

2016 OPEN ENROLLMENT



Hire Quest / Trojan Labor / Acrux Staffing values the contributions of our employees. In appreciation of your dedicated service, we are pleased to offer and contribute to the Minimum Essential Coverage (MEC) plan provided by The American Worker. In addition employees will have an opportunity to elect ancillary benefits including, fixed indemnity, dental, vision, disability and life insurance. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

Also available to all eligible employees is a Cigna Major Medical Plan.

ELIGIBILITY

All non-variable hour employees who work 30 hours or more per week and that have completed their 59-day waiting period are eligible for coverage.

All variable hour employees who have worked a minimum of 1560 hours during the twelve months immediately preceding the open enrollment period are eligible. All variable hour employees who have worked at least 1560 hours in their first twelve months of employment will be offered coverage on their one year anniversary of employment.

WHAT YOU NEED TO KNOW...

All employees currently enrolled in the Essential StaffCare program will automatically be transitioned into The American Worker program. If you would like to make a change or cancel your coverage, you will need to visit <https://employees.hqwebconnect.com>.

ABOUT YOUR COVERAGE CHOICES

MEC PLAN

- Provides 100% coverage of the Centers for Medicare and Medicaid Services listed Preventive and Wellness benefits.
- Employees prevent the "Individual Mandate" penalty.
 - **2016 "Individual Mandate Penalty": Individuals will face a tax of 2.5% of their household income or \$695 per adult and \$347.50 per child, whichever is greater.**

FIXED INDEMNITY PLAN

- Provides first dollar coverage for Doctor Office Visits, Diagnostic X-Rays and Lab Work, Hospital Stays and Surgical Procedures
- Key features include no deductibles, copays, pre-existing condition limitations, waiting periods and is guarantee issue.
- Discounted Prescription Drugs

FREESTANDING COVERAGE OPTIONS

- Dental Coverage
- Vision Benefit
- Short-term Disability
- Life and AD&D Insurance

MAJOR MEDICAL PLAN

- Provides coverage after meeting a \$6,350 deductible
- Access to a national PPO Network, Cigna, which can lower out-of-pocket expenses

TAKE THE NEXT STEP

After making your benefit decisions, you will need to make or confirm your elections. For your convenience, you can enroll in The American Worker coverage online.

Open Enrollment: November 9, 2015 - November 25, 2015

Effective Date: January 1, 2016

To enroll in The American Worker programs, visit <https://employees.hqwebconnect.com>



MINIMUM ESSENTIAL COVERAGE

The American Worker Minimum Essential Coverage provides affordable coverage that meets the requirements under the Affordable Care Act, which prevents members from paying the “Individual Mandate” penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

Minimum Essential Coverage

| | |
|--|---|
| Plan Pays 100% of the 63 Required Preventive Services, When Utilizing a First Health Network Provider | 15 Services for Adults 22 Services for Women 26 Services for Children |
|--|---|

Weekly Rates

| | |
|-----------------------|---------|
| Employee | \$6.38 |
| Employee + Spouse | \$14.25 |
| Employee + Child(ren) | \$17.37 |
| Family | \$25.01 |

First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

Below is a partial list of services covered by the Minimum Essential Coverage plan. You can view a full list of covered services online at www.healthcare.gov/preventive-care-benefits/. A copy of the plan’s Summary of Benefits and Coverage (SBC) is included at the end of this brochure. The SBC is an easy-to-understand summary of your health care plan’s benefits and coverage. The coverage examples provided in the SBC give a general sense of how a plan would cover services.

Covered Services For Adults

- Blood Pressure screening for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Type 2 Diabetes screening for adults with high blood pressure
- Colorectal Cancer screening for adults over 50
- Aspirin use for men and women of certain ages
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Obesity screening and counseling for all adults
- Diet counseling for adults at higher risk for chronic disease
- Depression screening for adults
- Alcohol Misuse screening and counseling
- Immunization vaccines for adults - doses, recommended ages, and recommended populations vary: Hepatitis, Hepatitis B, Herpes, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Well-woman visits to obtain recommended preventive services
- Contraception coverage for women: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs

Covered Services For Children

- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Depression screening for adolescents
- Immunization vaccines for children from birth to age 18 - doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella
- Obesity screening and counseling
- Vision screening for all children
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Medical History for all children throughout development; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years.
- Oral Health risk assessment for young children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
- Developmental screening for children under age 3, and surveillance throughout childhood
- Height, Weight and Body Mass Index measurements for children; Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Hearing screening for all newborns
- Hematocrit or Hemoglobin screening for children

FIXED INDEMNITY PLAN

The American Worker Fixed Indemnity Plan provides affordable, first dollar coverage. The plan offers coverage for basic healthcare services and prescription drug discounts. The Fixed Indemnity Plan also pays in addition to other coverage you may have, which can help cover out-of-pocket expenses such as deductibles and coinsurance when receiving medical treatment.

The Fixed Indemnity Plan is underwritten by Nationwide Life Insurance Company. The plan includes the New Benefits Discount Program and First Health Network, which are provided by separate vendors.

Standard

| | |
|--|---|
| PHYSICIAN'S OFFICE | Plan Pays \$60 per Day, 6 Days per Person per Year |
| OUTPATIENT DIAGNOSTIC LAB | Plan Pays \$75 per Testing Day, 3 Days per Person per Year |
| OUTPATIENT DIAGNOSTIC X-RAY | Plan Pays \$75 per Testing Day, 3 Days per Person per Year |
| OUTPATIENT DIAGNOSTIC ADVANCED STUDIES | Plan Pays \$200 per Testing Day, 3 Days per Person per Year |
| ACCIDENTAL INJURY CARE | Plan Pays \$300 Maximum per Occurrence |
| PREVENTIVE CARE | Plan Pays \$75 per Day, 1 Day per Person per Year |
| EMERGENCY ROOM SICKNESS | Plan Pays \$100 per Day, 2 Days per Person per Year |
| SURGICAL Daily Inpatient Daily Inpatient Maximum Daily Outpatient Daily Outpatient Minor Outpatient Benefit Maximum | Plan Pays \$500 per Day, 1 Day per Person per Year Plan Pays \$250 Plan Pays \$50 1 Day per Person per Year |
| ANESTHESIA | Plan Pays 30% of Surgical Benefit |
| DAILY INPATIENT HOSPITAL INDEMNITY | Plan Pays \$300 per Day, 500 Day Lifetime Maximum |
| INTENSIVE CARE UNIT | Plan Pays \$600 per Day, 30 Days per Person per Year |
| SUBSTANCE ABUSE | Plan Pays \$150 per Day, 30 Days per Person per Year |
| MENTAL ILLNESS | Plan Pays \$150 per Day, 30 Days per Person per Year |
| SKILLED NURSING | Plan Pays \$150 per Day, 60 Days per Person per Stay |
| FIRST HEALTH NETWORK | Doctor and Hospital |
| NEW BENEFITS DISCOUNT PROGRAM | Included |

Weekly Rates

| | |
|-----------------------|---------|
| Employee | \$19.97 |
| Employee + Spouse | \$45.40 |
| Employee + Child(ren) | \$33.71 |
| Family | \$48.77 |

The Standard Fixed Indemnity Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

ADDITIONAL FIXED INDEMNITY PLAN FEATURES

New Benefits Pharmaceutical Discount Program*

The Neighborhood Pharmacy discount program assures members the lowest price on prescription drugs. Pharmacists will calculate the discount at point-of-service and the member pays the discounted price.

- Save 10% to 85% on most prescriptions
- Over 60,000 participating pharmacies across the country
- To view drug prices or locate a pharmacy, visit www.RxPriceQuotes.com

Pharmacy discounts are not insurance and are not intended as a substitute for insurance. **The discount is only available at participating pharmacies.**

First Health Network

Members have access to the First Health Network, which provides savings on Physician and Hospital services.

By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthLBP.com

You can visit a First Health or out-of-network provider for service and the Fixed Indemnity Plan will pay the same benefit amount.

New Benefits Health Services Discount Program*

This package of health service and discount programs can help reduce out-of-pocket expenses and provide savings on a variety of services that promote healthy living.

- Teladoc¹: 24/7 access to a network of U.S. board-certified doctors that will diagnose, treat and prescribe medication, when necessary, over the phone for medical issues including cold or flu symptoms, allergies, bronchitis, ear infections and more.
- Medical Bill SaverTM: can help lower out-of-pocket costs on medical or dental bills over \$400 through provider negotiation.
- Medical Health Advisor²: access to Personal Health Advocates that can assist in resolving insurance claim and billing issues.
- NurselineTM and Personal Counseling Services
- Additional Discounts: Lab and Imaging³, Chiropractic, Vision, Hearing, Diabetic Supplies, Vitamins and Durable Medical Equipment

¹Teladoc is not available to AR. ²Health Advisor does not replace health insurance, provide medical care or recommend treatment. ³Savings may vary based on geographic location, provider selected and procedure performed. The lab network portion of this benefit is not available in MA, MD, ND, NE, NJ, NY, RI or SD.

*Discount benefits administered by New Benefits, Ltd.

DENTAL (Provided by Ameritas Life Insurance Corp.)

Keep a bright, healthy smile while supporting your overall well-being with affordable dental coverage. You can use any provider, but have access to a dental network to lower out-of-pocket costs. To find a provider, visit www.AmeritasGroup.com and select FIND A PROVIDER, then DENTAL.

| | | |
|--|---|----------------------------------|
| CALENDAR YEAR MAXIMUM | Up to \$500 per Covered Member per Year | |
| DEDUCTIBLE | \$20 per Visit | |
| COVERED SERVICES | WAITING PERIOD | COINSURANCE |
| PREVENTIVE AND DIAGNOSTIC Routine Exams, Cleanings, X-rays, etc. | None | Covered at 100% (U&C Charges) |
| BASIC TREATMENT Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc. | 3 Months | Covered at 60% (U&C Charges) |
| MAJOR TREATMENT Onlays, Crowns, Prosthodontics, etc. | 12 Months | Covered at 50% (U&C Charges) |

Weekly Rates

| | |
|-----------------------|---------|
| Employee | \$4.75 |
| Employee + Spouse | \$11.88 |
| Employee + Child(ren) | \$8.55 |
| Family | \$12.83 |

VISION (Provided by Ameritas Life Insurance Corp.)

A regular eye exam won't just help you see better, it can also detect the first signs of serious health conditions. With this plan you'll get coverage for exams as well as corrective eyewear. Visit a VSP Choice provider to get the most benefit from the plan.

| | | |
|--|---|---|
| DEDUCTIBLE | \$10 Exam, \$25 Eye Glass Lenses or Frames ¹ | |
| COVERED SERVICES | VSP CHOICE NETWORK | OUT-OF-NETWORK |
| ANNUAL EYE EXAM | Covered in Full | Up to \$45 |
| LENSES (per pair) Single Vision / Bifocal Trifocal / Lenticular | Covered in Full Covered in Full | Up to \$30 / Up to \$50 Up to \$65 / Up to \$100 |
| CONTACTS Fit and Follow Up Exams Elective Medically Necessary | 15% Discount Up to \$105 Covered in Full | No Benefit Up to \$105 Up to \$210 |
| FRAMES | \$105 ² | Up to \$70 |
| FREQUENCY Exam / Lens / Frames | Based on Date of Service 12 Months / 12 Months / 24 Months | |

Weekly Rates

| | |
|-----------------------|--------|
| Employee | \$2.02 |
| Employee + Spouse | \$3.99 |
| Employee + Child(ren) | \$3.72 |
| Family | \$5.70 |

¹Deductible applies to a complete pair of glasses or frames, whichever is selected. ²The Costco allowance will be the wholesale equivalent.

Locate VSP Choice providers at www.AmeritasGroup.com/member

SHORT-TERM DISABILITY (Provided by Nationwide Life Insurance Company)

Daily life depends on consistent income, but accidents and serious illnesses can keep you out of work. This plan can help you cover your expenses by paying you cash if you get sick or injured and can't work.

| | |
|--------------------------|-----------------------------------|
| WEEKLY MAXIMUM BENEFIT | Plan Pays up to \$125 |
| MAXIMUM BENEFIT PERIOD | 26 Weeks |
| WAITING PERIOD | 14 Days (Accidents and Illnesses) |
| PERCENT OF WEEKLY SALARY | 50% (Excludes Bonuses & Overtime) |

Weekly Rates

| | |
|----------|--------|
| Employee | \$3.50 |
|----------|--------|

Coverage includes disability due to pregnancy and childbirth.

LIFE AND AD&D INSURANCE (Underwritten by Nationwide Life Insurance Company)

Life Insurance can help your loved ones during trying times. This benefit provides cash that can assist your family in the event of your death. Enroll in this benefit to protect the ones that depend on you the most.

| | |
|---|--|
| LIFE AND AD&D INSURANCE Employee | Plan Pays \$20,000 |
| LIFE INSURANCE ONLY Spouse Child(ren) | Plan Pays \$2,500 Plan Pays \$1,250 |

Weekly Rates

| | |
|-----------------------|--------|
| Employee | \$2.25 |
| Employee + Spouse | \$2.53 |
| Employee + Child(ren) | \$2.53 |
| Family | \$2.88 |

CIGNA MAJOR MEDICAL PLAN

Hire Quest / Trojan Labor / Acrux Staffing offers employees a major medical plan through Cigna. The Major Medical and the rates that you will be paying for the plan are listed in the charts below. For complete details of the Major Medical contact your HR Department for the Summary of Benefits Coverage.

IN-NETWORK

| | |
|---|-----------------------|
| DEDUCTIBLE & MAXIMUMS | |
| Calendar Year Deductible - Individual / Family | \$6,350 / \$12,700 |
| Coinsurance - Cigna / Employee | 100% / 0% |
| Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible) | \$6,350 / \$12,700 |
| Lifetime Maximum | Unlimited |
| PHYSICIAN SERVICES | |
| Preventive Care Routine Exams | Covered at 100% |
| Primary Care and Specialist Office Visit | 100% After Deductible |
| DIAGNOSTIC SERVICES | |
| Routine Preventive Care Exams and Screenings | Covered at 100% |
| Diagnostic X-Ray and Lab Work | 100% After Deductible |
| EMERGENCY MEDICAL CARE | 100% After Deductible |
| HOSPITAL CARE | 100% After Deductible |
| MENTAL HEALTH / SUBSTANCE ABUSE | 100% After Deductible |
| OTHER BENEFITS | |
| Rx - Generic / Formulary Brand Name / Non-Formulary Brand Name) | 100% After Deductible |
| Rx - Specialty Drugs | 100% After Deductible |
| Rx - Mail Order | 100% After Deductible |
| Routine Eye Exam (Children Only) | Covered at 100% |
| Skilled Nursing Facility | 100% After Deductible |

OUT-OF-NETWORK

| | |
|---|---------------------|
| DEDUCTIBLE & MAXIMUMS | |
| Calendar Year Deductible - Individual / Family | \$12,700 / \$25,400 |
| Coinsurance - Cigna / Employee | 50% / 50% |
| Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible) | \$25,400 / \$50,800 |

WHAT IS MY COST

According to ACA guidelines a plan is considered affordable if you pay no more than 9.5% of your annual wages for Employee Only coverage. Hire Quest / Trojan Labor / Acrux Staffing uses these guidelines to determine the amount you will pay for Employee Only coverage. If your cost is less than the Employee Only Monthly rate (\$304.00), Hire Quest / Trojan Labor / Acrux Staffing contributes the difference between the amount you pay and the total cost. If you enroll dependents you are responsible for the additional cost for coverage.

DISCLOSURES

Minimum Essential Coverage (MEC): This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. This Plan is designed so that Plan Participants may enroll in this Plan and not have to pay a federal individual income tax penalty. However, while you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this plan, you may be eligible for a federal tax credit that lowers your monthly premium. If you do not enroll you may receive a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. Please note that this plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

Fixed Indemnity: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the fixed indemnity plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. **Plan exclusions and limitations apply.**

New Hampshire residents are not eligible for any of the benefit programs offered by The American Worker.

Massachusetts residents are eligible for the Fixed Indemnity plan, but this plan does NOT meet Minimum Creditable Coverage standards and will NOT satisfy the individual mandate that you have health insurance.

The Standard Fixed Indemnity Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

Section 125 Disclaimer: I hereby elect to participate in the American Worker Plan for benefits made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. I understand that the plan will automatically convert to pretax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the entire Plan Year. My election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage. **By enrolling you have accepted the terms detailed above.**

New Benefits Discount Programs

Not available to residents of AR. © 2014 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7am to 9pm, 7 days a week.

The Discount Health Savings Program is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. **This discount card program contains a 30 day cancellation period.** The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a full refund of membership fees, excluding registration fee, if membership is canceled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is canceled within the first 30 days. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com

New Hampshire, Vermont and Washington residents are not eligible for any of the benefit programs offered by The American Worker.

Hire Quest / Trojan Labor / Acrux Staffing MEC Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/16 – 12/31/16

Coverage for: Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the plan document at theamericanworker.com or by calling 1-855-495-1190

| Important Questions | Answers | Why this Matters: |
|---|--|---|
| What is the overall deductible ? | \$0 | See the chart starting on page 2 for your costs for services this plan covers. |
| Are there other deductibles for specific services? | No | You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers. |
| Is there an out-of-pocket limit on my expenses? | No | There is no limit on how much you could pay during a coverage period for your share of the cost of covered services. |
| What is not included in the out-of-pocket limit ? | This plan has no out-of-pocket limit | Not applicable because there's no out-of-pocket limit on your expenses. |
| Is there an overall annual limit on what the plan pays? | No | The chart starting on page 2 describes any limits the plan will pay for specific covered services. |
| Does this plan use a network of providers ? | Yes - For a list of Network Providers, see www.firstthehealthbp.com | If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers. |
| Do I need a referral to see a specialist ? | No - You don't need a referral to see a specialist who is a Network Provider. | You can see a network provider specialist you choose without permission from this plan. Non-network provider specialists are <u>not</u> covered under the plan. |
| Are there services this plan doesn't cover? | Yes | Some of the services this plan doesn't cover are listed on page 5. See your plan document for additional information about excluded services. |

Questions: Call 1-855-495-1190.

If you aren't clear about any of the bolded terms used in this form, see the Uniform Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-(855) 495-1190 to request a copy.

Hire Quest / Trojan Labor / Acrux Staffing MEC Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/16 – 12/31/16

Coverage for: Family | Plan Type: PPO



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- If you have an insured medical plan it may encourage you to use certain **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

| Common Medical Event | Services You May Need | Your Cost if You Use | | Limitations & Exceptions |
|---|--|----------------------|----------------------|---|
| | | Network Provider | Non-Network Provider | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | Not Covered | Not Covered | None |
| | Specialist visit | Not Covered | Not Covered | None |
| | Other practitioner office visit | Not Covered | Not Covered | None |
| | Preventive care/screening/immunization | No Charge | Not Covered | Services limited to preventive care mandated by the Patient Protection and Affordable Care Act. |
| If you have a test | Diagnostic test (x-ray, blood work) | Not Covered | Not Covered | None |
| | Imaging (CT/PET scans, MRIs) | Not Covered | Not Covered | None |

Questions: Call 1-855-495-1190.

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Hire Quest / Trojan Labor / Acrux Staffing MEC Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/16 – 12/31/16

Coverage for: Family | Plan Type: PPO

| Common Medical Event | Services You May Need | Your Cost if You Use | | Limitations & Exceptions |
|---|--|----------------------|----------------------|--|
| | | Network Provider | Non-Network Provider | |
| If you need drugs to treat your illness or condition | Generic drugs | Not Covered | Not Covered | FDA approved contraceptive methods as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). |
| | Preferred brand drugs | Not Covered | Not Covered | FDA approved contraceptive methods as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). |
| | Non-preferred brand drugs | Not Covered | Not Covered | FDA approved contraceptive methods as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). |
| | Specialty drugs | Not Covered | Not Covered | None |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | Not Covered | Not Covered | None |
| | Physician/surgeon fees | Not Covered | Not Covered | None |
| If you need immediate medical attention | Emergency room services | Not Covered | Not Covered | None |
| | Emergency medical transportation | Not Covered | Not Covered | None |
| | Urgent care | Not Covered | Not Covered | None |
| If you have a hospital stay | Facility fee (e.g., hospital room) | Not Covered | Not Covered | None |
| | Physician/surgeon fee | Not Covered | Not Covered | None |

Questions: Call 1-855-495-1190.

If you aren't clear about any of the bolded terms used in this form, see the Uniform Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-(855) 495-1190 to request a copy.

Hire Quest / Trojan Labor / Acrux Staffing MEC Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/16 – 12/31/16

Coverage for: Family | Plan Type: PPO

| Common Medical Event | Services You May Need | Your Cost if You Use | | Limitations & Exceptions |
|---|--|--|----------------------|---|
| | | Network Provider | Non-Network Provider | |
| If you have mental health, behavioral health, or substance abuse needs | Mental/Behavioral health outpatient services | Not Covered | Not Covered | Depression screening is covered if conducted by a network provider. |
| | Mental/Behavioral health inpatient services | Not Covered | Not Covered | None |
| | Substance use disorder outpatient services | Not Covered | Not Covered | Alcohol Misuse screening is covered if conducted by a network provider. |
| | Substance use disorder inpatient services | Not Covered | Not Covered | None |
| If you are pregnant | Prenatal and postnatal care | No charge for routine prenatal office visits | Not Covered | None |
| | Delivery and all inpatient services | Not Covered | Not Covered | None |
| If you need help recovering or have other special health needs | Home health care | Not Covered | Not Covered | None |
| | Rehabilitation services | Not Covered | Not Covered | None |
| | Habilitation services | Not Covered | Not Covered | None |
| | Skilled nursing care | Not Covered | Not Covered | None |
| | Durable medical equipment | Not Covered | Not Covered | None |
| | Hospice service | Not Covered | Not Covered | None |
| If your child needs dental or eye care | Eye exam | Covered | Not Covered | Vision screening only. |
| | Glasses | Not Covered | Not Covered | None |
| | Dental check-up | Not Covered | Not Covered | Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years. |

Questions: Call 1-855-495-1190.

If you aren't clear about any of the bolded terms used in this form, see the Uniform Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-(855) 495-1190 to request a copy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other [excluded services](#).)

- Acupuncture
- Allergy testing, serum and injections
- Ambulance Service
- Jaw Joint/TMJ
- Bariatric surgery
- Chiropractic care
- Chiropractic Services Orthotics
- Cosmetic surgery
- Dental care (adult)
- Diagnostic testing (e.g. X-ray imaging, Labs)
- Durable Medical Equipment
- Emergency Services / Emergency Room Visit
- Organ Transplants
- Outpatient Care
- Hearing aids
- Heart Disease treatment
- Home Health Care
- Hospice Care
- Hospital Room & Board
- Skilled Nursing Facility or Hospice
- Inpatient or Outpatient Care
- Intensive Care Unit
- Long-term care
- Natural / Cesarean Child birth
- Care when traveling outside the U.S.
- Physical or Speech Therapy
- Cancer Treatment
- Prescription Drugs (except birth control for women with reproductive capacity)
- Private duty nursing
- Routine eye care (adult)
- Routine foot care
- Surgery

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Please visit the Healthcare.gov for a complete and current list of Preventative Care Benefits that are required and covered under this plan. <https://www.healthcare.gov/center/regulations/prevention.html>

Questions: Call 1-855-495-1190.

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-(855) 495-1190. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the plan at 1-(855) 495-1190. Additionally, some states provide a consumer assistance program which can help you file your appeal. A list of states with Consumer Assistance Programs is available at <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does not meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

| Having a baby (normal delivery) | | Managing type 2 diabetes (routine maintenance of a well-controlled condition) | |
|---|----------------|---|----------------|
| <ul style="list-style-type: none"> ■ Amount owed to providers: \$7,540 ■ Plan pays \$40 ■ Patient pays Up to \$7,500 | | <ul style="list-style-type: none"> ■ Amount owed to providers: \$4,100 ■ Plan pays \$140 ■ Patient pays Up to \$3,960 | |
| Sample care costs: | | Sample care costs: | |
| Hospital charges (mother) | \$2,700 | Prescriptions | \$1,500 |
| Routine obstetric care | \$2,100 | Medical Equipment and Supplies | \$1,300 |
| Hospital charges (baby) | \$900 | Office Visits and Procedures | \$730 |
| Anesthesia | \$900 | Education | \$290 |
| Laboratory tests | \$500 | Laboratory tests | \$140 |
| Prescriptions | \$200 | Vaccines, other preventive | \$140 |
| Radiology | \$200 | Total | \$4,100 |
| Vaccines, other preventive | \$40 | | |
| Total | \$7,540 | Patient pays: | |
| Patient pays: | | Deductibles | \$0 |
| Deductibles | \$0 | Co-pays | \$0 |
| Co-pays | \$0 | Co-insurance | \$0 |
| Co-insurance | \$0 | Limits or exclusions | \$3,960 |
| Limits or exclusions | \$7,500 | Total | \$3,960 |
| Total | \$7,500 | Note – The plan reimburses diabetes (Type 2) screening for adults with high blood pressure and gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes. | |
| Note – The plan reimburses breastfeeding support and supplies, folic acid supplements, gestational diabetes screening at 24-28 weeks, hepatitis B screening on first prenatal visit, Rh incompatibility screening, syphilis, urinary tract and other infection screening for pregnant women. | | | |

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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