



# Associate Benefits Enrollment Guide

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

EssentialCare Customer Service: 1-866-798-0803

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

## Support with Express ICHRA

Express ICHRA Support Center: 1-855-305-4160

Hours of operation: 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 EssentialCare (EC) 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 EC 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.



\*Associates that have worked or are projected to work at least 1,560 hours in a 12-month period.

## Thank you for being an Express Associate!



# EXPRESS ICHRA

Full-time Associates can enroll in a Major Medical plan of their choice through Express ICHRA!

## 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 have worked or are projected to work at least 1,560 hours in a 12-month period.*

Express ICHRA 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.

These plans are priced for the community where you reside, ensuring lowest-cost coverage with maximum benefits for you and your family.

## Plan Level Options



Bronze



Silver



Gold



Platinum

## Carriers Represented on the Marketplace




# Fixed Indemnity Medical Plan

Convenient Care When You're Sick




## Leading Healthcare Coverage

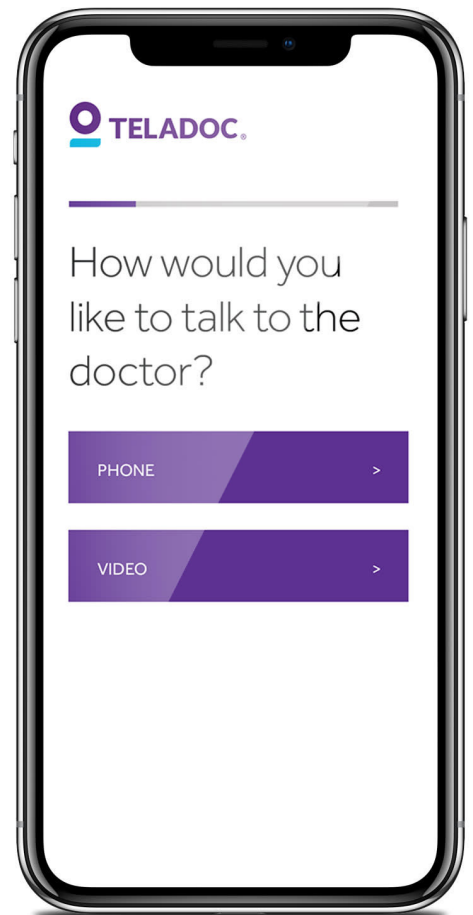
-  Doctor's Office Visits
-  Urgent Care
-  Emergency Room
-  Labs & X-Rays
-  Prescription Drugs
-  In & Outpatient Hospital Care

## 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 EssentialCare 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 EssentialCare claims payments directly.

| OUTPATIENT BENEFITS <sup>1</sup>                         |                         |
|--|-------------------------|
| 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) <sup>2</sup> | \$500                   |
| Outpatient Surgery (per day)                             | \$500                   |
| Anesthesia (per day)                                     | \$200                   |
| PRESCRIPTION DRUGS (via reimbursement) <sup>3,4</sup>    |                         |
| Annual Maximum   | \$600                   |
| Generic / Brand  | 70% / 50%               |
| INPATIENT BENEFITS                                       |                         |
| Standard Care (per day)                                  | \$300                   |
| Intensive Care Unit Maximum (per day) <sup>5</sup>       | \$400                   |
| Inpatient Surgery (per day)                              | \$2,000                 |
| Anesthesia (per day)                                     | \$400                   |
| Skilled Nursing (per day) <sup>6</sup>                   | \$100                   |
| First Hospital Admission (1 per year)                    | \$300                   |
| Annual Inpatient Maximum <sup>7</sup>                    | 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.

<sup>1</sup> all outpatient benefits are subject to the outpatient maximum <sup>2</sup> covers treatment for off the jobs accidents only <sup>3</sup> not subject to outpatient maximum <sup>4</sup> To file a claim for reimbursement, save your receipt and remit to Planned Administrators, Inc. <sup>5</sup> pays in addition to standard care benefit <sup>6</sup> for stays in a skilled nursing facility after a hospital stay <sup>7</sup> Subject to internal limits of plan



# TELADOC HEALTH SERVICES

Included with the Fixed Indemnity Medical Plan

## 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](http://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             | 60%         | 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 <sup>3</sup> | PLAN PAYS |
| Eye Examination (including dilation) <sup>1</sup>                  | \$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) <sup>1,2</sup> | \$25 copay                  | 100%                     | 100%                 | \$25-\$55 |
| Contact Lenses (conventional) <sup>1</sup>                         | 85%, after \$110 allowance  | 15% plus \$110 allowance | 100%                 | \$88      |
| Contact Lenses (disposable) <sup>1</sup>                           | 100%, after \$110 allowance | \$110 allowance          | 100%                 | \$88      |
| Contact Lenses (medically necessary) <sup>1</sup>                  | \$0 copay                   | 100%                     | 100%                 | \$200     |

<sup>1</sup> Once every 12 months <sup>2</sup> \$15 higher in AK, CA, HI, OR, WA <sup>3</sup> 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 (STD)

**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 | <b>TERM LIFE</b><br>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 | STD    |
|-------------------|-----------|--------|
| 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

## VISION



855-489-2020

[www.qualsight.com/-lasiksc](http://www.qualsight.com/-lasiksc)



EQUNE IDENTIFICATION SYSTEM

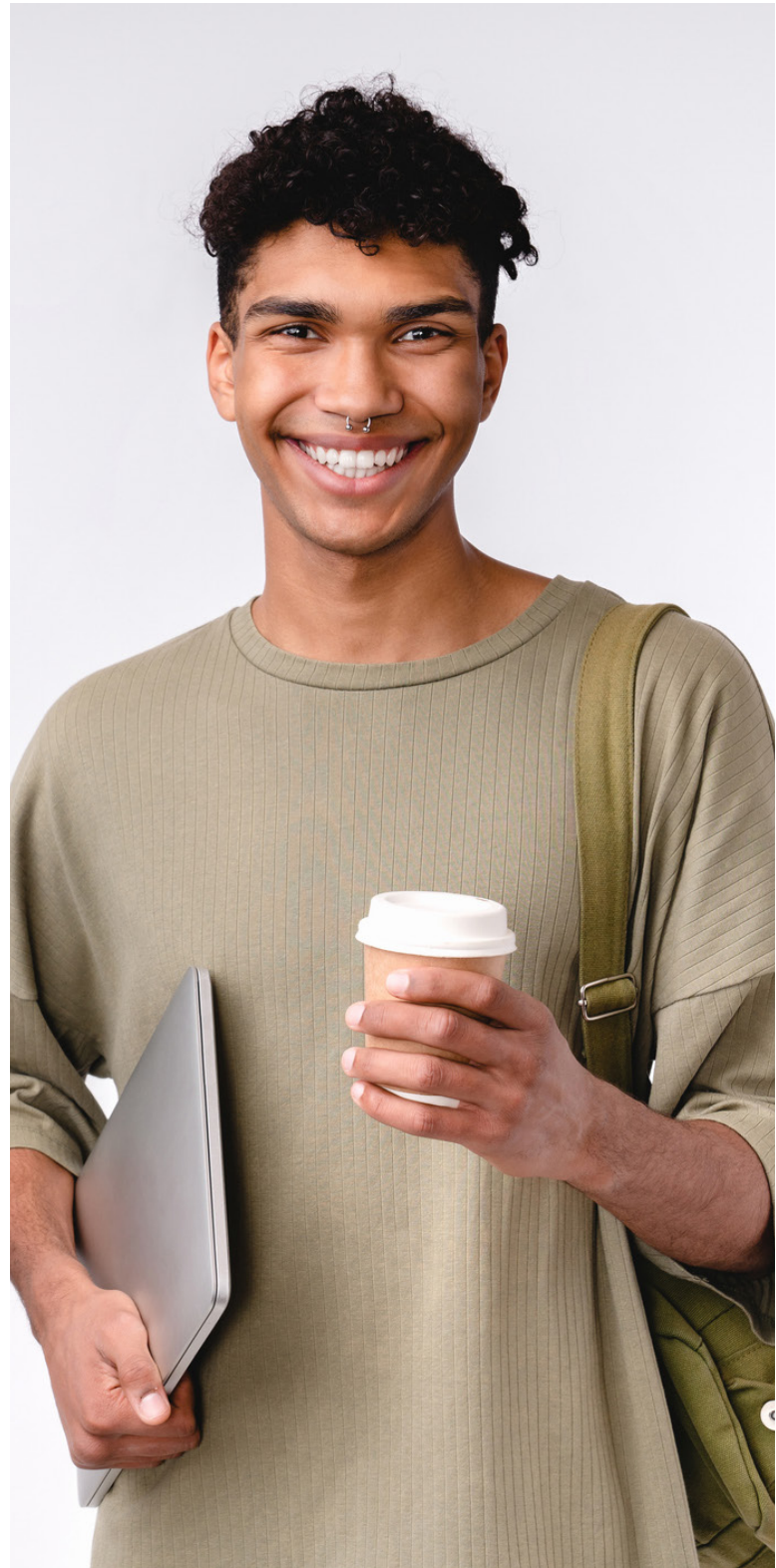
866-559-5252

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

## ALLERGY



[www.natlallergy.com/allergydiscount](http://www.natlallergy.com/allergydiscount)





# FREQUENTLY ASKED QUESTIONS

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## 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 EC by an Express office representative. You will complete the Change Form and submit to EC along with supporting documentation for processing. EC will contact you if additional documentation is required. You may also contact EC 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 EssentialCare 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 EC. 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

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

## Fixed Indemnity Medical Plan

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**Fixed Indemnity Medical Plan:**  
**First Health Network**  
1-800-226-5116 | [www.firsthealth.com](http://www.firsthealth.com)



**Prescription Network:**  
**Pharmacy Benefit Information**  
1-888-963-7290  
[www.paisc.com](http://www.paisc.com)



**Vision Network:**  
**EyeMed Vision Care**  
1-866-559-5252  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



**Dental Network:**  
**DenteMax**  
1-800-752-1547  
[www.dentemax.com](http://www.dentemax.com)

## Teladoc Health Services:

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**General Medical  
Telehealth:**  
[www.teladochealth.com/start](http://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

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## Fixed Indemnity Medical Plan



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

**EssentialCare 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](http://www.paisc.com)

Click on “Members” and enter your group number.

## Express ICHRA



For Questions or Assistance with Express ICHRA:

**Express ICHRA Support Center:**

**1-855-305-4160**

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