



**Open enrollment has arrived...**

**Time to think about your benefit choices!**

Hire Dynamics is pleased to offer a variety of affordable benefit plans to our employees. Please take a few moments to carefully review this enrollment guide so you can make the benefit choices that best meet the needs of you and your family.

## **Remember!**

Open enrollment is the only time of the year you can elect or make changes to coverage.

## **CURRENT MEMBERS**

Employees currently enrolled in The American Worker plan do not need to re-enroll unless you want to change your benefit elections or coverage level.

## **KEY FEATURES**

- Guaranteed Acceptance
- No Pre-existing Condition Limitations
- First Dollar Medical Coverage
  - No Deductibles or Coinsurance
- No Waiting Periods for Medical Services
- No Coordination of Benefits
  - Plan pays in addition to other insurance

## **YOUR EMPLOYEE BENEFIT CHOICES**

Hire Dynamics is pleased to announce that The American Worker will continue to provide benefits to all eligible employees.

The American Worker offers affordable benefit plans designed to provide coverage for routine health care services. With The American Worker you have the opportunity to enroll in the following benefit plans:

### **Limited Benefit Medical**

- Choose from 2 benefit plans

### **Dental Coverage**

### **Vision Care Benefits**

**Don't miss your chance to enroll!**

## **ELIGIBILITY**

During open enrollment all hourly employees are eligible to enroll in the benefit programs provided by The American Worker.

**Dental coverage is not available to residents of Washington.**

## **ENROLLMENT INSTRUCTIONS**

For your convenience, The American Worker allows you to enroll over the phone. If you have questions regarding the benefits being offered, contact the enrollment center and a representative will assist you.

### **Open Enrollment Period:**

Monday, May 12 — Wednesday, May 28, 2014

### **Coverage Effective Date:**

Monday, June 9, 2014

**Enrollment Center: (877) 626-3479 ext. 6311**

**Monday - Thursday: 7:00 AM to 7:00 PM CT**

**Friday: 7:00 AM to 5:00 PM CT**





# Limited Benefit Medical Plans

The American Worker limited benefit medical plans provide affordable, first dollar coverage with no deductibles or coinsurance. Your acceptance in the plan is guaranteed and there are no pre-existing condition limitations or medical questions to answer.

The American Worker plans are underwritten by Companion Life Insurance Company. The AWP Value Rx and The MultiPlan Network programs are not insured by Companion life, but are provided by separate vendors. These programs are included in both of the limited benefit medical plans.

## Limited Benefit Medical Coverage Summary

|   | STANDARD  | PREFERRED   |
|---|---|---|
| <b>Doctor's Office Visits</b>                   | Plan Pays \$50 per Day,<br>6 Days per Person per Year                 | Plan Pays \$70 per Day,<br>6 Days per Person per Year                 |
| <b>Diagnostic, X-Ray, &amp; Lab</b>             | Plan Pays \$50 per Testing Day,<br>6 Testing Days per Person per Year | Plan Pays \$70 per Testing Day,<br>6 Testing Days per Person per Year |
| <b>Preventive Care</b>                          | Plan Pays \$100 per Day,<br>1 Day per Person per Year                 | Plan Pays \$200 per Day,<br>1 Day per Person per Year                 |
| <b>Emergency Room</b><br>- Accident and Illness | Plan Pays \$200 per Day,<br>3 Days per Person per Year                | Plan Pays \$250 per Day,<br>3 Days per Person per Year                |
| <b>Inpatient Surgical</b>                       | Plan Pays \$400 per Day,<br>1 Day per Person per Year                 | Plan Pays \$400 per Day,<br>1 Day per Person per Year                 |
| <b>Inpatient Anesthesia</b>                     | Plan Pays \$80 per Day,<br>1 Day per Person per Year                  | Plan Pays \$80 per Day,<br>1 Day per Person per Year                  |
| <b>Outpatient Surgical</b>                      | Plan Pays \$200 per Day,<br>1 Day per Person per Year                 | Plan Pays \$200 per Day,<br>1 Day per Person per Year                 |
| <b>Outpatient Minor Surgical</b>                | Plan Pays \$20 per Day,<br>1 Day per Person per Year                  | Plan Pays \$20 per Day,<br>1 Day per Person per Year                  |
| <b>Hospital Indemnity</b>                       | Plan Pays \$100 per Day,<br>180 Days per Person per Year              | Plan Pays \$200 per Day,<br>180 Days per Person per Year              |
| <b>Life &amp; AD&amp;D Insurance</b>            |   |   |
| • Employee                                      | Plan Pays \$10,000  | Plan Pays \$10,000  |
| • Spouse (Life Only)                            | Plan Pays \$5,000   | Plan Pays \$5,000   |
| • Family (Life Only)                            | Plan Pays \$2,000   | Plan Pays \$2,000   |
| <b>AWP Value Rx*</b>                            | Included  | Included  |
| <b>The MultiPlan Network*</b>                   | Included  | Included  |
| <b>Weekly Employee Rates</b>                    |   |   |
| Employee:                                       | \$15.17   | \$19.53   |
| Employee + 1:                                   | \$26.74   | \$34.35   |
| Family:   | \$34.02   | \$45.99   |

\*The AWP Value Rx and The MultiPlan Network programs are not insured by Companion Life Insurance Company, but are discount programs provided by separate vendors. These programs are included in both of the limited benefit medical plans.

**This product (a) is 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.**

### Prescription Drug Coverage and Provider Discount Network

The benefits listed below are not insured but are designed to provide substantial savings on pharmaceuticals and medical services. Both of these programs require network use and are included in the cost of the limited benefit medical plan you choose.

#### **AWP Value Rx Pharmaceutical Program\* - Provided by Phoenix Benefits Management (Network Use Required)**

The AWP Value Rx plan is designed to provide substantial savings on your prescription drug expenses. This program will help you identify affordable generic and brand name drugs by therapeutic class. Typically, there are a variety of drugs available to treat the same condition so lower cost alternatives may be available. It's important to discuss any alternatives with your physician. To find drug pricing or locate a network pharmacy visit [www.awpvaluerx.com](http://www.awpvaluerx.com).

- Tier 1: Select generic and brand name drugs available for \$10 or less
- Tier 2: Select generic and brand name drugs available for \$20 or less
- Tier 3: Select generic and brand name drugs available for \$50 or less
- Tier 4: Generic and brand name drugs for which a discounted price has been negotiated
- No maximum annual benefit, deductibles or claims forms
- Accepted at over 56,000 pharmacies nationwide

\*The AWP Value Rx Pharmaceutical Program is a non-insurance discount program provided by Phoenix Benefits Management.

#### **The MultiPlan Network (Network Use Required)**

The MultiPlan Network provides members access to one of the nation's largest and most respected networks. Members that use MultiPlan providers will receive savings on Physician services. Using The MultiPlan Network can lower out-of-pocket medical expenses and stretch your benefit dollars.

- The MultiPlan Network includes nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities
- Average savings of nearly 39 percent on practitioner claims
- Network providers will submit re-priced medical claims on your behalf to simplify the claim process
- To find a network provider visit [www.multiplan.com](http://www.multiplan.com)

Members have the ability to choose any provider they wish for treatment. The plan benefits remain the same regardless of what provider you visit for service.

#### **IMPORTANT INFORMATION - READ CAREFULLY**

This enrollment guide provides an overview of the coverage you are eligible for through Hire Dynamics. This program is not major medical coverage nor is it designed to replace major medical coverage. The program is a fully insured hospital and limited benefit indemnity insurance plan. The program may also include non-insurance benefits such as prescription drug discounts. The enrollment guide does not provide a complete or legal description of the benefit plan. If there is a discrepancy between this guide and the official plan documents, the plan documents govern. Plan limitations and exclusions apply,



# Freestanding Coverage Options

The American Worker also offers you the ability to purchase a variety of optional benefit plans. These coverage options can be purchased even if you do not participate in medical coverage.

The freestanding coverage options are underwritten by Security Life Insurance Company. Please review the information below to decide which plans best meet the needs of you and your family. **Note: Dental coverage is not available to residents of Washington State.**

| Dental Coverage Summary  |   |                               |
|--|---|-------------------------------|
| <b>Calendar Year Maximum</b>   | \$1,000 per Covered Member              |                               |
| <b>Calendar Year Deductible</b>  | \$100 per Covered Member (3 per family) |                               |
| Covered Services   | Waiting Period                          | Coinsurance                   |
| <b>Type I Services: Preventive and Diagnostic</b><br>Oral Exams, Cleanings, Fluoride Treatments, etc.      | None                                    | Covered at 100% (U&C Charges) |
| <b>Type II Services: Basic Treatment</b><br>X-Rays, Fillings, Simple Extractions, etc.                     | 3 Months                                | Covered at 80% (U&C Charges)  |
| <b>Type III Services: Major Treatment</b><br>Oral Surgery, Crowns, Dentures, Inlays, Onlays, Bridges, etc. | 12 Months                               | Covered at 50% (U&C Charges)  |
| Weekly Rates*  |   |                               |
| Employee   |   | \$4.54                        |
| Employee + Spouse  |   | \$9.39                        |
| Employee + Child(ren)  |   | \$8.52                        |
| Family   |   | \$15.08                       |

\*Rates include a \$0.46 weekly administration fee.

| Vision Coverage Summary   |   |  |
|---|---|--|
| Covered Services  | In-Network (Eyemed)   | Out-of-Network   |
| <b>Vision Exam</b> - Once every 12 months   | Covered at 100% after \$10 copay  | Reimbursed at \$25   |
| <b>Frames</b> - Once every 24 months  | \$100 allowance, 20% off balance  | Reimbursed at \$40   |
| <b>Standard Lenses</b> - Once every 24 months<br>– Single Vision Lenses<br>– Bifocal Lenses<br>– Trifocal Lenses                | Covered at 100% after \$20 copay  | Reimbursed at \$20<br>Reimbursed at \$30<br>Reimbursed at \$40 |
| <b>Contact Lenses</b> - Once every 24 months (instead of eyeglasses)<br>– Conventional<br>– Disposable<br>– Medically Necessary | \$20 copay, \$100 allowance, 15% off balance<br>\$20 copay, \$100 allowance<br>Covered at 100% after \$20 copay | Reimbursed at \$60<br>Reimbursed at \$60<br>Reimbursed at \$60 |
| Weekly Rates*   |   |  |
| Employee  |   | \$1.85   |
| Employee + Spouse   |   | \$2.77   |
| Employee + Child(ren)   |   | \$3.00   |
| Family  |   | \$5.31   |

\*Rates include a \$0.23 weekly administration fee.

# ENROLLMENT AND PLAN INFORMATION

## 2014-15 Voluntary Benefits Guide

**Open Enrollment:** Monday, May 12 – Wednesday, May 28, 2014

**Coverage Effective:** Monday, June 9, 2014

### Enrollment Instructions:

For your convenience, The American Worker allows you to enroll over the phone. If you have questions regarding the benefits being offered, contact the enrollment center and a representative will assist you.

**Enrollment Center: (877) 626-3479 ext. 6311**

**Monday - Thursday: 7:00 AM to 7:00 PM CT**

**Friday: 7:00 AM to 5:00 PM CT**

**Please have the following information available when enrolling:**

### Employee Information

- Social Security Number
- Date of Birth
- Date of Hire
- Home Address
- Phone Number

### Dependent Information

- Name
- Social Security Number
- Date of Birth

### Enrollment Questions

- Do you want Limited Benefit Medical coverage?  
If so, which plan and what coverage level?
- Do you want Dental coverage?  
If so, what coverage level?  
*Not available to Washington residents*
- Do you want Vision coverage?  
If so, what coverage level?

### IMPORTANT INFORMATION - READ CAREFULLY

This enrollment guide provides an overview of the coverage you are eligible for through Hire Dynamics. This program is not major medical coverage nor is it designed to replace major medical coverage. The program is a fully insured hospital and limited benefit indemnity insurance plan. The program may also include non-insurance benefits such as prescription drug discounts. The enrollment guide does not provide a complete or legal description of the benefit plan. If there is a discrepancy between this guide and the official plan documents, the plan documents govern. Plan limitations and exclusions apply.

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### Dental Limitations & Exclusions - Not Covered by the Plan

#### No benefits will be paid for expenses incurred:

- 1) for overdentures and associated procedures; 2) for charges in excess of those considered reasonable and customary; 3) for cosmetic procedures; 4) for the replacement of dentures, bridges, inlays or crowns that can be repaired or restored to normal function; 5) for implants, and for: a) replacement of lost or stolen appliances, b) replacement of retainers, c) athletic mouthguards, d) precision or semi-precision attachments, e) denture duplication, or f) sealants; 6) for oral hygiene instructions, and for: a) plaque control, b) completion of a claim form, c) acid etch, d) broken appointments, e) prescription or take-home fluoride, or f) diagnostic photographs; 7) for services not covered by the end of the month in which coverage ends, unless continuation of coverage has been requested and accepted by Us; 8) for procedures that are begun, but not completed; 9) for services and treatment provided without charge or for which there would be no charge in the absence of insurance; 10) for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries; 11) for a condition covered under any Worker's Compensation Act or similar law; 12) that are applied toward satisfaction of a Deductible, if any; 13) that are generally considered by the dental profession as experimental or investigational; 14) for the treatment of cleft palate and anodontia; 15) for services or supplies payable under any medical expense plan; 16) for orthodontia, unless included by rider; 17) prior to the date the Insured is covered under the Policy; 18) for the diagnosis or treatment of TMJ; 19) for hospital services; 20) during any waiting period We require, when You voluntarily end Your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date Your coverage first ended.

### Vision Limitations & Exclusions - Not Covered by the Plan

In no event will payment exceed the lesser of: a) the actual cost of covered services or materials, or b) the limits of the policy, shown in this schedule.

#### Exclusions – Not covered under the plan:

- 1) orthoptic or vision training and any associated supplemental testing; 2) plano lenses; 3) lens coatings; 4) two pair of glasses, in lieu of bifocals or trifocals; 5) medical or surgical treatment of the eyes; 6) any eye examination, or any corrective eyewear, required by the employer as a condition of employment; 7) any injury or illness when covered under any Worker's Compensation or similar law, or which is work-related; 8) no-line bifocal or progressive lenses; 9) photo-chromatic lenses; 10) sub-normal vision aids or non-prescription lenses; 11) services rendered or materials purchased outside the U.S. or Canada, unless: a) the insured resides in the U.S. or Canada, and b) the charges are incurred while on a business or pleasure trip; 12) eyeglasses when the change in prescription is less than .5 Diopter; 13) charges in excess of the usual and customary charge for the service or materials; 14) charges incurred after: a) the policy ends, or b) the insured's coverage under the policy ends, except as stated in the policy; 15) experimental or non-conventional treatment or device; 16) spectacle lens treatments or "add-ons", except solid tints (#1 & #2), and oversized lenses; 17) high index lenses of any material type; 18) lost or broken materials, except when replaced at normal intervals when services are available.