



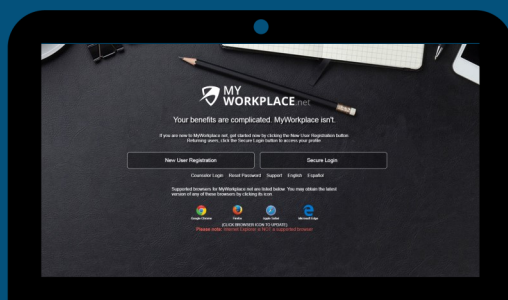
**INTEGRITY**  
STAFFING  SOLUTIONS  
YOUR OPPORTUNITY ENGINE.

# 2021

## Qualified Associate Enrollment Guide

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**For Open Enrollment, go to:**  
**<https://www.myworkplace.net>**  
**or call 866-410-7248**



## **ENROLL WITH MYWORKPLACE**

- Refer to the next page regarding “Benefit Election Dates” for actions you must take.
- Make sure all dependents are enrolled for each applicable benefit and that your beneficiary information is current for the Life coverage.
- Review and submit your benefit elections to complete your enrollment. This is one of the most

For additional assistance, call or email a benefits team member: [benefits@integritystaffing.com](mailto:benefits@integritystaffing.com)

**Open Enrollment for 2021 begins on March 7 and ends on March 20, 2021.**

# 2021 Benefit Guide

## Introduction

Integrity Staffing cares about the well-being and health of our employees and their families. For this reason, we have designed our employee benefit plans to protect each of you against the financial disaster and hardship that can be brought about by sickness, disability, accidental injury or premature death.

This guide is designed to help you gain a fundamental understanding of the benefit plans being offered for the 2021 plan year. Gather information you'll need. If you are adding dependents, you will need their full names, dates of birth and Social Security numbers.

After reviewing this guide and referring to the complete summary of benefits, you will be able to select benefit options based on your personal needs and the needs of your family.

## Benefit Election Dates

### March 7—20, 2021

**Open Enrollment for 2021 begins on March 7 and ends on March 20, 2021.** Open enrollment is the only opportunity for you to review, enroll in, or make changes to your Medical, Dental, and Vision benefits.

**Benefit elections or changes made during Open Enrollment are effective April 1, 2021.**

#### If you are an employee currently enrolled:

- No action is needed if you do not wish to make changes to your current benefit elections.
- If you would like to make changes to your election, you may do so at this time.

#### If you are an employee NOT currently enrolled:

- No action is needed if you do not want to elect coverage, you will remain opted out of the plans.
- If you would like to enroll in a coverage, you may do so at this time.

#### If you are a new employee who has completed the enrollment waiting period and is newly eligible:

- You are automatically enrolled in MEC Plus. You must opt out of this coverage during open/new hire enrollment if you do not want to be enrolled.

**If you miss your initial enrollment period, you will not be able to enroll for benefits until the following open enrollment period unless you have a qualified life event change.**

#### TO ENROLL:

- **Portal:** <https://www.myworkplace.net>
- **Call:** 866-410-7248

## Eligibility Requirements

### Who Is Eligible

- All employees of Integrity Staffing who have worked a minimum of 8 hours are eligible to participate in the company-sponsored benefit plans.
- New hires will receive an email with enrollment instructions once assignment has begun.

Any elections made during initial enrollment are considered final and cannot be changed until the next open enrollment period unless you experience a qualified event as described.

### Qualified Event: Change in Status

Coverage elections made at open enrollment cannot be changed until the next annual open enrollment period. The only exceptions to this are the IRS Section 125 Rule and HIPAA Special Enrollment Rights if you experience a "Qualified Event" change.

If any of the events specified in the chart below occur, you may revoke your existing election and make a new election with respect to a benefit plan.

A status change allows you to make a change to your benefit elections within 30 days of the event.

#### Qualified Events

- A change in your legal marital status (such as marriage, divorce, or death of spouse)
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent)
- A change in your or your spouse's employment status (including commencement or termination of employment, a leave of absence, or a change from full-time to part-time status, and vice-versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent

## Medical Plans Six to Choose From

As we all know, the cost of quality health coverage has increased over the past few years. But at the same time, we need healthcare that protects our physical health as much as healthcare that protects our financial well-being. That's why Integrity Staffing believes it is important to invest in quality plans that are cost effective, easy to use and valuable to you. Our medical plans are offered through The Loomis Company and Madison National Life.

### Integrity Staffing Solutions Provides the Following Medical Plan Options:

- Basic MEC:** Minimal Essential Coverage (MEC) is a valuable benefit and included with your benefit package is preventive care coverage which covers 100% of eligible preventive service costs when performed in-network. That means that you pay nothing out of pocket for access to a variety of medical screenings, exams, and immunizations which may help reduce your risk of developing health conditions in the future and avoid expensive treatment down the road. Preventive care is the first step in knowing how healthy you are. It is important because it:
  - Can detect health conditions early, when they are more easily treatable
  - Can identify potential risks to your future health
  - Provide adults with immunizations for illnesses such as influenza and pneumonia, as well as booster shots and required immunizations for children
- MEC Plus:** All employees are automatically enrolled in this plan.\* You must opt out of this coverage during open/new hire enrollment if you do not want to be enrolled. This mid-level plan includes everything in the Basic MEC but provides additional medical plan benefits through a buy-up option. The buy-up option provides additional protection through Limited Medical benefits.
 

**NEW for 2021.....**when enrolled in the **MEC Plus** medical plan: the program includes coverage for prescription drugs. Employees will have coverage for generic drugs with a \$10 copay with a maximum per month of \$300 for single coverage and \$600 for family coverage.
- Limited Medical Plan 3 or 4:** These stand alone plans provide coverage outside of routine preventive care. They assist by providing a flat dollar reimbursement for a variety of doctor and hospital needs.
- Super MEC:** This higher-level plan includes everything in the Basic MEC plan with the addition of a prescription drug plan, emergency room services, and other medical plan benefit options.
- Minimum Value Plan:** This plan has the highest monthly premium deduction and offers the most benefits. This plan does have a deductible and out-of-pocket maximum.

## Medical Plans Rates

Coverage Tier	Weekly (52 weeks) Medical Plan Rates					
	Basic MEC Plan 1	MEC Plus* Plan 2	Limited Medical Plan 3	Limited Medical Plan 4	Super MEC Plan 5	Minimum Value Plan Plan 6
Employee	\$15.48	\$19.41	\$12.00	\$17.13	\$34.62	Must call 866-410-7248 for rates
Employee + Spouse	\$21.25	\$29.53	\$27.81	\$40.22	\$58.18	
Employee + Children	\$18.95	\$25.65	\$20.04	\$28.90	\$49.90	
Family	\$24.72	\$34.79	\$31.86	\$46.25	\$72.62	



## Plan 1 Basic MEC

Preventive services covered under a MEC plan:

### ADULTS

#### Screenings for:

- Abdominal aortic aneurysm
- Alcohol misuse
- Aspirin use to prevent cardiovascular disease
- Blood pressure
- Cholesterol
- Colorectal cancer (for adults over 50)

- Depression
- Diabetes
- Fall prevention screening
- Hepatitis B & C
- HIV
- Lung Cancer
- Obesity
- Syphilis

#### Counseling for:

- Alcohol misuse
- Healthy diet and physical activity
- Sexually transmitted infection (STI) prevention
- Skin cancer behavior
- Tobacco use

### WOMEN

#### Services:

- BRCA assessment
- Contraception
- Well-woman visit—one per year

#### Counseling for:

- Breast cancer chemoprevention
- Breastfeeding
- Domestic and interpersonal violence
- Folic acid supplements
- Human Immunodeficiency Virus (HIV)

- Sexually Transmitted Infections (STI)
- Breast feeding
- Hepatitis B
- Expanded counseling on tobacco use

#### Screenings for:

- Anemia
- Bacteriuria
- Breast cancer
- Cervical cancer
- Chlamydia infection
- Domestic and interpersonal violence

- Gestational diabetes
- Gonorrhea
- FDA approved contraceptive methods
- Hepatitis B
- Human Immunodeficiency Virus (HIV)
- Human Papillomavirus DNA (HPV) high risk
- Osteoporosis
- Syphilis for pregnant women
- Rh incompatibility
- Routine prenatal obstetrical office visits

### CHILDREN

#### Screenings and Assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Blood pressure (screening for children)
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Depression (screening for adolescents)
- Developmental (screenings for children under 3)
- Dyslipidemia at high risk of lipid disorders
- Hearing (for all newborns)
- Height, weight and body mass index measurements

- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- Hepatitis B screenings for adolescents at high risk for infection
- HIV (for adolescents at higher risk)
- Iron supplements for children ages 6 to 12 months
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health risk assessment (for young children)
- Routine prenatal obstetrical office visits
- Phenylketonuria (PKU) (newborns)

- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision (as part of physical exam, not separate eye exam)

#### Medications and Supplements:

- Gonorrhea preventive medication for the eyes of all newborns
- Fluoride (prescription chemoprevention supplements for children without fluoride in their water source)
- Immunization vaccines

#### Counseling for:

- Obesity
- Sexually transmitted infection (STI) prevention

## Plan 2 MEC Plus

In addition to preventive care, you also receive limited medical coverage:

- **Inpatient Hospital Confinement:** \$100 per day, maximum benefit of 30 days per year
- **Outpatient Physician Office:** \$50 per day, maximum benefit of 2 days per year
- **Prescription Drug coverage:** \$10 copay for generic drugs with a maximum per month of \$300 for single coverage and \$600 for family coverage. (Brand drugs are only available through a discount program.)

## Plans 3 or 4 Limited Medical

Plans 3 and 4 Limited Medical are stand-alone plans. These programs provide a flat dollar benefit.

Benefit Description	Plan 3 Coverage	Plan 4 Coverage
Inpatient Hospital Confinement	\$100 per day (maximum benefit of 30 days per year)	\$200 per day (maximum benefit of 30 days per year)
Inpatient Mental Illness Disorder Treatment	\$100 per day (maximum benefit of 30 days per year)	\$200 per day (maximum benefit of 30 days per year)
Inpatient Substance Use Disorder Treatment	\$100 per day (maximum benefit of 30 days per year)	\$200 per day (maximum benefit of 30 days per year)
Inpatient Surgical	\$500 per day (maximum benefit of 1 day per year)	\$500 per day (maximum benefit of 1 day per year)
Outpatient Surgical	\$250 per day (maximum benefit of 1 day per year)	\$250 per day (maximum benefit of 1 day per year)
Minor Outpatient Surgical	\$75 per day (maximum benefit of 1 day per year)	\$75 per day (maximum benefit of 1 day per year)
Inpatient Anesthesia	\$125 per day (maximum benefit of 1 day per year)	\$125 per day (maximum benefit of 1 day per year)
Outpatient Anesthesia	\$63 per day (maximum benefit of 1 day per year)	\$63 per day (maximum benefit of 1 day per year)
Outpatient Physician Office	\$50 per day (maximum benefit of 6 days per year)	\$70 per day (maximum benefit of 6 days per year)
Outpatient Diagnostic Lab	\$20 per day (maximum benefit of 3 days per year)	\$30 per day (maximum benefit of 3 days per year)
Outpatient X-ray	\$75 per day (maximum benefit of 2 days per year)	\$125 per day (maximum benefit of 2 days per year)
1 <sup>st</sup> Day Hospital Admission	\$1,000 per day (maximum benefit of 1 day per year, paid in addition to inpatient hospital confinement)	\$1,500 per day (maximum benefit of 1 day per year, paid in addition to inpatient hospital confinement)
Emergency Room (illness only)	\$50 per day (maximum benefit of 4 days per year)	\$50 per day (maximum benefit of 4 days per year)
Prescription Drug	\$15 per day (maximum benefit of 6 days per year)	\$20 per day (maximum benefit of 6 days per year)
Optional Accidental Bodily Injury Expense Rider	\$500 Maximum (pays the lesser of the actual expenses incurred for covered charges or maximum per Accidental Bodily Injury)	\$1,000 Maximum (pays the lesser of the actual expenses incurred for covered charges or maximum per Accidental Bodily Injury)

## Plan 5 Super MEC

Summary of Benefits	In-Network
Out-of-Pocket Maximum: Individual / Family	\$1,500 / \$4,500
<b>Covered Benefits</b>	
Primary Care Visits to Treat an Injury or Illness	\$25 copay; limit 4 per year
Specialist Office Visit	\$50 copay; limit 4 per year
Diagnostic Laboratory Tests and X-rays	\$50 copay
Advanced Imaging (MRI, CT Scan)	\$100 copay to maximum of \$500 per image
MEC Preventive Services	Covered at 100%; no deductible or copay
Urgent Care Treatment	\$75 copay
Emergency Room Services	\$100 copay to maximum of \$500 per visit; up to 3 visits per year
<b>Prescriptive Drugs</b>	
Monthly Maximum Benefit: Individual / Family	\$300 / \$600
Generic Retail Copay	\$10 Lesser of Logic
Generic Mail Order Copay	\$30
Brand Rx Coverage	Network contracted discounted rate

No coverage for out-of-network, except for emergency room services.

## Plan 6 Minimum Value Plan

Summary of Benefits	In-Network
Deductible: Individual / Family	\$6,500 / \$13,200
Out-of-Pocket Maximum: Individual / Family	\$6,500 / \$13,200
Coinsurance	0%
<b>Covered Benefits</b>	
Primary Care Visits to Treat an Injury or Illness	\$40 copay then 50% coinsurance
Specialist Office Visit	\$80 copay then 50% coinsurance
Diagnostic Laboratory Tests and X-rays	Covered 100% after deductible
Advanced Imaging (MRI, CT Scan)	Covered 100% after deductible
MEC Preventive Services	Covered at 100%; no deductible or copay
Emergency Room Services	Covered 100% after deductible
Inpatient Hospital Services	Covered 100% after deductible
<b>Prescriptive Drugs</b>	
Generic	Covered 100% after deductible
Preferred Brand Drugs	Covered 100% after deductible

## Dental Plan Voluntary Employee-Paid

Regular dental care is important to your overall health. Your dental plan through Ameritas provides dental coverage to help with the cost of many dental services. This is a PPO plan in the A New Choice® Plus network.

Summary of Benefits	In-Network
Deductible: Individual / Family	\$10 per visit; no family maximum
Maximum Benefit (per person)	\$1,000
<b>Type 1: Preventive Care</b>	
Routine Exam	100%; once every 6 months
Bitewing X-rays	100%; once every 12 months
Full mouth / Panoramic X-rays	100%; once every 5 years
Periapical X-rays	100%
Cleaning	100%; once every 6 months
Fluoride Treatments (Under age 18)	100%; once every 12 months
Sealants (Under age 16)	100%
Space Maintainers	100%
<b>Type 2: Basic Care</b>	
Restorative Amalgams & Composites	60%
Denture Repair	
Simple & Complex Extractions	
Anesthesia	
<b>Type 3: Major Care</b>	
Onlays	40%
Endodontics Surgical / Non-surgical	
Periodontics Surgical / Non-surgical	
Crown Repair	40%; once every 10 years
Crowns	
Prosthodontics	

Coverage Tier	Dental Weekly (52 weeks) Plan Rates
Employee	\$5.43
Employee + Spouse	\$10.74
Employee + Children	\$12.82
Family	\$18.12

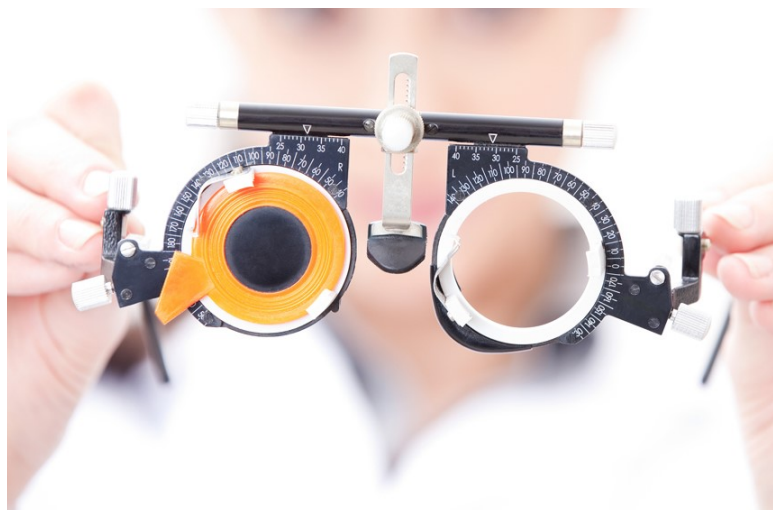


## Vision Plan Voluntary Employee-Paid

Employees are offered a voluntary vision plan through Ameritas/Vision Services Plan (VSP). The plan offers you tens of thousands of highly qualified, licensed eye care professionals in the VSP Choice network. You receive the maximum level of your vision benefits by selecting an in-network doctor.

Summary of Benefits	In-Network
WellVision Exam (every plan year)	\$10 copay
Lenses (every plan year) Single Vision, Lined Bifocal, Lined Trifocal & Polycarbonate Lenses for Dependent Children	\$25 copay
Lens Options (every plan year) Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	Up to provider's contracted fee for progressive lenses; patient responsible for difference
Frames—Retail (1 per 24 months)	\$105 allowance
Contact Lenses, in lieu of glasses (every plan year)	Elective; \$105 allowance
Contact Lens Exam (every plan year)	Up to \$60 for exam

Coverage Tier	Vision Weekly (52 weeks) Plan Rates
Employee	\$1.65
Employee + Spouse	\$3.30
Employee + Children	\$3.01
Family	\$4.65

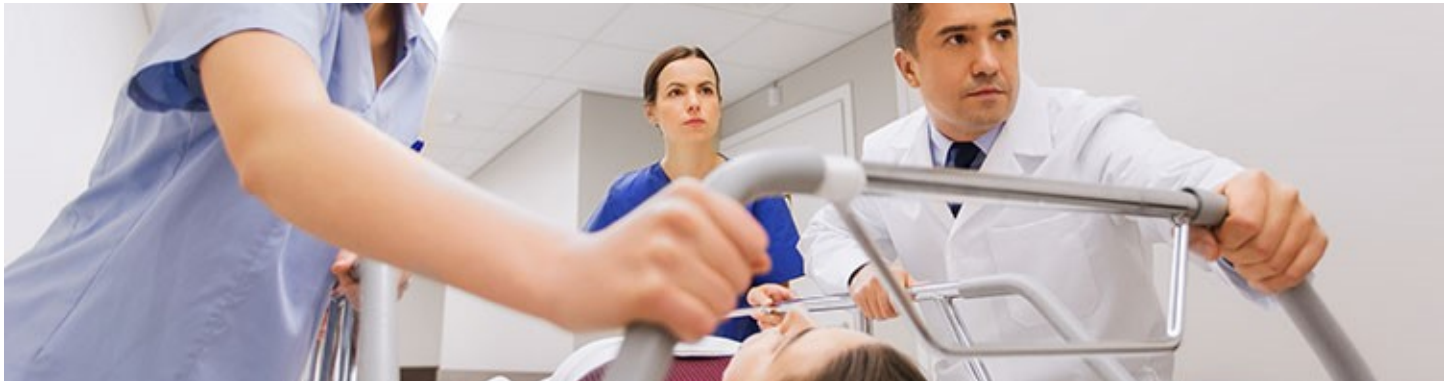


## Group Term Life Insurance Voluntary Employee-Paid Plan

This Life Insurance is offered through Madison National Life.

Summary of Benefit	Coverage
Group Term Life	Member Term Life - \$10,000 Spouse Term Life - \$5,000 Children Term Life - \$2,500

Coverage Tier	Term Life Weekly (52 weeks) Plan Rates
Employee	\$1.02
Employee + Spouse	\$2.92
Employee + Children	\$2.03
Family	\$3.93



## Short-Term Disability Voluntary Employee-Paid Plan

This Short-Term Disability Coverage is offered through Madison National Life.

Summary of Benefit
<ul style="list-style-type: none"> <li>• \$150 per week maximum benefit</li> <li>• 13 weeks maximum disability period</li> <li>• 14 day accident and sickness elimination period</li> </ul>

Coverage Tier	STD Weekly (52 weeks) Plan Rates
Employee	\$1.99

## Additional Services/Benefits

### TELEMEDICINE - AllyHealth (For Associates Enrolled in Medical)

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to. Telemedicine is an around the clock service that allows employees to gain access to a doctor via phone or video 24/7/365 for non-emergency medical issues and questions. You will be able to speak to a real live doctor who is able to write prescriptions, if needed, that you can pick up at your local pharmacy. This benefit is provided to you at **NO COST**. This program covers your entire family, with unlimited consultations and a \$0 copay.

- **For more information:** 888-565-3303    Member-services@allyhealth.net    www.allyhealth.net

Common conditions the doctors can treat are a wide range of non-emergency medical conditions, including:

Allergies	Fever	Sinus Infection	Cold and Flu	Ear Infection
Asthma	Gout	Skin Inflammation	Sore Throat	
Bronchitis	Headache	Urinary Tract Infection	Rashes	

### TELETHERAPY & MENTAL HEALTH - AllyHealth

#### Coverage Included for All Associates

With mental health care, members can speak with board certified psychiatrists, licensed psychologists or therapists by phone or video about a spectrum of conditions from wherever you feel most comfortable. This service is available 7 days a week including evenings and weekends. Members can book appointments with ease and build ongoing relationships with mental professionals of your choice.

- **For more information:** 888-565-3303    Member-services@allyhealth.net    www.allyhealth.net

Common conditions that can be treated are a wide range of non-emergency medical conditions, including:

Addiction	Eating Disorders	Panic Disorders	Depression
Bipolar Disorders	Grief and Loss	Postpartum Depression	Stress
Trauma and PTSD	Child and Adolescent Issues		

### Prescription Discount Card Program - AllyHealth

#### (For Associates Enrolled in Medical)

The cost of a prescription may differ by more than \$100 between pharmacies. A prescription discount card allows users to save money on all types of prescription medications. The prescription discount card program will help you pay less than the cash price for your prescriptions. At the time of purchase, you simply present the card at a participating pharmacy to instantly receive substantial discounts on their prescription drugs. It is free to use and is available to you to help you save money. This benefit is provided to you at **NO COST**.

**For more information visit us at:** [www.allyhealth.net/prescription-discounts](http://www.allyhealth.net/prescription-discounts)

## Additional Services/Benefits

### Employee Assistance Program (EAP) - American Behavioral Health Coverage Included for All Associates

As your employer, we are interested in your total well being. That is why we offer our EAP through American Behavioral Health. This program provides a counseling service that helps you manage problems before they adversely affect your personal life, health and job performance. Your EAP is a professional service which provides **FREE** confidential sessions for assessment and counseling to you and your dependents, unlimited telephonic coaching sessions and 3 face-to-face visits. Assistance is available for the following work life situations:

#### **Confidential Counseling**

Relationships / marital conflicts  
Substance abuse  
Problems with children  
Stress, anxiety or depression

#### **Financial Information / Resources**

Getting out of debt  
Retirement planning  
Tax questions

#### **Legal Information/Resources**

Family law  
Simple will preparation  
Landlord & tenant issues

#### **How to Contact American Behavioral Health**

**800-925-5327 or visit us at [www.americanbehavioral.com](http://www.americanbehavioral.com)**

## Contact Information

Benefit / Provider	Phone	Website / Email
Medical / Loomis	866-218-6020	<a href="http://www.loomisco.com">www.loomisco.com</a>
Limited Medical / Madison National	866-218-6020	<a href="http://www.loomisco.com">www.loomisco.com</a>
Dental / Ameritas	866-218-6020	<a href="http://www.loomisco.com">www.loomisco.com</a>
myworkplace.net Enrollment Portal	866-410-7248	<a href="https://www.myworkplace.net">https://www.myworkplace.net</a>
Vision / Ameritas	866-218-6020	<a href="http://www.loomisco.com">www.loomisco.com</a>
Allyhealth	888-565-3303	<a href="http://www.allyhealth.com">www.allyhealth.com</a>
American Behavioral Health	800-925-5327	<a href="http://www.americanbehavioral.com">www.americanbehavioral.com</a>

## Notes About This Guide

This guide is not a Summary Plan Description (SPD) under the Employee Retirement Income Security Act of 1974, as amended (ERISA), but provides only highlights of the plans. In the event of any conflict between this guide and the ERISA plan documents, the plan documents control provision of these benefits. Integrity Staffing reserves the right to amend or terminate any of these programs or to require or increase employee premium contributions towards benefits at its discretion.

The information in this benefit guide is presented for illustrative purposes. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resource Department at [benefits@integritystaffing.com](mailto:benefits@integritystaffing.com).

