

2017 OPEN 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 are eligible for coverage.

FOR CURRENTLY ENROLLED EMPLOYEES:

Employees currently enrolled in The American Worker program will automatically continue coverage for 2017 and no action is needed. If you would like to make a change to your coverage or cancel, you will need to call (800) 865-9164 or visit <https://www.eenroller.net/login.asp?ST=TNDS2223>.

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.
 - **For 2017 the individual mandate penalty will be \$695 per adult and \$347.50 per child or 2.5% of household income, 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 - PPO AHRA Value

(AVAILABLE TO ALL EMPLOYEES)

- Provides coverage after meeting a \$6,350 deductible
- Access to a national PPO Network, Aetna First Health, 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.

Open Enrollment: November 21, 2016 - December 12, 2016

Effective Date: January 1, 2017

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



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.

For 2017 the individual mandate penalty will be \$695 per adult and \$347.50 per child or 2.5% of household income, whichever is greater.

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	\$33.49
Employee + Spouse	\$56.60
Employee + Child(ren)	\$68.15
Family	\$91.25

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

Teladoc¹:

- 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 Advisor², Nurseline™ and more.

Discounts at participating providers for:

- Lab and Imaging³
- Vision
- Hearing
- Chiropractic
- Diabetic Supplies and more.

¹Teladoc is not available to AR residents. 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.

FIXED INDEMNITY PLAN

NOT AVAILABLE TO RESIDENTS OF NEW HAMPSHIRE OR VERMONT

The American Worker Fixed Indemnity Plan, underwritten by Nationwide Life Insurance Company, 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 Inpatient Benefit Maximum Outpatient 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 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	\$6.49
Employee + Spouse	\$16.24
Employee + Child(ren)	\$11.69
Family	\$18.16

DISCLOSURES

Big Minimum Essential Coverage (BIGMEC): 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 and Vermont 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 - Residents of WA are not eligible for this program.

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This plan 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. It contains a 30 day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. 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 reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled 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.

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

MAJOR MEDICAL PLAN - PPO AHRA VALUE

TechNeeds offers full-time eligible employees the PPO AHRA VALUE through the Aetna First Health network. The PPO AHRA VALUE and the rates that you will be paying for the plan are listed below. For complete details of the PPO AHRA VALUE contact Breanne at (603) 898-3000 or email healthcare@techneeds.com for the Summary of Benefits Coverage. www.firsthealth.com, go to "directories online" to create a list of providers in your county.

IN-NETWORK

DEDUCTIBLE & MAXIMUMS Calendar Year Deductible - Individual / Family Coinsurance - Aetna First Health/ Employee Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible) Lifetime Maximum	\$6,350 / \$12,700 100% / 0% \$6,350 / \$12,700 Unlimited
PHYSICIAN SERVICES Preventive Care Routine Exams Primary Care and Specialist Office Visit	Covered at 100% 100% After Deductible
DIAGNOSTIC SERVICES Routine Preventive Care Exams and Screenings Diagnostic X-Ray and Lab Work	Covered at 100% 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) Rx - Specialty Drugs Rx - Mail Order Routine Eye Exam (Children Only) Skilled Nursing Facility	100% After Deductible 100% After Deductible 100% After Deductible Covered at 100% 100% After Deductible

OUT-OF-NETWORK

DEDUCTIBLE & MAXIMUMS Calendar Year Deductible - Individual / Family Coinsurance - Employee Calendar Year Out-of-Pocket Maximum - Individual / Family (Includes Deductible)	\$12,700 / \$25,400 50% / 50% \$25,400 / \$50,800
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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 9.5% of your income based on your rate of pay and full time eligibility.

Monthly Rates

Employee	\$366.00
Employee + Spouse	\$819.00
Employee + Child(ren)	\$725.00
Family	\$1,020.00

ENROLLMENT

To enroll online go to <https://IPMS.herouw.com/Forms/Index?cid=BgF6xu2dWEA%3d&isghq=false&cn=> or email healthcare@techneeds.com