

Benefits Summary

Health Care Staffing Inc.

January 1, 2022 - December 31, 2022





Benefits Overview

Healthcare Staffing Inc. is proud to offer a comprehensive benefits package to help support the physical and financial health of our employees and their families. This guide provides highlights of our various benefit options so you can understand how they work and make the best benefit decisions for you and your loved ones. Being thoughtful about your benefits is a good thing - it's the first step to ensuring your family has the protection needed to be well throughout the year. However, this guide is not a complete description of your benefits. For detailed information on coverage policies, conditions, exclusions or limitations, benefit plan summary documents and full plan certificates are available upon request.

Employee Eligibility Requirements

- New full time hourly and salary employees working a minimum of 30 hours per week are eligible for benefits beginning the first day of the month following 30 days of employment
- **Please note: New hires must enroll in benefits within 15 days of beginning employment or wait for the next open enrollment period.**

Dependent Eligibility Requirements

- Your lawful spouse or domestic partner
- Children under the age of 26, including biological, adopted, and stepchildren, the children of your domestic partner, children in your custody pursuant to an interim court order of adoption or placed for adoption, and those for whom you have legal guardianship or a Qualified Medical Child Support Order
- Unmarried children of any age who are incapable of self-sustaining employment and are primarily supervised and supported by you due to a mental or physical handicap occurring prior to age 26

Election Changes

Annual election changes may be made during Open Enrollment for benefits effective January 1st. Mid-year election changes can only be made if you or your dependents experience a Qualifying Life Event, including but not limited to: a change in number of dependents due to marriage, birth, or adoption, or loss of eligibility for other coverage.

If you experience a Qualifying Life Event, you may make changes to your benefit elections within 30 days of the event and the elections you make must be consistent with the event that occurred. If you do not notify the HR Department that you would like to change your benefit elections within 30 days of the qualifying event, you must wait until the next annual open enrollment period to change your elections.

Benefit Choices

Healthcare Staffing Inc.'s benefit program allows you to customize your coverage, to select the best plans to meet your family's needs. Eligible employees have the option to enroll in any of the following options. Please note that providing coverage for civil union or domestic partners and their children may have tax implications which you should consult with your tax advisor.

- Medical Insurance: Anthem (Page 4-5)
- Health Savings Account: Must be enrolled in the Anthem High Deductible Health Plan / HSA medical plan (Page 5)
- Medical Insurance: Apex (Pages 6-7)
- Dental Insurance: Anthem (Page 9)
- Vision Insurance: EyeMed (Page 11)
- Voluntary Life / AD&D Insurance: One America (Page 14)
- Voluntary Long Term Disability Insurance: One America (Page 14)
- Voluntary Short Term Disability Insurance: One America (Page 14)
- Employee Assistance Program (EAP): One America (Page 15)
- Voluntary Critical Illness, Accident, Life: Aflac (Page 17)
- Legal & ID Insurance: LegalShield (Page 18)
- 401K (Page 18)

Medical Insurance





Medical Insurance | Anthem

Preferred Provider Organization (PPO) and High Deductible Health Plan (HDHP)

PPO and HDHP plans offer the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). All 4 of the medical plans utilize the same network– Open Access. The PPO plans have copays that apply for certain benefits while the HDHP will only have copays applied after having achieved your deductible.

Health Savings Account (HSA)

The HDHP medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA). The HSA component is optional.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them. Anthem administers the bank accounts, if you enroll in to the HDHP plan, a HSA bank account will automatically be opened for you and a debit card will be provided. Contributing pre-tax dollars to the account is optional.

Choice of plan options:	\$2,500 PPO	\$3,500 PPO	\$4,000 PPO	\$5,000 HDHP/HSA
Network	Anthem Blue Open Access	Anthem Blue Open Access	Anthem Blue Open Access	Anthem Blue Open Access
Deductible (In-Network / Out-of-Network) Individual Family	\$2,500 / \$5,000 \$7,500 / \$15,000	\$3,500 / \$5,000 \$10,500 / \$15,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$5,000 / \$15,000 \$10,000 / \$30,000
Coinsurance In-Network / Out-of-Network	80% / 60% (Covered)	80% / 60% (Covered)	100% / 70% (Covered)	80% / 60% (Covered)
Out-of-Pocket Max (In-Network / Out-of-Network) Individual Family	\$8,150 / \$24,450 \$16,300 / \$48,900	\$8,150 / \$24,450 \$16,300 / \$48,900	\$8,150 / \$24,450 \$16,300 / \$48,900	\$6,900 / \$20,700 \$13,800 / \$41,400
Physician Services (In-Network) Well Adult / Well Child Physician Office Specialist Visit X-Rays / Lab Diagnostics Imaging (CT/PET scans/MRIs)	100% \$25 copay Deductible then 80% Deductible then 80% Deductible then 80% + \$500 Copay	100% \$40 copay Deductible then 80% Deductible then 80% Deductible then 80% + \$500 Copay	100% \$30 copay \$60 copay Deductible then 100% Deductible then 100% + \$500 Copay	100% \$30 Copay after Deductible \$60 Copay after Deductible Deductible then 80% Deductible then 80%+ \$500 Copay
Emergency Room	\$250 copay	\$250 copay	\$350 copay	Deductible then 80%
Urgent Care (In-Network)	Deductible then 80%	Deductible then 80%	\$50 copay	\$60 Copay after Deductible
Prescription Drugs (In-Network) Retail (30 Days) Generic/Preferred Brand/ Non-Preferred Brand	Copays: \$20 / \$40 / \$65	Copays: \$20 / \$50 / \$90 Specialty: \$130 (30 days)	Copays: \$20 / \$40 / \$65	Copay after Deductible Copays: \$15 / \$45 / \$85 Specialty: \$125 (30 days)
Mail Order (90 Days) Generic/Preferred Brand/ Non-Preferred Brand	Copays: \$50 / \$100 / \$163	Copays: \$50 / \$125 / \$225 Specialty: \$130 (30 days)	Copays: \$50 / \$100 / \$163	Copay after Deductible Copays: \$38 / \$113 / \$213 Specialty: \$125 (30 days)
Prescription Out-Of-Pocket Max Individual / Family	N.A.	\$250 / \$500	N.A.	N.A.

Advantages to having an HSA

- There’s a triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they’re taken out for a qualified medical expense
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

- 1

Go to the doctor and present your carrier ID card
- 2

Your doctor submits your medical services to the carrier to be discounted
- 3

Your carrier adjusts the pricing to reflect the network discounted amount for your services
- 4

The carrier generates an Explanation of Benefits (EOB) and sends it to you
- 5

By now you’ve received an invoice from your doctor - make sure the EOB and invoice match
- 6

Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Crowns
- Dentures
- Orthodontia
- Teeth cleanings
- And more

Vision Expenses

- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

For a full list of qualified medical expenses go to www.irs.gov and search Section 213d.

2022 HSA Contributions

IRS Max Contribution:	Employee Only	Family
Max HSA Contribution	\$3,650	\$7,300
Catch-up Contribution (Age 55 and Older)	\$1,000	

The tax-preferred status of your HSA contributions depend on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.

How to Locate a Network Provider

1. Visit <https://www.anthem.com/find-care/>
2. Click on “Guests”
3. Select Medical from the drop down.
4. Under “What type of plan do you want to search with?” select “Medical Networks
4. Under “Select a plan/network” select “Blue Open Access POS”
5. Click “Continue”



Medical Insurance | Apex

In addition to the Anthem medical plans, two additional options are available through Apex. These plans are not major medical plans but offer limited coverage. Both plans have two components: MEC and Limited Indemnity benefits.

Minimum Essential Coverage (MEC)

The Minimum Essential Coverage plan covers preventative services and health screenings. The MEC Basic plan allows for 1 preventative visit per plan year and Teladoc usage while the MEC+ Advantage offers additional coverage shown below.

Group Limited Indemnity (GLI)

The Limited Indemnity plan pays certain Medical expenses at a fixed dollar amount for a limited number of days, when you receive services covered by the plan.

Covered Services	MEC Basic with Beazley GLI	MEC+ Advantage with Beazley GLI
Network	PHCS	PHCS
Preventative Visit	Free (1 Preventative visit per plan year)	Free (1 Preventative visit per plan year)
Teledoc 24/7	Free (Unlimited)	Free (Unlimited)
Primary Care Physician Visit	See Beazley GLI Benefits Below	\$20 Copay (max 3 visits per plan year)
Specialist Office Visits	See Beazley GLI Benefits Below	\$50 Copay (max 3 visits per plan year)
Urgent Care	See Beazley GLI Benefits Below	\$50 Copay (in office, max 5 services per plan year)
Dignostic X-ray and Lab	See Beazley GLI Benefits Below	\$200 Copay (max 1 CT Scan or MRI per plan year)
Prescription Benefits Tier 1 - Low Cost Tier 2 - Generics Tier 3 - Preferred Tier 4 - Non-Preferred Tier 5 - Generic/Pref. Specialty Tier 6 - Non Preferred Specialty	Discount Card (Up to 75% Discount on FDA Approved Medications)	\$1 Copay 10% Coinsurance (Plan Pays 90%) 20% Coinsurance (Plan Pays 80%) 40% Coinsurance (Plan Pays 60%) 10% Coinsurance (Plan Pays 90%) 20% Coinsurance (Plan Pays 80%)
Limited Indemnity Benefits		
Hospital Indemnity Hospital Confinement Hospital Intensive Care Unit Hospital Admission	\$400 per day (30 days per plan year) \$1,000 per day (10 days per plan year) None	\$1,000 per day (30 days per plan year) \$1,250 per day (10 days per plan year) \$2,000 per day (10 days per plan year)
Surgery/Anesthesia Impatient Surgery Outpatient Major Surgery Outpatient Minor Surgery Anesthesia	\$750 per day (1 day per plan year) \$300 per day (1 day per plan year) \$75 per day (1 day per plan year) \$300 per day (2 days per plan year)	\$1,000 per day (2 day per plan year) \$500 per day (1 day per plan year) \$100 per day (1 day per plan year) \$300 per day (1 days per plan year)
Emergency Room Benefit Emergency Room for Sickness Emergency Room for Accidental Injury	\$150 per day (1 day per plan year) None	\$50 per day (2 days per plan year) \$150 per day (2 days per plan year)
Outpatient & Other Benefits Physician Office/Urgent Care Outpatient Diagnostic Lab Outpatient Diagnostic X-Ray Outpatient Major Diagnostic Testing Skilled Nursing Care Facility	\$50 per day (3 days per plan year) \$50 per day (3 days per plan year) \$50 per day (2 days per plan year) None \$150 per day (10 days per plan year)	See MEC Plus Advantage Benefit Above See MEC Plus Advantage Benefit Above See MEC Plus Advantage Benefit Above See MEC Plus Advantage Benefit Above None

How to Locate a Network Provider

1. Visit www.multiplan.com
2. Click "Find a Provider"
3. Click "OK" at the bottom right corner
4. Click "Select Network"
5. Click "PHCS" inside pop-up box
6. Click "Limited Benefit Plan"
7. Enter type of provider in the search box
8. Enter Zip Code and click "search" icon

Need help? Call 888-371-7427



Filing a Claim:

For MEC Claims:

To receive the services included with the MEC plan benefits, you must use a network provider (PHCS) who will file the claim.

For Limited Indemnity Claims:

If you assign benefits to the provider:

- Provider submits the claim to the address on your ID card.
- Claim is processed and payment is sent to the provider.

If you do not assign benefits to the provider:

- You request an itemized bill from the provider.
- You submit the itemized bill to the address on your ID card or via email at beazleyclaims@healthplan.com (no claim form required).
- Claim is processed and payment is sent to you.
- You pay the provider.

NOTE: Once you exceed the specified number of primary care visits and services, or you use the Limited Indemnity benefit amounts and maximums, you are still eligible for network discounts from the PHCS network.



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual exam
- No deductible expenses apply—the exam is completely no cost to you provided it's coded as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network, free-standing imaging center can save you a substantial amount of money

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit [cvs.com](https://www.cvs.com) or [walgreens.com](https://www.walgreens.com) to find a clinic near you
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

Dental Insurance





Dental Insurance | Anthem

Preferred Provider Organization (PPO)

These 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)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- And more

Major:

- Inlays and Onlays
- Dentures/bridges
- Crowns
- And more

Choice of plan options:	Dental PPO Option 1 <i>In-Network / Out-of-Network</i>	Dental PPO Option 2 <i>In-Network / Out-of-Network</i>
Network Name	Dental Complete	Dental Complete
Office Visit Copay	None	None
Preventive Coinsurance	100% / 100%	100% / 100%
Basic Coinsurance	80% / 80%	80% / 80%
Major Coinsurance	50% / 50%	50% / 50%
Annual Plan Maximum	\$1,000 / \$1,000	\$2,000 / \$2,000
Child Orthodontia Coinsurance	50% / 50%	Not Covered
Child Orthodontia Lifetime Maximum	\$1,000 / \$1,000	Not Covered
Out-Of-Network Reimbursement	90th Percentile	90th Percentile

Vision Insurance





Vision Insurance | EyeMed

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
Network	Insight Network		
Eye Exam	Every 12 months	\$10 copayment	\$40 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months	\$25 copayment	Allowance varies
Frames	Every 24 months	\$130 allowance + 20% off balance	\$91 max allowance
Elective Contacts	Every 12 months**	\$130 allowance + 15% off balance	\$91 max allowance

** In lieu of lenses

EyeMed has a series of perks to be aware of for being an enrolled member on the plan:

Eye360

Eye360 provides enhanced benefits when members visit a Plus Provider. If using a Plus Provider, members will benefit from a \$0 copay for eye exams and an additional \$50 frame allowance. To Find a Plus Provider in your area, use the EyeMed Provider locator.

ContactsDirect.com - Order contacts and have them shipped directly to your door. Orders will be shipped for free once the prescription is verified. Visit contactsdirect.com/welcome for more information.

Glasses.com - Choose from a large selection of frames and lenses, including designer brands. To purchase glasses or lenses, you'll need a valid prescription written within the last 12 months.

Medical Insurance Rates

Anthem \$2,500 PPO

Contributions:	Bi-Weekly
Employee Only	\$109.96
Employee & Spouse	\$245.90
Employee & Child(ren)	\$222.52
Family	\$351.12

Anthem \$3,500 PPO

Contributions:	Bi-Weekly
Employee Only	\$72.84
Employee & Spouse	\$174.52
Employee & Child(ren)	\$151.35
Family	\$249.20

Apex MEC Basic w/ Beazley GLI

Contributions:	Bi-Weekly
Employee Only	\$18.46
Employee & Spouse	\$36.92
Employee & Child(ren)	\$34.62
Family	\$43.85

Dental Insurance Rates

Dental Plan 1

Contributions:	Bi-Weekly
Employee Only	\$12.46
Employee & Spouse	\$25.19
Employee & Child(ren)	\$25.19
Family	\$45.54

Vision Insurance Rates

Vision Plan

Contributions:	Bi-Weekly
Employee Only	\$2.65
Employee & Spouse	\$5.31
Employee & Child(ren)	\$4.78
Family	\$7.76

Anthem \$4,000 PPO

Contributions:	Bi-Weekly
Employee Only	\$84.37
Employee & Spouse	\$192.25
Employee & Child(ren)	\$167.01
Family	\$274.51

Anthem HSA \$5,000 HDHP

Contributions:	Bi-Weekly
Employee Only	\$38.14
Employee & Spouse	\$112.14
Employee & Child(ren)	\$90.89
Family	\$168.48

Apex MEC+ Advantage w/ Beazley GLI

Contributions:	Bi-Weekly
Employee Only	\$27.69
Employee & Spouse	\$64.62
Employee & Child(ren)	\$57.69
Family	\$87.69

Dental Plan 2

Contributions:	Bi-Weekly
Employee Only	\$14.83
Employee & Spouse	\$30.11
Employee & Child(ren)	\$35.30
Family	\$49.98

Additional Benefits





Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of what the employee takes out on themselves. If you enroll when initially eligible, you are able to increase your election at Open Enrollment by \$10,000 each year without needing to complete an Evidence of Insurability form.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$10,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount*	\$200,000	\$50,000	\$10,000

* Guarantee issue applies to new hires only



Short & Long-Term Disability

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time. If you waived disability coverage when it was first offered, you will be able to join the plans at Open Enrollment without needing to complete an Evidence of Insurability form.

Disability Coverage	Voluntary Short-Term	Voluntary Long-Term
Waiting Period	Begins on the 15th day of continuous injury or illness	Begins on the 181st day of continuous injury or illness
Benefit Amount	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$1,200 per week	\$8,000 per month
Length of Payment Period	24 weeks	5 years / SSFRA
Premium Contribution	Employee paid	Employee paid



Employee Assistance Program (EAP)

EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Real estate transaction
- Work/life balance
- Estate planning
- College planning
- Financial issues
- Legal assistance
- And more

The EAP is there for when you need it. Need some more specialized face-to-face assistance? The EAP offers up to 3 face-to-face visits with trained counselors for each issue you may have.

Call: 855-387-9727

Online: guidanceresources.com

Company Web ID: ONEAMERICA3



Virtual Visits | LiveHealth/TELADOC

Getting sick is never convenient and finding time to get to the doctor can be hard. Telehealth programs provides you and your covered dependents access to care for non-emergency medical and behavioral health needs. Whether you're in the city, a rural area or you're on a weekend camping trip, access to a board-certified doctor is available 24 hours a day/seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Telehealth can also be a better alternative than going to the emergency room or urgent care.*

Telemedicine doctors can help treat the following conditions and much more!

General Health

- Allergies
- Asthma
- Joint aches
- Sinus infections

Pediatric Care

- Cold/flu
- Ear infections
- Pink eye

3 Options to Utilize

- If enrolled in a Anthem medical plan, you are able to utilize Live Health.
- If enrolled in an Apex medical plan, you are able to utilize Teladoc.
- If you are not enrolled in to a medical plan, you can elect to enroll in a Voluntary Teladoc plan through Healthiest You.

Anthem Medical Plan LiveHealth Online

<https://livehealthonline.com/>
888-726-3171

\$2,500 Plan - PCP: \$5 copay / Specialist Deductible Then 80%
\$3,500 Plan - PCP: \$40 Copay / Specialist \$40 Copay
\$4,000 Plan - PCP: \$5 copay / Specialist: \$60 copay
\$5,000 Plan - PCP: Deductible Then \$5 copay /
Specialist: Deductible Then \$60 Copay

Apex Medical Plan

teladoc.com
800-835-2362

Voluntary TELADOC
www.Member.healthiestyou.com
(866) 703-1259
\$13 per Month



Voluntary Worksite | Aflac

Accident Coverage – When you suffer an accident (on and off-the-job) such as a burn or broken bone, Accident Insurance through Aflac provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers and can be used at your own discretion. You are also eligible for a \$50 Wellness Benefit every year you and your covered dependent(s) complete a qualified health screening; a COVID-19 test qualifies!

Coverage is available to employees and their families. Employees pay 100% of the premium.

Coverage	Bi-Weekly Rate
Employee Only	\$4.60
Employee + Spouse	\$7.78
Employee + Child(ren)	\$9.18
Employee + Family	\$12.36

Critical Illness Coverage – No one can be completely prepared when a critical illness strikes, but if you or a loved one is diagnosed with a covered condition, Critical Illness Insurance through Aflac provides a lump-sum cash benefit to help pay for out-of-pocket medical expenses or any other bills that need attention, including rent or groceries. Covered conditions include cancer, stroke, heart attack, and even COVID-19 with a qualifying hospital stay. You are also eligible for a \$50 Wellness Benefit every year you and your covered dependent(s) complete a qualified health screening; a COVID-19 test qualifies! **During this enrollment period only, you can elect coverage without answering medical questions!**

Eligible Individual	Initial Benefit
Employee	Benefit Amounts may range from \$10,000 to \$50,000 in \$10,000 increments
Spouse	Benefit Amounts may range from \$10,000 to \$50,000 in \$10,000 increments not to exceed 50% of employee election
Dependent Child(ren)	Benefit Amounts may range from \$5,000 to \$25,000 in \$5,000 increments not to exceed 50% of employee election

Employees pay 100% of the premium.

Life Insurance with Long Term Care – Whole Life Insurance with Living Benefits from Aflac offers permanent life insurance protection. With a guaranteed death benefit that will never decrease, level premiums that will never increase, and cash value accumulation, whole life insurance goes beyond term life insurance. Because you pick the level of coverage, you can be sure that your family has the level of protection that best fits your needs. You also own the coverage, so you can take it with you if you leave employment or retire.

The policy also includes living benefits that provide support and financial resources to cover the cost of long term care you might need in the event of illness, accident, or aging.

During this enrollment period only, you can elect coverage without answering medical questions!

	Employee
Maximum Benefit Amount	\$300,000
Guaranteed Issue Amount*	\$100,000



Legal Insurance & Identity Theft Protection

LegalShield

LegalShield insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues, or even buying a home. With LegalShield, you will receive in-office services, telephone advice, and various online resources at your fingertips. Here are a few additional topics covered under this service:

- Will and Estate planning
- Real estate services
- Living Wills
- Name change
- Juvenile Defense
- Bankruptcy
- Small claims assistance
- And More...

Who Can Participate: Employee, employee's Spouse or Domestic Partner, dependent children up to age 26

IDShield

IDShield can help protect the identity of you and your loved ones. With IDShield you will have access to:

- Identity Consultation and advice
- Dedicated licensed private investigators
- Identity and credit monitoring
- Social Media monitoring
- Comprehensive identity restoration
- Identity and credit threat alerts
- And More...

Who Can Participate: Employee, employee's Spouse or Domestic Partner, up to 10 dependents ages 26 and younger (dependents age 18 to 26 have consultation and complete restoration services only)

LegalShield and IDShield Rates

Employee Only	Bi-Weekly
IDShield	\$4.13
Combined	\$12.88

Family	Bi-Weekly
LegalShield	\$8.75
IDShield	\$8.75
Combined	\$15.65



401(k) Program| Allen, Gibbs & Houlik L.C.

The 401(k) Plan is an employer sponsored retirement plan that allows employees to save and invest for the purpose of building savings for retirement. Saving through a 401(k) Plan is an easy way to set aside money for your future. Some things to consider:

Contributions to your account:

- You can make pre-tax and/or post-tax contributions up to the IRS calendar year dollar limit
- If you are over the age of 50, you may make an additional catch-up contribution during the calendar year, which allows for increased retirement savings
- You can begin contributing on your entry date as specified by the plan
- You can rollover money into the plan from a prior employer's qualified plan or an IRA

Investment Assistance

- David Darby, a license investment advisor with AGH, can be contacted for individual investment advice via email at David.Darby@aghwealth.com.
- Additional resources can be found on the AGH website <https://aghlc.com>

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.

Carrier Information





Carrier Information

Medical-Anthem

Carrier	Anthem
Website	www.anthem.com
Phone Number	844.274.5201
Network	Anthem Blue Open Access
Policy Number	L03993

Medical-Apex

Carrier	OneAmerica
Website	www.regionalcare.com
Phone Number	833-602-0054

Anthem BCBS Covid 19 Resources

Website	Anthem.com/coronavirus/
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Voluntary Life Insurance

Carrier	OneAmerica
Website	www.oneamerica.com
Phone Number	800-533-3522

Dental

Carrier	Anthem
Website	www.anthem.com
Phone Number	844-729-1567
Network	Dental Complete
Policy Number	L03993

Short & Long-Term Disability Insurance

Carrier	OneAmerica
Website	www.oneamerica.com
Phone Number	800-533-3522

Vision

Carrier	EyeMed
Website	www.eyemed.com
Phone Number	(866) 939-3633
Network	Insight Network

LegalShield / IDShield

Carrier	LegalShield
Email	www.memberservices@legalshield.com
Phone Number	844-803-9135

Accident / Critical Illness/Life

Carrier	Aflac
Website	www.aflac.com
Phone Number	800-433-3036

Healthiest You

Carrier	Healthiest You
Website	www.Member.healthiestyou.com
Phone Number	866-703-1259

Employee Benefits Administrator

Email Address	benefits@healthcare-staffing.com
Phone Number	888-814-4774



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's 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. The Company 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.