]	\$1,000 per procedure
Child Amount (6 months to 24 years old)	\$5,000	Anesthesiology [†]	\$400 per procedure
Infant Amount (15 days to 6 months)	\$2,500	Prescription Drug Benefits [†] (per script)	\$15 Generic / \$75 Brand
Wellness Benefit			
Wellness Benefit (once per year)		\$75 lump sum payment	
Employee Only	\$31.36	Employee + One	\$63.63
		Employee + Family	\$84.98

Dental Benefits**Weekly Rates**

	Waiting Period	Co-insurance	Annual Maximum Benefit	\$750 Deductible	\$50
Coverage A	None	80%	Exams, Cleanings, Intraoral Films and Bitewings		
Coverage B	3 months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures		
Coverage C	12 months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures		
Employee Only	\$5.23	Employee + One	\$10.46	Employee + Family	\$17.26

Vision Benefits**Weekly Rates**

	In-Network	Out-of-Network
Eye Examination for Glasses (including dilation)	Co-pay: \$10, plan pays 100%	Plan pays \$35, you pay remaining balance
Frames**	Plan pays \$110 allowance [§]	Plan pays \$55
Standard Plastic Lenses for Glasses*	Co-pay: \$25, plan pays 100%	Co-pay: \$0, plan pays \$25-\$55***
Standard Contact Lens Fit*	Plan pays up to \$55	You pay 100% of the price
Premium Contact Lens Fit*	Plan pays 10% off the price	You pay 100% of the price
Contact Lenses or Disposable Lenses*	Plan pays \$110 allowance [§]	Plan pays \$88
Contact Lenses Medically Necessary*	Plan pays 100%	Plan pays \$200
Employee Only	\$2.35	Employee + One
		Employee + Family
		\$4.00
		\$5.64

Short-Term Disability**Weekly Rates**

Benefit	60% of Salary up to \$150 per week	Waiting Period / Maximum Benefit Period	7 days / 26 weeks
Employee Only	\$4.20		

Term Life Benefits**Weekly Rates**

Employee Amount	\$10,000 Reduces to \$7,500 at 65, \$5,000 at age 70	Child Amount (6 months to 24 years old)	\$5,000
Spouse Amount	\$5,000 Terminates at age 70	Infant Amount (15 days to 6 months)	\$2,500
Employee Only	\$0.60	Employee + One	\$0.90
		Employee + Family	\$1.80

[†] up to annual outpatient maximum [‡] No limit on # of days

* Once every 12 months. ** Once every 24 months. *** Single Vision: \$25, Bifocal: \$40, Trifocal: \$55

§ Discount on balance above allowed amount; Frames: 20%, Conventional Contact Lenses: 15%.

EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

MEDICAL AND ACCIDENTAL LOSS OF LIFE, LIMB OR SIGHT BENEFIT

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane;
- Declared or undeclared war;
- Serving on full-time active duty in the armed forces;
- The covered person's commission of a felony;
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law;
- With regard to the accidental loss of life, limb or sight benefit - sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

No benefits will be paid for:

- Eye examinations for glasses; any kind of eye glasses, or vision prescriptions;
- Hearing examinations or hearing aids;
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident;
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force;
- Services provided by a member of the covered person's immediate family.

DENTAL

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the group policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please contact Medical StaffCARE Customer Service at 1-866-798-0803.

VISION

No benefits will be paid for any materials, procedures or services provided under Workers' Compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

PRESCRIPTION DRUGS

No benefits will be paid for over the counter products or medications or for drugs and medications dispensed while you are in a hospital.

SHORT-TERM DISABILITY

No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury;
- Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, you or your spouse's child, sibling or parent; or a person who resides in your home;
- Declared or undeclared war or act of war;
- Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
- Your participation in a riot;
- If you engage in an illegal occupation;
- Release of nuclear energy;
- Operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft;
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York or Rhode Island.

TERM LIFE

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.