



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

Pre-Existing Condition Limitation None	Esseni	tial StaffCARE F	ixed Medical Benefits		
VILLIMITED In Network	Medical Network	First Health	Prescription Network		Caremark
In Network	Network Provider Must Accept Pla n	Yes	Pre-Existing Condition	Limitation	None
Section Sect	Plan Lifetime Maximum			UI	NLIMITED
ST2,000 \$20,000	MEMBER BENEFITS			In Network	Out of Network
N/A	Individual Deductible			\$6,000	\$10,000
Section Sect	Family Deductible			\$12,000	\$20,000
Section	Co-insurance			N/A	N/A
Standing	OUT-OF-POCKET MAXIMUM (exclude	s deductible and	d copays)		
Physician Services Physician Office Visits (Primary or Specialty Care)	Individual			\$6,000	\$11,000
Physician Services Physician Office Visits (Primary or Specialty Care) 100% 60% 100% Surgery (1 asst. max; 25% of primary fee)¹ 100% Purgent Care 100% 60% Allergy Testing, Allergy Serum, Injections 100% 60% Allergy Testing, Allergy Serum, Injections 100% 60% Durable Medical Equipment 100% 60% Purgent Care 100% 60% 100% 10	Family			\$12,000	\$22,000
Physician Services Physician Office Visits (Primary or Specialty Care) 100% 60% 100% Surgery (1 asst. max; 25% of primary fee)¹ 100% Purgent Care 100% 60% Allergy Testing, Allergy Serum, Injections 100% 60% Allergy Testing, Allergy Serum, Injections 100% 60% Durable Medical Equipment 100% 60% Purgent Care 100% 60% 100% 10	ESSENTIAL HEALTH BENEFITS (after	the deductible)			
In-Hospital Visits¹ Surgery (1 asst. max; 25% of primary fee)¹ In-Masthesiology¹ In-Masthesiology² In-Masthesiology³ In-Masthesiology³ In-Masthesiology³ In-	Physician Services				
Surgery (1 asst. max; 25% of primary fee)¹ Anesthesiology¹ Joo% Anesthesiology¹ Joo% Allergy Testing, Allergy Serum, Injections Joo% Spinal Manipulation Joo% Go% Jourable Medical Equipment Joo% Jourable Medical Services Emergency Room (co-pay waived if admitted), Room and Board, Intensive Care Unit, Joo% Jourable Services Preventive Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy Joo% Joher Medical Services Preventive Care—Routine Well Adult & Child Care/Screening/Immunization² Joo% Preventive Care—Routine Well Adult & Child Care/Screening/Immunization² Joo% Joiagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans])³ Joo% Joom Health Care, Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Joo% Joom Jook Go% Joom Jook Go% Docupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Joo% Jook Go% Jook Hental and Nervous/Substance Abuse (Inpatient & outpatient) S PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail Joo% N/A	Physician Office Visits (Primary or Specialty Ca	re)		100%	60%
Anesthesiology¹ Drigent Care 100% 60% Allergy Testing, Allergy Serum, Injections 100% 60% Spinal Manipulation 100% 60% Durable Medical Equipment 100% 60% N/A N/A N/A N/A N/A N/A N/A N/	In-Hospital Visits ¹				100%
Drigent Care Allergy Testing, Allergy Serum, Injections Allergy Testing, Allergy Serum, Injections Spinal Manipulation 100% 60% Daw Joint/TMJ 100% 60% Durable Medical Equipment 100% 60% N/A N/A N/A N/A N/A N/A N/A N/	Surgery (1 asst. max; 25% of primary fee) ¹				100%
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Spinal Manipulation 100% 60% Daw Joint/TMJ 100% 60% Division Exam 100% 60% Division Exam 100% 60% Division Exam 100% 100% 60% Division Exam 100% 100% 100% 100% Division Exam 100% 100% 100% Division Exam 100% 100% 100% 100% Division Exam 100% 100% 100% 100% Division Exam 100% 100% 100% 100% 100% Division Exam 100% 100% 100% 100% 100% 100% Division Exam 100% 100% 100% 100% 100% 100% Division Exam 100% 100% 100% 100% 100% 100% 100% 100	Urgent Care			100%	60%
Jaw Joint/TMJ 100% 60% Durable Medical Equipment 100% 60% Vision Exam N/A N/A N/A Hospital Services Emergency Room (co-pay waived if admitted), Room and Board, Intensive Care Unit, Dutpatient Surgery, 100% 60% Diagrent Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy 100% 60% Diagrent Care—Routine Well Adult & Child Care/Screening/Immunization 100% N/A Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans]) 100% 60% Drogan Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) 100% 60% Drogan Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) 100% 60% Docupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) 100% 60% Diabetes Supplies 100% 60% Prosthetics/Orthodics 100% N/A Mental and Nervous/Substance Abuse (Inpatient & outpatient) 3 PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Allergy Testing, Allergy Serum, Injections			100%	60%
Durable Medical Equipment Vision Exam N/A N/A N/A N/A N/A N/A N/A N/	Spinal Manipulation			100%	60%
Wision Exam Hospital Services Emergency Room (co-pay waived if admitted), Room and Board, Intensive Care Unit, Dutpatient Surgery, Urgent Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy 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% Diagnostic Kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) 100% 60% Ambulance 100% 60% Diabetes Supplies 100% 60% Prosthetics/Orthodics 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	Jaw Joint/TMJ			100%	60%
Emergency Room (co-pay waived if admitted), Room and Board, Intensive Care Unit, Dutpatient Surgery, 100% 60% 100% 100% 100% 100% 100% 100%	Durable Medical Equipment			100%	60%
Emergency Room (co-pay waived if admitted), Room and Board, Intensive Care Unit, Dutpatient Surgery,\(^1\) Urgent Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy Deter Medical Services Preventive Care—Routine Well Adult & Child Care/Screening/Immunization \(^2\) Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans])\(^3\) Home Health Care,\(^3\) Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Dragan Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Ambulance Decupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient)\(^3\) PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail	Vision Exam			N/A	N/A
Outpatient Surgery,¹ Orgent Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy Dereventive Care—Routine Well Adult & Child Care/Screening/Immunization² Preventive Care—Routine Well Adult & Child Care/Screening/Immunization² Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans])³ Home Health Care,³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Organ Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Ambulance Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient)³ PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Hospital Services				
Preventive Care—Routine Well Adult & Child Care/Screening/Immunization ² Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans]) ³ Home Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Drgan Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Ambulance Doccupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³ PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Emergency Room (co-pay waived if admitted), Outpatient Surgery,¹	Room and Board, In	tensive Care Unit,		100%
Preventive Care—Routine Well Adult & Child Care/Screening/Immunization ² Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans]) ³ Home Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Drgan Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Preventive Care—Routine Well Adult & Child Care/Screening/Immunization ² Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Down Gow Health Care, ³	Irgent Care, Lab/X-Ray, and Outpatient Dialysis/Chemotherapy			100%	60%
Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans]) ³ 100% Home Health Care, Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Drgan Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Ambulance Doccupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies 100% Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³ PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Other Medical Services				
Home Health Care, 3 Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized) Organ Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Ambulance Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies 100% Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) 3 PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Preventive Care—Routine Well Adult & Child Care/Screening/Immunization ²			100%	N/A
Organ Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport) Ambulance Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies 100% 60% Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³ PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Diagnostic Labs or X-Rays (including Complex Imaging [MRI, MRA, PET, CT Scans]) ³			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/Orthodics 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	Home Health Care, ³ Skilled Nursing Facility, Hospice Care (Outpatient must be pre-authorized)			100%	60%
Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max) Diabetes Supplies 100% Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³ 100% PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Organ Transplants (kidney, pancreas, heart, liver, lung, bone marrow; includes prep/transport)			100%	60%
Diabetes Supplies 100% Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³ 100% PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	mbulance			100%	60%
Prosthetics/Orthodics Mental and Nervous/Substance Abuse (Inpatient & outpatient) 3 PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A N/A	Occupational/Speech/Physical Therapy (30 visits max per treatment or 60 visits combined max)			100%	60%
Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³ PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Diabetes Supplies			100%	60%
PRESCRIPTION DRUGS (Co-insurance payable after the deductible) Retail 100% N/A	Prosthetics/Orthodics			100%	N/A
Retail 100% N/A	Mental and Nervous/Substance Abuse (Inpatient & outpatient) ³			100%	60%
	PRESCRIPTION DRUGS (Co-insurance	e payable after t	he deductible)		
Preferred Brand, Non-Preferred Brand, Specialty, and Mail Order N/A	Retail			100%	N/A
	Preferred Brand, Non-Preferred Brand, Specialt	y, 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.

Monthly Premium

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

 $^{^2} Includes\ AMA-recommended,\ age-appropriate\ clinical\ screenings;\ cancer\ screenings,\ pap\ smear,\ mammogram,\ gynecological\ exams$

³ Pre-authorization required