2016

NEW HIRE ENROLLMENT

TechNeeds values the contributions of our employees. In appreciation of your dedicated service, we are pleased to offer a variety of affordable benefit plans. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

ELIGIBILITY

All temporary staffing employees that are working 30 hours or more per week and that have completed their 59 day waiting period are eligible for coverage.

ABOUT YOUR COVERAGE CHOICES

BIG MEC PLAN

(AVAILABLE TO ALL EMPLOYEES)

- 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.**
- Copays for Doctor Office Visits, Diagnostic Tests and Prescription Drugs.

FIXED INDEMNITY PLAN

(NOT AVAILABLE TO RESIDENTS OF NH)

- Provides first dollar coverage for Hospital Stays and Surgical Procedures
- Key features include no deductibles, copays, pre-existing condition limitations, waiting periods and is guarantee issue.

FREESTANDING COVERAGE OPTIONS

(AVAILABLE TO ALL EMPLOYEES)

- Dental
- Vision

MAJOR MEDICAL PLAN

(AVAILABLE TO ALL EMPLOYEES)

- 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 coverage by telephone or online.

To Enroll By Telephone Call (800) 865-9164

To Enroll Online Follow These Steps:

- Visit https://www.eenroller.net/login.asp?ST=TNDS2223
- Enter Your user name, which is the first six letters of your last name and the last four digits of your Social Security Number (SS#) (no spaces / no hyphens). Example: George Washington - WASHIN999 or Jane Doe - DOE9999.
- Your password is the last four digits of your Social Security Number (SS#).

BIG MEC PLAN - AVAILABLE TO ALL EMPLOYEES

The Big MEC plan satisfies the "Individual Mandate", so you and your enrolled dependent(s) won't be subject to a tax penalty while covered by the plan.

The Affordable Care Act (ACA) requires all individuals have coverage that meets certain criteria. This is known as the Individual Mandate. Individuals that do NOT have the required coverage will be assessed a penalty when filing their income taxes.
- In 2016 the penalty is the greater of 2.5% of adjusted household income or $695 per adult plus $347.50 per child.

The Big MEC plan provides 100% in-network coverage for all 63 preventive care tests and procedures required by the ACA. There is no limit to the frequency or amount the plan pays for covered services. The Big MEC plan provides coverage for the ACA required preventive care services, as well as coverage for Doctor Office Visits, Diagnostic Tests and Prescription Drugs. The Big MEC plan is not a comprehensive medical plan.

First Health Network

FirstHealth is one of the nation's largest networks with nearly 490,000 healthcare professionals. **To locate a network provider visit www.FirstHealthLBP.com or call (866) 866-3424.**

Members MUST utilize In-Network (First Health Network) providers. There is no coverage when utilizing out-of-network providers.

	BIG MEC PLAN
PREVENTIVE CARE	Covered at 100%
DOCTOR OFFICE VISITS	100% after $30 Copay, 4 Visits per Person per Year
SPECIALISTS	100% after $30 Copay, 1 Visits per Person per Year
DIAGNOSTIC TESTS AND LAB WORK	100% after $30 Copay, 4 Visits per Person per Year
ADVANCED IMAGING	100% after $50 Copay, 1 Visit per Person per Year
PRESCRIPTION DRUGS	Generic Drugs: $15 Copay, Unlimited
FIRST HEALTH NETWORK	Included
NEW BENEFITS DISCOUNT HEALTH SERVICES	Included

Weekly Rates

Employee Only	$37.13
Employee + Spouse	$63.88
Employee + Child(ren)	$77.25
Family	$104.00

New Benefits Health Service and Discount Programs (not available to VT and WA residents)

Teladoc[1]:
- No cost access to U.S. board-certified doctors anytime day or night
- Doctors diagnose, treat and prescribe medication, when necessary, over the phone
- Treat common conditions including cold or flu symptoms, allergies and more.

Additional Health Services include:
- Medical Bill Saver™, Medical Health Advisor[2], Nurseline™ and more.

Discounts at participating providers for:
- Lab and Imaging[3]
- Vision
- Hearing
- Chiropractic
- Diabetic Supplies and more.

[1]Teladoc is not available to AR residents. [2]Health Advisor does not replace health insurance, provide medical care or recommend treatment. [3]Savings 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.

FIXED INDEMNITY PLAN

NOT AVAILABLE TO RESIDENTS OF NEW HAMPSHIRE

The American Worker Fixed Indemnity Plan, underwritten by Nationwide Life Insurance Cmpany, provide affordable, first dollar coverage.

The Fixed Indemnity Plan can only be purchased when the Big MEC plan is being purchased. It cannot be purchased freestanding.

All benefits pay on a calendar year basis unless stated otherwise.

	Buy-Up Fixed Indemnity Plan
SURGICAL	
Inpatient	Plan Pays $500 per Day;
Inpatient Benefit Maximum	1 Day per Person per Year
Outpatient	Plan Pays $250
Outpatient Minor	Plan Pays $50
Outpatient Benefit Maximum	1 Day per Person per Year
ANESTHESIA	Plan Pays 30% of Surgery Benefit
HOSPITAL INDEMNITY	Plan Pays $300 per Day; 500 Day Lifetime Maximum
HOSPITAL ADMISSION	Plan Pays $300 Lump Sum per Confinement
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

Weekly Rates

Employee Only	$7.08
Employee + Spouse	$17.71
Employee + Child(ren)	$12.74
Family	$19.77

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

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

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

MAJOR MEDICAL PLAN

TechNeeds offers full-time eligible employees a Major Medical Plan that utilizes the Cigna Network. The Major Medical Plan and the rates that you will be paying for the plan are listed in the charts below. For complete details of the Major Medical Plan contact your manager 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

Generally employees must pay the full premium for the coverage they elect. However, in certain cases, TechNeeds, may contribute towards the cost of individual coverage under the Major Medical Plan to ensure that coverage under that plan is deemed "affordable" to full time employees under IRS rules. To meet these requirements, the weekly premium charged for employee- only coverage under the Major Medical Plan will be equal to the lesser of $304.00 or 9.5% of your income based on your rate of pay and full time eligibility.

Monthly Rates

Employee	$304.00
Employee + Spouse	$680.00
Employee + Child(ren)	$602.00
Family	$874.00

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 though 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.

New Benefits Discount Programs
Not available to residents of AR and ID. © 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.