

Frequently Asked Questions (FAQ's) about Group Benefit Plans

What if I have other questions or concerns about the plans? If you have questions or concerns about the Medical Benefit Plans or would like assistance in applying, please email us at benefits@contractsubs.com or call us at (877) 514 - 8782 and we would be happy to help you in any way that we can.

Why is a GROUP MEDICAL PLAN better than an Individual Health Plan? In the simplest of terms the purchasing power of the group as a whole will always supersede the quality or purchasing level of the individual. Some of these differences include:

- Group plans are offered on a guaranteed issue basis meaning you won't be denied coverage because of any health reason
- Plan premium amounts are stable and will not be rated up based on any individual health conditions or treatments you might have
- The benefits offered in group health plans are generally more comprehensive and typically include more covered services
- Any annual rate increases tend to be less in a group based medical plan

How do I apply for the Medical Benefits Plan? You can apply for the Medical Benefit Plans by submitting your completed application in one of the following methods:

BY EMAIL to: benefits@contractsubs.com

BY FAX to: (615) 467 - 4427

BY MAIL to: PESG MEDICAL BENEFITS
402 BNA Dr, STE 202
Nashville, TN 37217

When can I apply for the Medical Benefit Plans? Open Enrollment is during the months of July - August and during the first 60 days of your Active Employment with PESG. You may submit your application at any time during Open Enrollment or if you have a change of family status; losing coverage through your spouse.

What are my payment options for the plan? All plans are billed on a monthly ACH withdrawal from your bank account. At this time no other form of payment is accepted.

What day of the month are the payments withdrawn for benefits? Payments will be taken every month on the 20th for the coverage period during the following month. If there is a problem with the withdrawal of funds you will be notified via email or phone and a 2nd attempt will be made around the 25th of the month. If funds are unable to be withdrawn for coverage your coverage will be cancelled effective on the first of the month following the missed payment. Please note: There will be a \$25.00 fee assessed for fund requests that are returned or denied because of NSF.

When will my coverage be effective? Application will be taken throughout the month and processed as they come in. All applications for coverage must be in by the payment date on the 20th of the month to be eligible for coverage on the first of the following month. If your application arrives after the 20th of the month your coverage will begin on the first of the month following 30 days.