



# Essential StaffCARE<sup>®</sup>

## 5k Medical Plan

	5k Plan
Annual Maximum Benefits	\$5,000
Annual Deductible - Individual	\$200
Annual Deductible - Family	\$500
<b>Outpatient Medical Expense Benefits</b>	
Annual Outpatient Max Benefits	\$2,000
Coinsurance	80%
Wellness Benefit	\$100 Annual Maximum after a \$15 co-pay (not subject to annual plan maximum)
<b>Doctor's Office Visits</b>	
Per Visit Co-pay	\$15
Coinsurance	100%
<b>Inpatient Medical Expense Benefits</b> (subject to annual maximum)	
Coinsurance	80%
Room & Board per day amount	\$200
ICU per day amount	\$400
Other Hospital Services Maximum	\$1,000
<b>Accidental Death and Dismemberment</b>	
Employee	\$10,000
Spouse	\$5,000
Dependent (6 months to 24 years)	\$5,000
Dependent (15 days to 6 months)	\$1,000
<b>Prescription Drug Benefits</b>	
Co-insurance	80% (subject to outpatient limits)
<b>Weekly Rates</b>	
Employee	\$19.98
Employee +1	\$40.54
Employee +Family	\$54.14



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Dental, STD, Term Life, and Vision

Dental Benefits	
Annual Maximum Benefits	\$750
Deductible	\$50
Coverage A - Exams, Intraoral Films and Bitewings	
Waiting Period	none
Coinsurance	80%
Coverage B - Fillings, Oral Surgery, Repairs for Crowns, Bridges and Dentures	
Waiting Period	3 months
Coinsurance	60%
Coverage C - Periodontics, Crown, Bridges, Endodontics and Dentures	
Waiting Period	12 months
Coinsurance	50%
Weekly Rates	
Employee Only	\$5.23
Employee Plus One	\$10.46
Employee Plus Family	\$17.26

Short-Term Disability	
Maximum Benefit Amount per Week	
\$150	
Percentage of Weekly Base Pay	
60%	
Waiting Period (Benefits will begin paying immediately if hospitalized)	
7 days	
Weekly Rate	
Employee Only	
\$4.20	

Term Life Plan		Weekly Rates
Employee Life Benefit (reduces to 75% at age 65, 50% at age 70)	\$10,000	Employee Only
Spouse (terminates at age 70)	\$5,000	\$0.60
Dependent (6 months to 24 years)	\$5,000	Employee Plus One
Dependent (15 days to 6 months)	\$1,000	\$0.90
Dependent (under 15 days)	\$0	Employee Plus Family
		\$1.80

Vision Plan				
Eye Examination for Eyeglasses	Frequency	Coinsurance	Deductible	Max Benefit
	1 visit per 12 months	80%	\$5 per visit	\$25
Choice A: Eye Glasses				
Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$35-\$75*
Frames	1 pair per 12 months	75%	\$15 per purchase	\$25
Choice B: Contact				
Contact Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$95
Disposable Lenses	12 month supply per year	75%	\$15 per purchase	\$75

\* Single Vision \$35, Bifocal \$35, Trifocal \$50, Lenticular \$75

Weekly Rates		
Employee Only	Employee Plus One	Employee Plus Family
\$2.35	\$4.00	\$5.64