



MVP PLAN

The Essential StaffCARE MVP plan is a fully insured plan that provides comprehensive coverage as outlined under the Affordable Care Act ("ACA") to full-time employees working a minimum of 30 or more hours per week. This plan meets the ACA individual mandate for health insurance coverage. The ESC MVP Plan will be effective on the 1st of the month following your 59-day waiting period.

ABOUT THE ESSENTIAL STAFFCARE MVP PLAN:

- This plan has an individual deductible of \$6,000 in-network/\$10,000 out-of-network.
- The plan has an Family deductible of \$12,000 in-network/\$20,000 out-of-network.
- The plan pays 100% for in-network services and 60% for out-of-network services (excluding prescription coverage) after the deductible is met.
- To learn more about the cost and coverage of the Essential StaffCARE MVP plan and to view the Summary of Benefits and Coverage, please visit www.essentialclient.com.
- You can also view your Summary of Benefits and Coverage (SBC) at www.paisc.com under the Your Plan tab at the top.
- Eligible employees will receive a letter with instructions on how to enroll.

WHAT IS MY COST?

According to ACA guidelines a plan is considered affordable if you pay no more than 9.56% of your income for Employee Only coverage. If you enroll dependents you are responsible for the additional cost for coverage. Please contact your local Northwest personnel office for assistance with calculating your rate.

MONTHLY RATES PRIOR TO ANY APPLICABLE EMPLOYER CONTRIBUTION:

- **Employee Only: \$429.78**
- **Employee + Chid(ren): \$716.92**
- **Employee + Spouse: \$860.50**
- **Employee + Family: \$1,147.64**

FOR NEW ENROLLMENT:

CONTACT YOUR LOCAL NORTHWEST STAFFING RESOURCES OFFICE



ESC Bronze Plan Design

Essential StaffCARE Fixed Medical Benefits			
Medical Network	First Health	Prescription Network	Caremark
Network Provider Must Accept Plan	Yes	Pre-Existing Condition Limitation	None
Plan Lifetime Maximum		UNLIMITED	
MEMBER BENEFITS		In Network	Out of Network
Individual Deductible		\$6,000	\$10,000
Family Deductible		\$12,000	\$20,000
Co-insurance		N/A	N/A
OUT-OF-POCKET MAXIMUM (excludes deductible and copays)			
Individual		\$6,000	\$11,000
Family		\$12,000	\$22,000
ESSENTIAL HEALTH BENEFITS (after the deductible)			
Physician Services			
Physician Office Visits (Primary or Specialty Care)		100%	60%
In-Hospital Visits ¹			100%
Surgery (1 asst. max; 25% of primary fee) ¹			100%
Anesthesiology ¹			100%
Urgent Care		100%	60%
Allergy Testing, Allergy Serum, Injections		100%	60%
Spinal Manipulation		100%	60%
Jaw Joint/TMJ		100%	60%
Durable Medical Equipment		100%	60%
Vision Exam		N/A	N/A
Hospital Services			
Emergency Room (co-pay waived if admitted), Room and Board, Intensive Care Unit, Outpatient Surgery, ¹			100%
Urgent Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy		100%	60%
Other Medical Services			
Preventive Care—Routine Well Adult & Child Care/Screening/Immunization ²		100%	N/A
Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans]) ³		100%	60%
Home Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized)		100%	60%
Organ Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport)		100%	60%
Ambulance		100%	60%
Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max)		100%	60%
Diabetes Supplies		100%	60%
Prosthetics/Orthotics		100%	N/A
Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³		100%	60%
PRESCRIPTION DRUGS (Co-insurance payable after the deductible)			
Retail		100%	N/A
Preferred Brand, Non-Preferred Brand, Specialty, and Mail Order		N/A	N/A

¹Maximum reimbursement level for all providers is RBP (150% of Medicare Allowable). All non-emergent, elective surgery requires Pre-Certification (HST to handle UM/Pre-Cert and sign-off in advance); failure to pre-certify results in no benefit.

²Includes AMA-recommended, age-appropriate clinical screenings; cancer screenings, pap smear, mammogram, gynecological exams

³Pre-authorization required

Monthly Premium

4 Tier Rates			
Employee Only	\$429.78	Employee + Spouse	\$860.50
Employee + Child(ren)	\$716.92	Employee + Family	\$1,147.64