

# Benefits Summary

Elite Staffing Inc. Temporary Staff



elitestaffing

*January 1st, 2025*

# Hospital Indemnity Policy Notice

## **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# Medical Insurance



# Medical Insurance | Allied Benefit Systems

Newly hired employees will automatically be enrolled into the **MEC Preventive plan**.  
If you wish to enroll in another plan or waive coverage, you must call 866.627.7509.

| Choice of plan options:                                                                                                                 | MEC Preventive                                     | MEC Blue                                           | PPO Bronze                                         | PPO Platinum                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <b>Network</b>                                                                                                                          | Multiplan                                          | Multiplan                                          | PHCS                                               | PHCS                                               |
| <b>Deductible</b><br>Individual (In-Network / Out-of-Network)<br>Family (In-Network / Out-of-Network)                                   | \$0 / Not Covered<br>\$0 / Not Covered             | \$0 / Not Covered<br>\$0 / Not Covered             | \$5,000 / \$5,000<br>\$12,700 / \$12,700           | \$2,000 / \$2,000<br>\$4,000 / \$4,000             |
| <b>Coinsurance</b><br>In-Network / Out-of-Network                                                                                       | 100% / Not Covered                                 | 100% / Not Covered                                 | 80% / 60%                                          | 80% / 60%                                          |
| <b>Out-of-Pocket Max</b><br>Individual (In-Network / Out-of-Network)<br>Family (In-Network / Out-of-Network)                            | Unlimited / Not Covered<br>Unlimited / Not Covered | Unlimited / Not Covered<br>Unlimited / Not Covered | \$6,250 / \$12,500<br>\$12,700 / \$25,400          | \$4,000 / \$8,000<br>\$8,000 / \$16,000            |
| <b>Physician Services (In-Network)</b><br>Well Adult / Well Child<br>Physician Office /<br>Specialist Visit<br>X-Rays / Lab Diagnostics | 100%<br>Not Covered<br>Not Covered                 | 100%<br>100%<br>100%                               | 100%<br>Deductible then 80%<br>Deductible then 80% | 100%<br>Deductible then 80%<br>Deductible then 80% |
| <b>Emergency Room</b>                                                                                                                   | Not Covered                                        | 100%                                               | Deductible then 80%                                | \$200 copay                                        |
| <b>Urgent Care (In-Network)</b>                                                                                                         | Not Covered                                        | 100%                                               | Deductible then 80%                                | Deductible then 80%                                |
| <b>Prescription Drugs (In-Network)</b><br>Generic / Formulary / Non-Formulary                                                           | 100%                                               | \$5 / \$40 / Not Covered                           | Deductible then 80%                                | \$10 / \$35 / \$60                                 |

## How to locate a provider

Your plan offers enhanced benefits for covered services when you visit providers and hospitals in the either the **Multiplan Network** or the **PHCS Network**, depending on the plan you are enrolled in.

Start your search by visiting [www.multiplan.com](http://www.multiplan.com) to locate a network provider near you.

**Step 1**

Go to [www.multiplan.com](http://www.multiplan.com) and select the **"Find a Provider"**.

**Step 2**

Click **"Select Network"**

**Step 3**

Click **"Multiplan,"** and then select **"Limited Benefit Plan."**

**OR**

**Step 3**

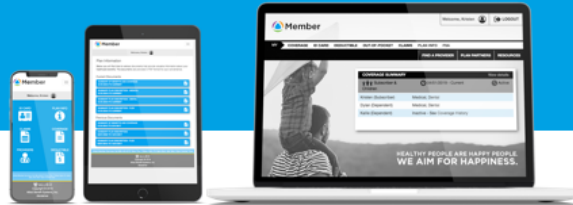
Click **"PHCS,"** and then select **"I don't see any of these statements."**  
Click **"Front"** or **"Back"** depending on where the logo is on your ID card.

**Step 4**

Search by name, specialty, facility type, NPI # or license #.  
Enter in the zip code of the area in which you are searching.

# Member Portal

Manage your benefits and take control of your healthcare with secure portal access anytime, anywhere, from any device.

[View Plan Benefit Information](#)

## Access Your ID Card



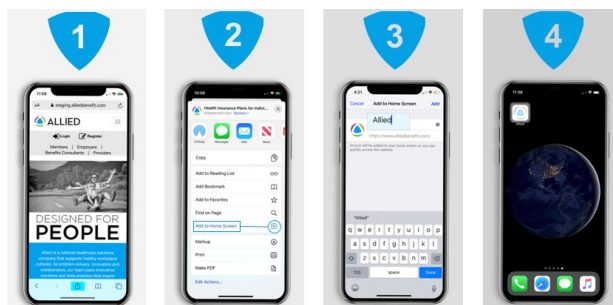
## Check Deductible & Out of Pocket Spend



### Find In-Network Providers



## Access Your Member Portal From Your Mobile Device



Type in  
**alliedbenefit.com**

Click the **share icon**  
button at the bottom  
of the screen

Scroll down  
the screen and  
Tap the **add to  
home screen** option

Type in **Allied**

Tap the Allied icon to log in to your member portal

# Dental Insurance



# Dental Insurance | Ameritas

## Preferred Provider Organization (PPO)

This dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

### Preventive:

- Annual cleanings (2 per year)
- Annual Exams (2 per year)
- X-rays (1 per year)
- And more

### Basic:

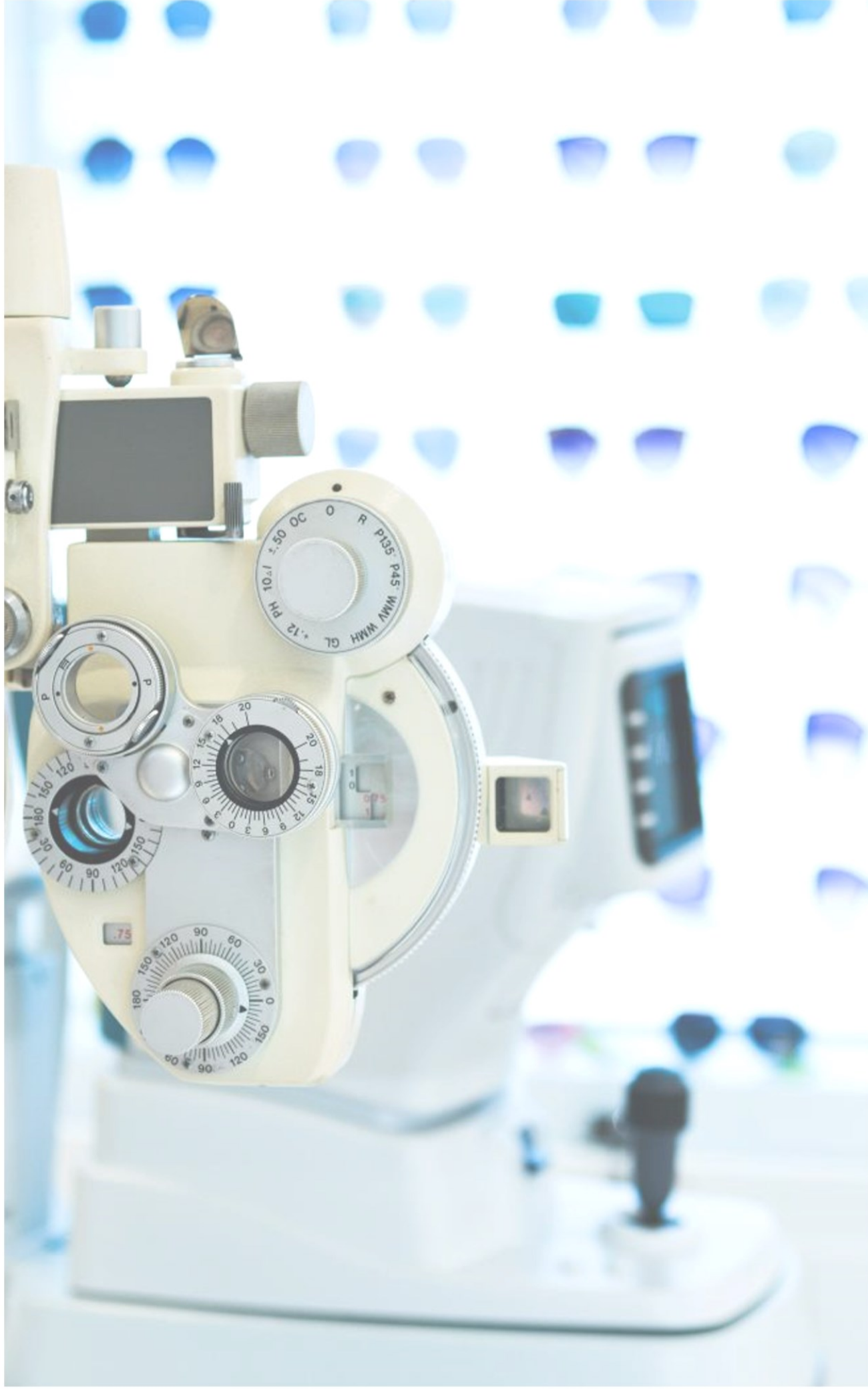
- Fillings
- Simple extractions
- Non Surgical Endodontics and Periodontics
- Surgical Endodontics and Periodontics

### Major:

- Root canals
- Dentures/bridges/partials
- Crowns
- Surgical Extractions
- And more

| Dental Plan                | Dental Low PPO<br><i>In-Network / Out-of-Network</i> |
|----------------------------|------------------------------------------------------|
| Network                    | Ameritas Network                                     |
| Deductible<br>(Per person) | \$50                                                 |
| Preventive Coinsurance     | 80%                                                  |
| Basic Coinsurance          | 50%                                                  |
| Major Coinsurance          | 50%                                                  |
| Annual Plan Maximum        | \$1,000 / \$1,000                                    |

# Vision Insurance



# Vision Insurance | Blue Cross Blue Shield

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

| Vision Plan Details:                                                 | Frequency         | In-Network                        | Out-of-Network      |
|----------------------------------------------------------------------|-------------------|-----------------------------------|---------------------|
| Eye Exam                                                             | Every 12 months   | \$10 copayment                    | \$45 max allowance  |
| Lenses<br>- Single vision<br>- Bifocal<br>- Trifocal<br>- Lenticular | Every 12 months*  | \$25 copayment                    | Allowance varies    |
| Frames                                                               | Every 24 months*  | \$130 allowance + 20% off balance | \$70 max allowance  |
| Elective Contacts                                                    | Every 12 months** | \$130 Allowance                   | \$105 max allowance |

\*Vision benefit frequencies are based on the date of service within the policy year

\*\* You cannot get contacts and glasses in the same calendar year

# Additional Benefits



## Accident Insurance | Allstate

Accident Insurance provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have. If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

### Cash benefit based on type of accident

**Death benefit:** \$20,000

### Hospital admission:

- \$750 Non-ICU
- \$750 ICU

### Daily hospital benefit:

- \$150 Non-ICU

### Examples of covered injuries:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs

## Critical Illness | Allstate

Critical Illness Insurance provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up, like rent, mortgage, car payments, etc., while you are ill. With Critical Illness Insurance, if you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Your initial benefit provides a lump-sum payment upon the first diagnosis of a covered condition. Your plan pays a recurrence benefit at varying percentages based on the type of covered critical illness.

### Maximum benefit:

Option 1: \$10,000

Option 2: \$20,000

Option 3: \$30,000

### Examples of covered illnesses:

- Cancer
- Heart attack
- Major organ failure
- End-stage renal (kidney) failure
- Coronary artery bypass graft surgery
- Stroke

## Hospital Indemnity | Allstate

Hospital Indemnity Insurance provides a fixed lump sum payment that can help cover hospital expenses not covered by insurance, or to pay for expenses while you, your spouse and/or dependents are in the hospital.

### Hospital admission benefit:

Option 1: \$500

Option 2: \$1,000

### Daily hospital benefit:

Option 1: \$100

Option 2: \$150

## Whole Life | Allstate

Group Whole Life Complete offers an Accelerated Death Benefit for Long Term Care, with Restoration of Benefits and Extension of Benefits Rider.

- Traditional whole life insurance, which pays a cash benefit to your beneficiaries when you die
- Access to the death benefit to help pay for any necessary long-term care
- Accumulated cash value, which can be accessed when it's needed

# Contact Information



# Contact Information

## Medical

|                     |                                                                  |
|---------------------|------------------------------------------------------------------|
| <b>Carrier</b>      | Allied Benefit Systems                                           |
| <b>Website</b>      | <a href="http://www.alliedbenefit.com">www.alliedbenefit.com</a> |
| <b>Phone Number</b> | 800.255.2078                                                     |
| <b>Network</b>      | MultiPlan or PHCS                                                |
| <b>Group Number</b> | A16111                                                           |

## Vision

|                      |                                                                                            |
|----------------------|--------------------------------------------------------------------------------------------|
| <b>Carrier</b>       | Blue Cross Blue Shield                                                                     |
| <b>Website</b>       | <a href="http://www.eyemedvisioncare.com/bcbsilvis">www.eyemedvisioncare.com/bcbsilvis</a> |
| <b>Phone Number</b>  | 800.367.6401                                                                               |
| <b>Network</b>       | Eyemed Vision Care                                                                         |
| <b>Policy Number</b> | F012653                                                                                    |

## Dental

|                      |                                                        |
|----------------------|--------------------------------------------------------|
| <b>Carrier</b>       | Ameritas                                               |
| <b>Website</b>       | <a href="http://www.amertias.com">www.amertias.com</a> |
| <b>Phone Number</b>  | 800.487.5553                                           |
| <b>Network</b>       | Ameritas Network                                       |
| <b>Policy Number</b> | 010-039376                                             |

## Accident, Critical Illness, Hospital, Whole Life

|                     |                                                                                                         |
|---------------------|---------------------------------------------------------------------------------------------------------|
| <b>Carrier</b>      | Allstate                                                                                                |
| <b>Website</b>      | <a href="https://allstatevoluntary.com/elitestaffing/">https://allstatevoluntary.com/elitestaffing/</a> |
| <b>Phone Number</b> | 888.282.2550                                                                                            |

## Human Resources Contact Information

|                      |                                                                      |
|----------------------|----------------------------------------------------------------------|
| <b>Contact</b>       | Reyna Villaseñor                                                     |
| <b>Email Address</b> | <a href="mailto:reyna@elitestaffing.com">reyna@elitestaffing.com</a> |
| <b>Phone Number</b>  | 312.334.0113                                                         |







NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.