



Associate Benefits Enrollment Guide

Plan Coverage, Plan Changes, Claims, ID Cards, Policy Booklets

ESC Customer Service: 1-866-798-0803

M - F, 8:30 AM to 8:00 PM EST | Group Number: 206800

Support with The ESC Simple ICHRASM

The ESC Simple ICHRASM Customer Service: 1-866-678-4469

M - F, 8:30 AM to 8:00 PM EST | Group Number: C2068000

WELCOME

Your Benefit Choices

Your health and well-being is our priority, which is why all Associates are eligible to enroll in exclusive Essential StaffCARE (ESC) health insurance products only available through Express. The products offered to you have been carefully selected to provide the most usable, affordable, and effective medical coverage available with rates discounted up to 40%. The ESC medical plan does not have waiting periods, so you are covered when you need it the most.



Use this Benefit Guide to determine what protection meets the needs of you and your family.



Thank you for being an Express Associate!

MAJOR MEDICAL PLAN CHOICES

Full-time Associates can enroll in a Major Medical plan of their choice through The ESC Simple ICHRASM!

The ESC Simple ICHRASM is a program that connects full-time Associates to individual Major Medical plan options with a wide variety of deductibles from a large selection of carriers on the Marketplace.

Because the Major Medical options available are priced specifically for the community where you reside, you receive the lowest-cost coverage with the highest possible benefits to meet the needs of you and your family.

Major Medical Plan Options:



Bronze



Silver



Gold



Platinum

Please Note:

If you are deemed full-time*, you will receive an official ICHRA Offer Letter via direct mail or email, with additional program details.

**Associates that work, or are projected to work 1,560 hours within a 12 month period*



Major Medical Carriers on the Marketplace:



And More!

MAJOR MEDICAL PLAN CHOICES

Express reimburses full-time Associates for a portion of their ACA-compliant Major Medical insurance plan purchased through the Marketplace via the ESC Simple ICHRASM program.

If you are a full-time Associate, the reimbursement calculation is based on the lowest-cost Silver plan in your zip code (self-only monthly premium) and the ACA affordability threshold of 9.02% of your hourly wage. Your calculated monthly reimbursement amount will be applied to the ACA-compliant plan you choose. Reimbursement payments are tax-free and issued via payroll.

How to enroll & submit proof of Major Medical insurance through the ESC Simple ICHRASM Portal

1

Step 1: Review ICHRA Offer Letter

When deemed full-time, you will receive an ICHRA Offer Letter via direct mail or email depending on your preferred method of contact.

2

Step 2: Enroll in an Individual ACA-Compliant Major Medical Plan from the Marketplace

Visit www.healthcare.gov to quote, compare, and enroll in a Major Medical plan available in your area.

3

Step 3: Create Your ESC Simple ICHRASM Account

Visit www.escsimpleichra.com to create your account, enter your group number (C2068000), verify your personal information, and elect or decline electronic communication.

4

Step 4: Submit Proof of Insurance to Receive Reimbursements

After creating an ESC Simple ICHRASM account, you'll be directed to enter your Major Medical plan payment date and insurance provider, then upload proof of insurance and confirm the plan you enrolled in is ACA-compliant.

FIXED INDEMNITY MEDICAL PLAN

Convenient Care When You're Sick




Leading Healthcare Coverage

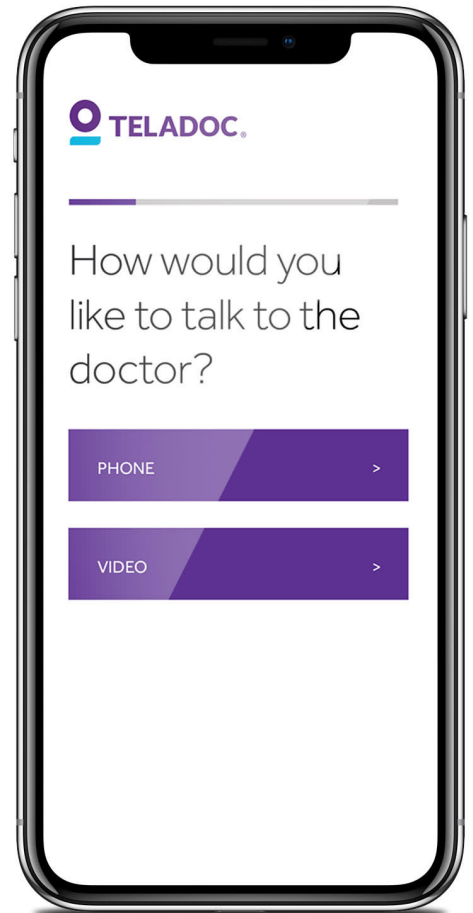
-  Doctor's Office Visits
-  Urgent Care
-  Emergency Room
-  Labs & X-Rays
-  Prescription Drugs
-  In & Outpatient Hospital Care

Valuable Plan Features

-  No Deductible
-  First Dollar Benefits
-  No Copay
-  Affordable Weekly Price
-  No Waiting Period
-  Large Provider Network

Includes Teladoc Health Services

-  General Medical Telehealth
-  Online Mental Health Therapy
-  Virtual Primary Care - Primary360



FIXED INDEMNITY MEDICAL PLAN

The ESC Indemnity Medical Plan, designed to cover the most common medical needs at an easy-to-afford price, pays a flat amount for each covered claim without deductibles or copays. These fixed benefits are based upon national averages of healthcare expenses and incorporate one of the largest networks in the country that accepts ESC claims payments directly.

OUTPATIENT BENEFITS ¹	
Annual Outpatient Maximum	\$2,200
Physician Office Visit (Virtual or In-Person) (per day)	\$115
Diagnostic (Lab) (per day)	\$90
Diagnostic (X-Ray) (per day)	\$250
Ambulance Services (per day)	\$350
Physical, Speech, or Occupational Therapy (per day)	\$50
Emergency Room Benefit - Sickness (per day)	\$250
Emergency Room Benefit - Accident (per day) ²	\$500
Outpatient Surgery (per day)	\$500
Anesthesia (per day)	\$200
PRESCRIPTION DRUGS (via reimbursement) ^{3,4}	
Annual Maximum	\$600
Generic / Brand	70% / 50%
INPATIENT BENEFITS	
Standard Care (per day)	\$300
Intensive Care Unit Maximum (per day) ⁵	\$400
Inpatient Surgery (per day)	\$2,000
Anesthesia (per day)	\$400
Skilled Nursing (per day) ⁶	\$100
First Hospital Admission (1 per year)	\$300
Annual Inpatient Maximum ⁷	No Limit
ACCIDENTAL LOSS OF LIFE, LIMB, & SIGHT	
Employee / Spouse	\$20,000
Dependent (6 months to 26 years)	\$5,000
Dependent (15 days to 6 months)	\$2,500
WELLNESS CARE (ONE PER YEAR)	
\$100	
WEEKLY PREMIUM	
Fixed Indemnity Medical	
Employee Only	\$19.98
Employee + 1	\$40.54
Employee + Family	\$54.14

These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company. Coverage is not available to residents of NH, HI, or PR.

¹ all outpatient benefits are subject to the outpatient maximum ² covers treatment for off the jobs accidents only ³ not subject to outpatient maximum

⁴ To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. ⁵ pays in addition to standard care benefit ⁶ for stays in a skilled nursing facility after a hospital stay ⁷ Subject to internal limits of plan

TELADOC HEALTH SERVICES

Included with the Fixed Indemnity Medical Plan

Learn More:



Features Include:



Unlimited Visits



Pay Only 10% of the Full Cost of
Teladoc Health Services



No Membership Fee

What is Teladoc Health?

Teladoc Health is a convenient and affordable way to speak with a licensed doctor or therapist anywhere you are by phone or video for many common health and mental health issues.

Three services are included:

-  General Medical Telehealth
-  Virtual Primary Care - Primary360
-  Online Mental Health Therapy

General Medical Telehealth

Q: What is General Medical Telehealth?

General Medical Telehealth provides 24/7 care for non-emergency conditions like cold & flu, sinus infections, allergies and more.

Q: How much does Telehealth cost?

Telehealth visits cost \$25 per visit. These visits are unlimited.

Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting 1-800-835-2362.

Online Mental Health Therapy

Q: Is online mental health therapy effective?

Yes, online mental health therapy has been shown to be extremely effective. According to a 2014 study by the Journal of Affective Disorders, online therapy was found to be as effective, if not more effective, than traditional in office therapy for depression and other mental health conditions.

Q: How is online therapy conducted?

Online therapy is simple and accessible. First, complete a brief assessment to help determine a therapist that best fits your needs, then select the licensed therapist that meets the time and date of your choice.

Q: How much does online therapy cost?

A virtual therapist visit is \$45 per therapist visit.



TELADOC HEALTH SERVICES

Included with the Fixed Indemnity Medical Plan

Virtual Primary Care – Primary360

Q: What is Primary360?

Primary360 is a Virtual Primary Care service that provides access to best-in-class physicians from your phone or computer within 5 days or less. More than just urgent care, you will get a dedicated physician who can treat a wide range of chronic conditions while offering you full primary care experience, including prescriptions, lab orders, and specialist referrals. You will also get a care team of nurses and coordinators to support you between physicians' visits.

Q: What kind of medical care does Primary360 provide?

Teladoc's board certified physicians can care for many of the same conditions as an in-person primary care provider such as the treating of migraines, sinus infections, bronchitis, allergies, strep/sore throat, UTIs, yeast infections, rashes, and pink eye. Primary360 can also aid in managing chronic care needs such as high blood pressure, high cholesterol, and diabetes.

Q: How much does Primary360 cost?

The first physician visit through Primary360 is \$75 with all future visits at \$45. Primary360 visits are unlimited.

Q: Are physicians through Primary360 able to prescribe medications?

Yes, when medically appropriate, a Primary360 physician can prescribe most medications. Additionally, physicians through Primary360 are connected with all major retail pharmacies nationwide so covered prescriptions can be filled at the pharmacy of your choice, even if traveling.

Q: Can a Primary360 physician be my primary care provider (PCP)?

Yes, covered insureds who prefer a virtual experience can select a Primary360 physician as their PCP.

Q: What happens if I need lab work?

Primary360 physicians will refer you to Quest Diagnostics or LabCorp locations based on your resident zip code.

Q: Who should I contact if I have questions or encounter an issue?

You can reach a representative by contacting Teladoc at 1-800-835-2362.

Q: Do I have to replace my primary care physician if I use a physician through Primary360?

No, but if you only need physician services one time or it is an urgent matter, you can still access on-demand care through Teladoc Health's general medical urgent care services 1-800-835-2362 or through your app. However, if you prefer to select your primary care provider (PCP) through Primary360 you may do so.

Q: Can my existing primary care physician obtain a copy of my medical records?

Yes, with your consent, an electronic copy of your visits may be sent to your existing primary care provider (PCP).

GET STARTED TODAY!

To use General Medical Telehealth, Primary360 or Online Mental Health Services:

 1-800-835-2362

 www.TeladocHealth.com

 Download the app!

When entering your details, be sure to select **BCBS South Carolina** as your insurance company.

Services become effective the first Monday after your initial Fixed Indemnity Medical plan payroll deduction takes place.

For additional details regarding the Telehealth, Primary360, or Mental Health Services, please see your Summary Plan Description (SPD).

The Fixed Indemnity Medical Plan is underwritten by BCS Insurance Company, Oakbrook Terrace, IL.

This is not a complete description of benefits. Plan limitations and provisions apply. See your SPD for plan details.

ADDITIONAL BENEFIT OPTIONS



Dental

No Waiting Period!



Exams



X-Rays



Cleanings



Fillings & Crowns

Vision



Exams



Lenses



Frames



Contact Lenses

Term Life



Lump-Sum
Payment



Dependent
Coverage

Short-Term Disability



Pays 60%
of Salary



26 Weeks
of Coverage

DENTAL & VISION

DENTAL

Cleanings & Exams, Fillings & Dental Work, Crowns & Bridges

You have the option to see any dentist you wish, but will pay less if the dentist is in-network.

ANNUAL MAXIMUM BENEFIT	\$750	DEDUCTIBLE	\$50
Coverage Level	Coinsurance	Coverage	
Coverage A	80%	Exams, Cleanings, Intraoral Films (X-Rays), and Bitewings	
Coverage B	50%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures	
Coverage C	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures	

Coverage is not available to residents of NH, HI, or PR.

VISION

Offsets Cost of Eye Exams, Lenses, Frames, and Contacts

You have the option to see any optometrist you wish, but will pay less if the optometrist is in-network.

COVERAGE	IN-NETWORK		OUT-OF-NETWORK	
	YOU PAY	PLAN PAYS	YOU PAY ³	PLAN PAYS
Eye Examination (including dilation) ¹	\$10 copay	100%	100%	\$35
Standard Contact Lens Fit and Follow Up	Up to \$55	\$0	100%	\$0
Premium Contact Lens Fit and Follow Up	100%, after 10% discount	\$0	100%	\$0
Frames (once every 24 months)	80%, after \$110 allowance	20% plus \$110 allowance	100%	\$55
Standard Plastic Lenses (single, bifocal, trifocal) ^{1,2}	\$25 copay	100%	100%	\$25-\$55
Contact Lenses (conventional) ¹	85%, after \$110 allowance	15% plus \$110 allowance	100%	\$88
Contact Lenses (disposable) ¹	100%, after \$110 allowance	\$110 allowance	100%	\$88
Contact Lenses (medically necessary) ¹	\$0 copay	100%	100%	\$200

¹ Once every 12 months ² \$15 higher in AK, CA, HI, OR, WA ³ After plan payment

Coverage is not available to residents of NH, HI, or PR.

WEEKLY PREMIUM	Dental	Vision
Employee Only	\$5.40	\$2.42
Employee + 1	\$10.80	\$4.92
Employee + Family	\$17.82	\$6.56

These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.

TERM LIFE & SHORT-TERM DISABILITY

TERM LIFE

\$10,000 Associate, \$5,000 Spouse, \$1,000 Infant

Benefit is paid to your selected beneficiary. Spouse and dependents are automatically covered at the amounts listed below.

BENEFIT	
Associate	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)
Child (6 months to 26 years old)	\$5,000
Spouse	\$5,000 (terminates at age 70)
Infant (15 days to 6 months)	\$1,000

Coverage is not available to residents of NH, HI, or PR.

SHORT-TERM DISABILITY

60% of Salary, Paid Up to 26 Weeks, Paid After 7 Days

Pays 60% of your expected salary up to \$150 per week, begins after 7 days of disability, and pays up to 6 months.

BENEFIT	
Benefit Amount	60% of base pay up to \$150 per week
Waiting Period/Maximum Benefit Period	7 days, up to 26 weeks

Coverage is not available to persons who reside in CA, HI, NH, NJ, NY, or RI.

WEEKLY PREMIUM	Term Life	Short-Term Disability
Employee Only	\$0.60	\$4.20
Employee + 1	\$0.90	-
Employee + Family	\$1.80	-

These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.



ADDITIONAL PLAN PERKS



There's more to your ID card than just great coverage. Learn all the ways you can save, just because you're a plan member.

HEARING AIDS



888-418-6763



855-586-5507

WEIGHT LOSS



877-536-6970

www.jennycraig.com/affinity

VISION



855-489-2020

www.qualsight.com/-lasiksc



FIGURE IDENTIFICATION SYSTEM

866-559-5252

www.eyed.com

ALLERGY



www.natlallergy.com/allergydiscount



FREQUENTLY ASKED QUESTIONS

CAN I CHANGE OR CANCEL MY COVERAGE AT ANY TIME?

You may cancel the Short-Term Disability and Term Life plans, at any time as those are post-tax. All other plans are pre-tax and can only be canceled or changed during the annual Open Enrollment period or during a personal open enrollment period beginning on your hire date. After the Open Enrollment period has closed, you can only make changes to pre-tax benefits if you experience a Qualifying Life Event.

WHAT IS A QUALIFYING LIFE EVENT?

If you have a Qualifying Life Event (QLE), a Change Form will no longer be required to be approved, signed, and faxed to ESC by an Express office representative. You will complete the Change Form and submit to ESC along with supporting documentation for processing. ESC will contact you if additional documentation is required. You may also contact ESC Customer Service at 1-866-798-0803 for help with benefit changes and cancellations due to a QLE.

WHEN CAN I ENROLL?

As a part-time or full-time Associate of Express, you are eligible to enroll in the Essential StaffCARE program within 30 days of your hire date or 1st paycheck date. If you do not enroll during one of these time periods, you will have to wait until the next annual company wide open enrollment period, unless you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll.

WHEN DOES COVERAGE BEGIN?

Coverage will begin the Monday following a payroll deduction and continues as long as you have a deduction from your paycheck. Please review your check stub for deductions. If you miss a payroll deduction, to avoid a break in coverage you may make direct payments to ESC. After six consecutive weeks without a payroll deduction or direct premium payment, coverage will be terminated and COBRA information will be sent at that time.



NETWORK INFORMATION



Important Note: Do not contact the below Networks for questions regarding your medical benefits. All medical benefit questions should be directed to ESC Member Services at 1-866-798-0803.

FIXED INDEMNITY MEDICAL PLAN



Fixed Indemnity Medical Plan:

First Health Network

1-800-226-5116 | www.firsthealth.com



Prescription Network:

Pharmacy Benefit Information

1-888-963-7290

www.paisc.com



Vision Network:

EyeMed Vision Care

1-866-559-5252

www.eyemedvisioncare.com



Dental Network:

DenteMax

1-800-752-1547

www.dentemax.com

TELADOC HEALTH SERVICES:



General Medical Telehealth:

www.teladochealth.com/start



Online Mental Health Therapy:

[www.teladochealth.com/
expert-care/mental-health](http://www.teladochealth.com/expert-care/mental-health)



Virtual Primary Care – Primary360:

[www.teladochealth.com/
expert-care/primary-care](http://www.teladochealth.com/expert-care/primary-care)

MEMBER SERVICES

Fixed Indemnity Medical Plan



For questions or assistance with Plan Coverage, ID Card, Claim Status, Policy Booklets, and to add, change, or cancel coverage:

ESC Customer Service:

1-866-798-0803

Hours of Operation:

Monday - Friday, 8:30 a.m. to 8:00 p.m. EST

Bilingual representatives are available

Group Number:

206800

You can also visit www.paisc.com

Click on “Members” and enter your group number.

The ESC Simple ICHRASM



For Questions or Assistance with The ESC Simple ICHRASM:

The ESC Simple ICHRASM Customer Service:

1-866-678-4469

Hours of Operation:

Monday - Friday, 8:30 a.m. to 8:00 p.m. EST

Group Number:

C2068000

Affordable, Usable Benefits



**As an Express Associate,
you'll gain access to
valuable benefits that will
enhance the well-being for
you and your family.**

- Plan Pays \$115 for Physician Office Visits
- Plan Pays \$600 for Prescription Drugs
- Medical, Dental, Vision, Term Life, & Short-Term Disability
- Major Medical Plan Options
- Teladoc Health Services
 - General Medical Telehealth
 - Online Mental Therapy
 - Virtual Primary Care – Primary360



3

STEPS TO SUCCESS

1

Review
Benefit Guide

2

Elect or Decline
Benefits

3

Look for ID Card
in the Mail