

# Insurance benefits *at-a-glance*

# 2024

January 1, 2024 - December 31, 2024



## COVERAGE INCLUDED



SBMA MEC Plan



Cigna Healthcare



Reliance Standard

## **About your coverage choices**

Elections you make at this time will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time by emailing [benefits@hirequest.com](mailto:benefits@hirequest.com).

## **How to enroll**

Enroll online at <https://portal.hirequest.com/login>

*Note: The information provided in this document is for illustrative purposes only. The text and tables presented here 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 this document 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 this document, please contact your Human Resources Department.*

## **Minimum Essential Coverage (MEC)**

HireQuest, HireQuest Direct, Snelling, DriverQuest, HireQuest Health, and Northbound Executive Search offer MEC to you and your eligible dependents at an affordable rate. You are eligible to enroll in MEC coverage during the open enrollment or on the 1st of the month following any applicable waiting period associated with eligibility. The Minimum Essential Coverage plan provides savings on Physician and Hospital services.

The following tables show a *partial list* of services for adults and children that are covered by the Minimum Essential Coverage plan. You can view a full list of covered services online at: [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/)

### ENROLL NOW!

You are eligible for benefits under your employer's open enrollment effective January 1<sup>st</sup> or the first day of the month following 60 days from your date of hire.



GET YOUR ID CARD IN DAYS



COVERAGE YOU NEED AT  
A PRICE YOU CAN AFFORD

## MEDICAL COVERAGE

**WellCare:** Covers all preventive services 100% and includes telehealth and prescription discounts.

**PrimeCare:** Covers all preventive services 100%, primary care visits at a \$15 copay (limit 3 per year) and includes virtual health and prescription drug benefits.

**OptimaCare:** Covers all preventive services 100%, primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. This plan also includes virtual health and prescription drug benefits.

**EliteCare:** Covers all preventive services 100% and office visits, urgent care, labs and x-rays offered at various copays. This plan also includes virtual health and prescription drug benefits.

## WHAT'S INSIDE

Review the contents of this guide carefully. The following pages contain important information about your health insurance options and coverage details.

### Coverage Information

Review plan information and details for third-party vendors. A complete Summary of Benefits and Coverage (SBC) is available upon request. Please note, plan certificates and additional information regarding your rights and privacy will be sent with your post-enrollment welcome kit.

### Preventive Care Benefits

A list of preventive services that are covered 100% by all benefit plans as mandated by the Affordable Care Act.

### Monthly Rates

Employee Only (EE) .....	\$27.50*
EE + Spouse .....	\$80.00
EE + Children .....	\$80.00
EE + Spouse + Children .....	\$115.00

\* Employer is contributing a portion of the employee-only premium to reduce your cost to \$27.50.

Medical Benefits	WellCare
Preventive / Wellness	Covered 100%
Prescription Discount Program by PureRx	Included
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
benieWALLET	Included

<sup>1</sup>The WellCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

<sup>2</sup>The PureRx prescription discount program offers discounts up to 80% on most FDA-approved prescription medications.

<sup>3</sup>freshbenies members have access to physicians via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary.

**Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.**



**By phone:** call **1.800.371.2507**

**Online:** visit [www.multiplan.com/sbmapreventiveservices](http://www.multiplan.com/sbmapreventiveservices) and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results



A FRESH APPROACH TO BENEFITS **freshbenies gives convenient access to virtual doctor visits and more!**

**Telehealth:** Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary – at NO COST.

**benieWALLET:** Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at [freshbenies.com](http://freshbenies.com), download the freshbenies app or call **1.855.373.7450**



Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

### Monthly Rates

Employee Only (EE) .....	\$65.00
EE + Spouse .....	\$130.00
EE + Children .....	\$130.00
EE + Spouse + Children .....	\$195.00

Medical Benefits	PrimeCare
Preventive / Wellness	Covered 100%
Primary Care Visits	\$15 copay (3 per year), then subject to network discount
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

<sup>1</sup>The PrimeCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

<sup>2</sup>Claims are repriced through the MultiPlan PHCS network. For services subject to the network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.

<sup>3</sup>Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit [www.sbmabenefits.com/purerx-standard](http://www.sbmabenefits.com/purerx-standard). Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

<sup>4</sup>Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after).

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**By phone:** call **1.800.457.1309**  
**Online:** visit [www.multiplan.com/sbmaspecificservices](http://www.multiplan.com/sbmaspecificservices)  
 and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
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### Monthly Rates

Employee Only (EE) .....	\$100.00
EE + Spouse .....	\$200.00
EE + Children .....	\$200.00
EE + Spouse + Children .....	\$300.00

Medical Benefits	OptimaCare
Preventive / Wellness	Covered 100%
Primary Care Visits	\$15 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

<sup>1</sup>The OptimaCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.  
<sup>2</sup>Claims are repriced through the MultiPlan PHCS network. For services subject to the network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.  
<sup>3</sup>Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit [www.sbmabenefits.com/purrx-standard](http://www.sbmabenefits.com/purrx-standard). Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.  
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### Monthly Rates

Employee Only (EE) .....	\$125.00
EE + Spouse .....	\$250.00
EE + Children .....	\$250.00
EE + Spouse + Children .....	\$375.00

Medical Benefits	EliteCare
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

<sup>1</sup>The EliteCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.  
<sup>2</sup>Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit [www.sbmabenefits.com/purerx-standard](http://www.sbmabenefits.com/purerx-standard). Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.  
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## Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

## Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

## Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

## Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

Plan Design For: HireQuest, Inc.  
Plan Name: HSA OAP  
Effective Date: November 1, 2023

**Monthly Rates**

Employee Only (EE) .....	\$564.55
EE + Spouse .....	\$1,298.47
EE + Children .....	\$1,072.66
EE + Spouse + Children .....	\$1,580.75

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>MEDICAL AND SURGICAL BENEFITS</b>		
<b>Deductible (Embedded*)</b>	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
<b>Coinsurance</b> (Shown as percentages below)	\$1,400 Individual / \$2,800 Family	\$2,800 Individual / \$5,600 Family
<b>Standard Out-of-Pocket</b> Includes Deductible and Coinsurance	\$6,400 Individual / \$12,800 Family	\$12,800 Individual / \$25,600 Family
<b>Standard Out-of-Pocket: Allowable charges for Coinsurance are paid at 100% after the Standard Out-of-Pocket is met.</b>		
<b>In-Network Maximum Out-of-Pocket</b> Includes Deductible and Coinsurance	\$6,400 Individual / \$12,800 Family	
<b>Physician Services in the Office</b>	Deductible, 70%	Deductible, 50%
<b>Blue CareOnDemand<sup>SM</sup></b>	Deductible, 70%	Not Covered
<b>Other Physician Services</b> Inpatient/Outpatient hospital, allergy injections, anesthesia services, radiology, chemotherapy, dialysis, pathology, obstetrical delivery, initial new born pediatric exam and all other outpatient/office services	Deductible, 70%	Deductible, 50%
<b>Wellness Benefits</b> – Based on the Health Care Reform Guidelines refer to <a href="http://www.healthcare.gov">www.healthcare.gov</a>	100%	Not Covered
<b>Sustained Health Services</b> (\$300 annual maximum)	100%	Not Covered
<b>Annual Physicals and Sustained Health Services are only covered at a Primary Care Provider.</b>		
<b>Inpatient Facility Charges</b>	Deductible, 70%	Deductible, 50%
<b>Skilled Nursing Facility Charges</b> (60 days per year)	Deductible, 70%	Deductible, 50%
<b>Outpatient Facility Charges</b>	Deductible, 70%	Deductible, 50%
<b>Other Services</b> Physical/Occupational Therapy (30 combined visits) Home Healthcare Hospice	Deductible, 70%	Deductible, 50%
<b>Chiropractic Benefits</b> (\$500 annual maximum)	Deductible, 70%	Deductible, 50%
<b>Ambulance</b>	Deductible, 70%	In-Network Deductible, 70%
<b>Urgent Care</b>	Deductible, 70%	Deductible, 50%
<b>Emergency Room Facility Charges **</b>	Deductible, 70%	Deductible, 70%
<b>Emergency Room Professional Charges **</b>	Deductible, 70%	Deductible, 70%
<b>**Out-of-Network Emergency Facility and Professional charges are subject to In-Network Coinsurance and/or Co-pay and Out-of-Network Benefit Year Deductible and Out-of-Pocket.</b>		
<b>MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS</b>		
<b>Inpatient Facility Charges</b>	Deductible, 70%	Deductible, 50%
<b>Inpatient Professional Charges</b>	Deductible, 70%	Deductible, 50%
<b>Outpatient Facility Charges</b>	Deductible, 70%	Deductible, 50%
<b>Outpatient Professional Charges</b>	Deductible, 70%	Deductible, 50%
<b>Emergency Room Facility Charges</b>	Deductible, 70%	In-Network Deductible, 70%
<b>Emergency Room Professional Charges</b>	Deductible, 70%	In-Network Deductible, 70%
<b>Physician Services in the Office</b>	Deductible, 70%	Deductible, 50%
<b>PHARMACY BENEFITS</b>		
<b>Prescriptions</b> (Includes diabetic supplies and oral contraceptives) Integrated Retail Pharmacy Benefits (90 Day Supply) Integrated Mail Order Pharmacy Benefits (90 Day Supply)	Deductible, 70% Deductible, 70%	Deductible, 50% Not Covered
<b>Specialty Drug – Optum Specialty Pharmacy Only</b> 1-877-259-9428 for inquiries regarding this benefit	Deductible, 70%	Not Covered
<b>BENEFIT MAXIMUMS</b>		
<b>Annual / Lifetime Maximum</b>	Unlimited	

\*Embedded Deductible: An individual deductible “embedded” within the family deductible. Before the insurance benefits begin the individual must meet the embedded individual deductible amount, which is equal to the single coverage deductible.

# Hirequest

## Dental Highlight Sheet

### Dental Plan Summary

Effective Date: 1/1/2024

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,500 per calendar year
<b>Allowance</b>	90th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 13 and under (1 in 6 months)</li> <li>Sealants (age 13 and under)</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Crown Repair</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> </ul>

### Monthly Rates

<b>Employee Only (EE)</b>	\$33.64
<b>EE + Spouse</b>	\$67.28
<b>EE + Children</b>	\$94.68
<b>EE + Spouse &amp; Children</b>	\$128.28

### Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

# Hirequest

## Dental Highlight Sheet

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### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 467-7336. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

### Dental Network Information

To find providers near you, visit our website at [www.rsli.com/dental-vision](http://www.rsli.com/dental-vision). Click on "Find a Dentist" to access our online directory and follow the step-by-step instructions. California Residents: When prompted to select your network, choose the network found on your ID Card.

Your provider network is Classic Network.

### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

**This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.**

# Employee Dental Benefits

Dental insurance can be just as important to a lifetime of good health as your medical plan. Take a closer look at these benefits before your enrollment deadline.



## Draw on the protection provided by your benefits

### Visit any dental provider

You are free to visit any provider, including your current dentist, regardless if they are in or out-of-network. Plus, your family members do not have to see the same dentist.



### Save with a network provider

The Ameritas Dental Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower your out-of-pocket costs. See if your dentist is in the network. Visit <https://rsli.com/dental-vision/>. On the Provider Search page, enter your City/County, State or Zip. When prompted for network, select, Classic (PPO) to see if your current provider is in the network.

### Quickly access your information

With your secure online member account, you can check plan benefits and claim status, sign up for electronic benefit statements, access discount ID cards, and much more. Just go to <https://rsli.com/dental-vision/> and select Account Access, Dental/Vision, Secure Member Account and Register Now to get started after your benefit coverage begins.

## Know your cost

Located in your secure member account, the Dental Cost Estimator lets you compare estimated procedure charges based on Zip Code. You can search estimates for both in and out-of-network providers.

Ask your dentist to submit a pretreatment estimate for any dental work you consider expensive. Then we will let you know the amount insurance will cover so you can budget for the remainder. The pretreatment estimate is based on your plan benefits and submitted claims.

## Get more from your benefits



**Prescription drug savings:** Save at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the prescription discount, whichever saves you more. You can share this discount card with friends and family.



fold here

Prescription Drug Savings Card	THIS IS NOT INSURANCE
FOR RELIANCE STANDARD PLAN MEMBERS	Certain terms and conditions apply. View terms and conditions at <a href="http://emsmed.com/vendors/terms.aspx">emsmed.com/vendors/terms.aspx</a> . Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.
 	For prescription discount drug pricing please visit <a href="http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Reliance">www.emsmed.com/vendors/rxpricing.aspx?groupid=Reliance</a>
Member Name: _____	Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="http://www.emsmed.com/vendors/pharmacy.aspx">http://www.emsmed.com/vendors/pharmacy.aspx</a>
<b>RxBin # 017529 Group # RELIANCE Member ID # REL2233 PCN: AMRX</b>	Pharmacy and member help desk 1-877-684-0032
This is not insurance Administered by Elixir Savings	This is a FREE card and may not be sold.
GR 6269 RSL 10-20	GR 6269 RSL 10-20



**Eyewear savings:** As an insured member, you can save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide.

**¿en español?:** Reliance Standard offers Spanish-speaking claims associates and translation services. After your coverage begins, call **800-497-7044**.

This is not a certificate of insurance or guarantee of coverage. This piece is not for use in NM. The Dental Network is not available in RI.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.



# Hirequest

## Eye Care Highlight Sheet

### EyeMed - TrueView Plan H Summary

Effective Date: 1/1/2025

	EyeMed Insight Network	Out of Network
<b>Deductibles</b>		
	\$20 Exam	No deductible
	\$20 Eye Glass Lenses	
	Covered in full	Up to \$35
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$25
<b>Bifocal</b>	Covered in full	Up to \$40
<b>Trifocal</b>	Covered in full	Up to \$55
<b>Lenticular</b>	20% discount	No benefit
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>		
<b>Standard</b>	Standard: Member cost up to \$40	No benefit
<b>Premium (Allowance)</b>	Premium: 10% off of retail	No benefit
<b>Elective</b>	Up to \$115	Up to \$104
<b>Medically Necessary</b>	Covered in full	Up to \$200
<b>Frame Allowance</b>	\$100	Up to \$65
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	Based on date of service	Based on date of service

### Lens Options (member cost)

	EyeMed Insight Network	Out of Network
<b>Progressive Lenses</b>		
<b>Standard</b>	\$65 + lens deductible	No benefit
<b>Premium</b>		
<b>Tier 1</b>	\$85 + lens deductible	No benefit
<b>Tier 2</b>	\$95 + lens deductible	No benefit
<b>Tier 3</b>	\$110 + lens deductible	No benefit
<b>Tier 4</b>	\$65 plus 80% of charge less \$120 allowance	No benefit
<b>Std. Polycarbonate</b>	\$40	No benefit
<b>Tint (solid and gradient)</b>	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit
<b>Anti-Reflective Coating</b>		
<b>Standard</b>	\$45	No benefit
<b>Premium</b>		
<b>Tier 1</b>	\$57	No benefit
<b>Tier 2</b>	\$68	No benefit
<b>Tier 3</b>	80% of the charge	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

# Hirequest

## Eye Care Highlight Sheet

### Monthly Rates

Employee (EE)	\$5.84
EE + Spouse	\$11.68
EE + Children	\$10.64
EE + Spouse & Children	\$16.48

### Additional TrueView H Features

<b>EyeMed In-Network Discounts</b>	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>EyeMed In-Network Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> for details.

*Based on applicable laws, reduced costs may vary by doctor location.*

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 866-289-0614. Your claim forms can be faxed in to 866-293-7373. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for eye care procedures being considered.

**This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.**

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LIFE INSURANCE COMPANY  
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## Plan Highlights

# Voluntary Hospital Indemnity Insurance



## Hirequest, LLC

### COVERAGE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

### ELIGIBILITY

**Employees:** Each Active Full-Time Employee working 30 hours or more per week, except any person working on a temporary or seasonal basis.

**Dependents:** You must be insured in order for Dependents to be covered.

Dependents are:

- the Insured's lawful spouse or domestic partner; and
- the Insured's children from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.
- A person may not have coverage as both an Employee and Dependent.

### FEATURES

- Guaranteed issue; no medical questions
  - Mental & Nervous and Substance Abuse treated same as any other hospital admission
  - No deductibles
  - Eligible for continuation of coverage
  - HIPAA privacy compliant
  - Overlying Major Medical Plan NOT Required\*
  - Coverage Offered on a Voluntary Basis
- \*Overlying major medical plan is required for all California residents.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### BENEFITS

#### Hospital Room & Board Benefits

Room & Board Benefit per Day (365 Daily Benefits per Coverage Year)*	\$200
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#### Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$300
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#### Hospital Admission Benefit

One Daily Benefit per Coverage Year	\$1,500
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#### Hospital Critical Care Admission Benefit

One Daily Benefit per Coverage Year	\$5,000
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#### Wellness Care\*\*

One Daily Benefit per Coverage Year	\$50
-------------------------------------	------

*\*In no event will the Daily Benefits exceed 365 daily benefits per Coverage Year.*

*\*\*Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.*

### MONTHLY PREMIUM

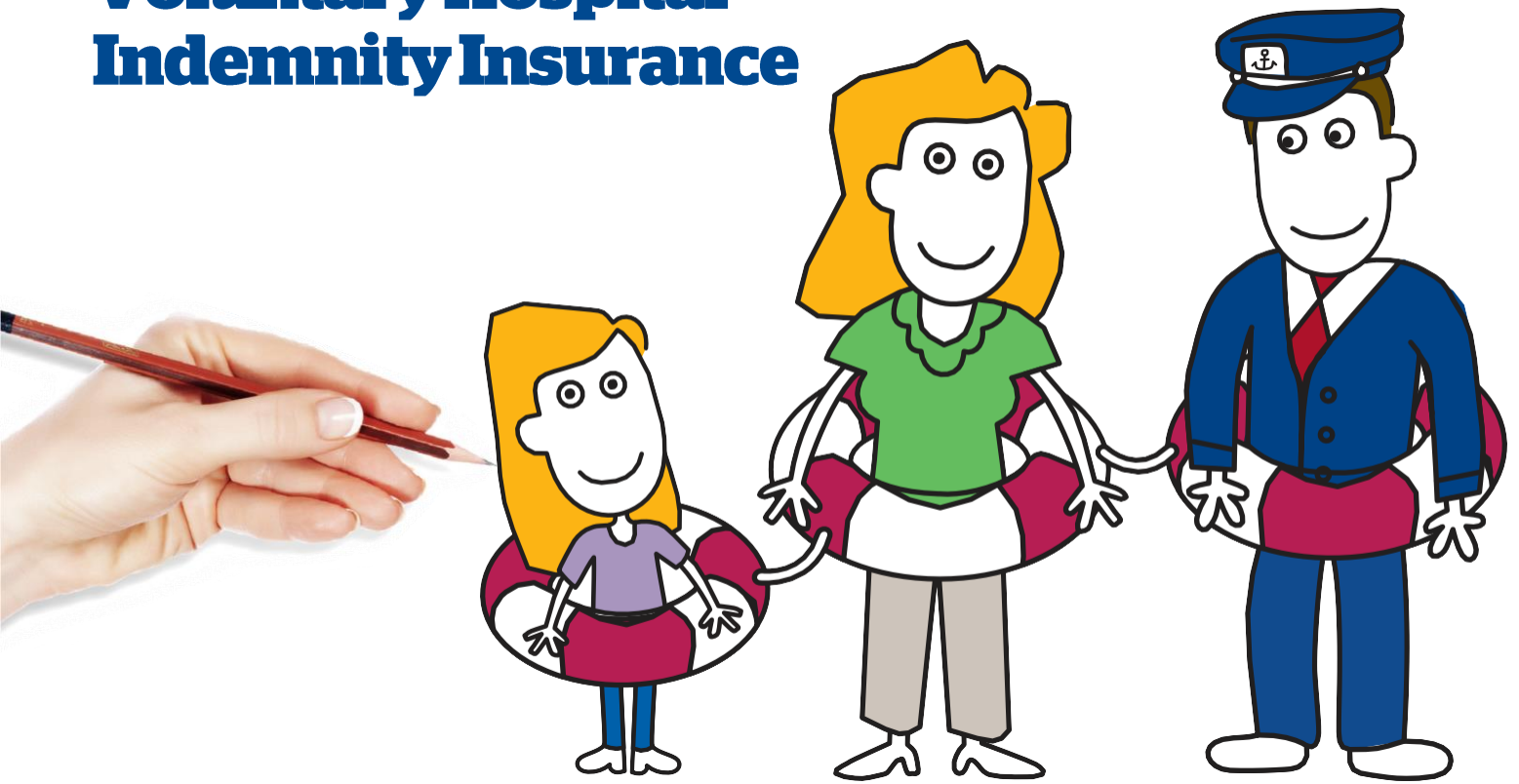
Employee Only	\$28.78
Employee + Spouse	\$55.90
Employee + Children	\$41.44
Employee + Family	\$67.90

### EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.

# Voluntary Hospital Indemnity Insurance



## Draw on the protection provided by your benefits.

Great news! Your employer is offering you the opportunity to purchase hospital indemnity insurance at group rates from Reliance Standard, a trusted benefits carrier in business for over a century.

No one likes to think about the possibility of a hospitalization, but the very likelihood is inescapable. Think about it: Have you or anyone in your family ever had an accident that resulted in a hospital visit? Hospitalizations are more common than we sometimes think; they could be due to an injury, an illness, a scheduled surgery, or maternity.

Medical insurance offsets some of the treatment costs for injuries or illness that result in hospital admission. But what about the potential for high out of pocket costs, including meeting a high deductible? The average cost of a one-day hospital admission is over \$3,950, and depending on the plan design of your medical insurance, some of that financial burden may land on you, the patient.

Hospital indemnity insurance provides a hedge against this possibility, paying a fixed, lump-sum daily benefit to help cover expenses resulting from a covered hospitalization. The benefit is paid directly to you. The benefit schedule specifies payment amounts for events such as hospital admission and daily room and board.

### **“I already have medical insurance for those things.”**

Medical insurance is a necessity to cover treatment costs for a hospitalization. However, with the prevalence of high deductible plans, there can be a very large financial burden on the insured before the medical policy will defray the cost of a serious medical event.

But treatment costs are only one piece of the financial puzzle when someone is hospitalized. Lost wages and increased household expenses, paired with the leftover costs medical insurance doesn't cover, such as co-pays and deductibles, can mean bills piling up just when you're least able to keep up with them.

### **"I don't see the value in another insurance policy."**

Think about this: You buy life insurance in the event you die. You buy disability insurance in the event you can't work for a period of time because of an illness or injury. But you buy medical insurance because you're pretty sure you're going to need it! Hospital indemnity insurance is like that: the odds are good you or someone in your family is going to experience a hospitalization at some point. And you can elect coverage for you, your spouse, and your children.

### **"What if I don't get approved?"**

Actually, you cannot be turned down for this insurance if you are an eligible employee, enrolling during the enrollment period. Coverage is guaranteed and there is no medical underwriting.

### **"What do I do now?"**

If you agree that you and your loved ones can benefit from this important coverage, it is easy to get started. Simply review the accompanying materials that provide more detail about the plan which includes a description of benefits, exclusions and limitations, and follow the instructions your employer has provided to enroll now.

### **"Why Reliance Standard?"**

You are buying Hospital Indemnity Insurance from Reliance Standard Life Insurance Company, a leading national benefits carrier in business for over a century.

# **36.4 million**

Americans were admitted to a hospital in 2018.

— American Hospital Annual Survey, 2018

**"OK, so I have to go to the hospital in the future. It's not a big deal."**

The economic impact of hospitalizations averaged about \$3,950 per incident for just the first day. These are costs that every individual and household pays for whether directly out of pocket, or through higher prices for services and/or medical insurance premiums.

— Statista Research Department, 2019

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[www.reliancestandard.com](http://www.reliancestandard.com)

Overlying major medical plan required for California residents. This information is not an insurance policy and does not describe the entire plan. For more detailed information you must ask your employer's Human Resources benefit manager. There is a detailed description of the plan's provisions, limitations and exclusions in the Certificate of Insurance which is issued to you after your application is processed.

The availability of the described products, benefits and features may vary by state.

Hospital indemnity coverage is underwritten by Reliance Standard Life Insurance Company and provided through policy form series LRS-9497-0613, et al. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

RS-2519 (8/20)

## Plan Highlights

### Voluntary Group Short Term Disability Insurance



## Hirequest, LLC

### COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### ELIGIBILITY

Each Active Full-Time Employee working 30 hours or more per week and earning a minimum salary of \$15,000 per year, except any person working on a temporary or seasonal basis.

### BENEFIT AMOUNT

You may elect a weekly benefit equal to 50% of your covered earnings, up to a maximum benefit of \$150 per week.

### DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on 15th consecutive day of disability.

### MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 26 weeks.

### CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

### RATES – See attached rate sheet

### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial disability benefit included
- ▶ Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled

### LIMITATIONS

- ▶ Pre-Existing Condition Limitation - is any sickness or injury, whether specifically diagnosed or not, for which you received medical treatment, consultation, care, or services, including diagnostic procedures, or for which you took prescription drugs or medicines during the look back period (3 months) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Total Disability occurs after (12 months) from the effective date of coverage (or effective date of an increase).
- ▶ Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

### EXCLUSIONS

Benefits will not be payable for any disability caused or contributed by: an intentionally self-inflicted Injury; an act of war (declared or undeclared); an Injury or Sickness that occurs while confined in any penal or correctional institution; while confined in any penal or correctional institution; committing a felony; caused or contributed to by any of the following: cosmetic surgery or treatment primarily to change appearance; or in vitro fertilization; or embryo transfer procedures; or artificial insemination; or reversal of sterilization; or liposuction; or radial keratotomy.

For a comprehensive list of exclusions and limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy Form LRS-6451, et al.

# Premium Worksheet

## Group Short Term Disability Insurance



### Hirequest, LLC

**Benefit:** Each eligible employee may elect **50%** of their weekly earnings, up to **\$150** per week benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:

(Round all numbers to the nearest whole number)

1. Enter your **Weekly Earnings**, not to exceed **\$300** 1. \$ \_\_\_\_\_
2. **Multiply** your weekly earnings (Line 1) by **0.50** 2. \$ \_\_\_\_\_
3. **Multiply** the amount on Line 2 by the rate entered on Line 3 3. \$ 1.10
4. **Divide** the amount on Line 3 by 10 and to get your monthly payroll deduction. 4. \$ \_\_\_\_\_

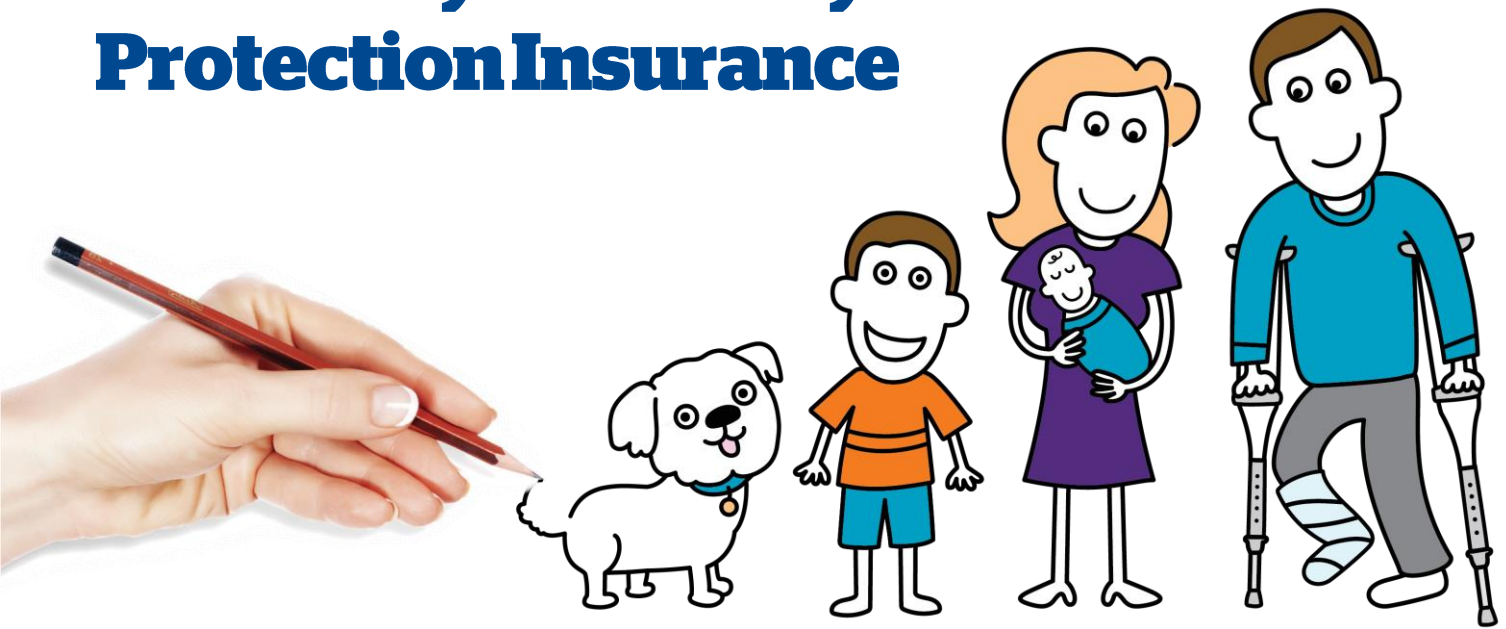
Rate per \$10 of weekly benefit
\$1.21

#### Example Calculation

1. Enter your **Weekly Earnings**, not to exceed **\$300** 1. \$ 300
2. **Multiply** your weekly earnings (Line 1) by **0.50** 2. \$ 150 (maximum weekly benefit)
3. Find your rate from the table displayed 3. \$ 1.21
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3 4. \$ 181.50
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction. 5. \$ 18.15 (monthly payroll deduction)



# Voluntary Disability Income Protection Insurance



**Draw on the protection provided by your benefits.**

Great news! Your employer is offering you the opportunity to purchase disability income protection insurance at group rates from Reliance Standard, a trusted group benefits carrier.

**375,000**

**Americans**

become disabled every year.<sup>1</sup>

**1 out 3**

Working Americans will become disabled for 90 days or more before age 65.<sup>1</sup>

**48%**

of American adults don't have enough saved to cover three months of living expenses.<sup>2</sup>

Even though no one likes to think about getting sick or sustaining an injury, almost everyone makes sure to get medical insurance—just in case. But medical insurance is only designed to cover healthcare costs an illness or injury brings—what happens to your paycheck if you've exhausted your paid time off? If your paycheck were to stop for a period of time, how would that affect you and your family? How would you take care of the ongoing expenses of everyday life, like housing, food, utilities, and more? If you've never thought about the possibility, now is a good time.

**“That will never happen to me.”**

Disability is more common than most people realize. Accidental injuries are a major cause of disabilities, but common chronic health conditions can also limit your ability to work. In fact, approximately 90% of disabilities are caused by illnesses rather than accidents.<sup>1</sup>

**“I don't need it.”**

Just like medical insurance acts as a safety net for you in the event that you become ill or injured, disability insurance is another level of protection: it will help provide for you financially in the event that you cannot work due to injury or illness.

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<sup>1</sup>simplyinsurance.com, General Disability Statistics, 2019. <sup>2</sup>Council for Disability Awareness, Disability Can Happen, 2018

**“I have enough insurance already.”**

Very few people hesitate to insure assets like their home or car, but many fail to protect their most valuable asset of all: themselves. Disability income protection insurance will help protect your financial security in the event that you cannot work. If you have saved 10% of your income each year – then 1 year of being totally disabled could wipe out 10 years worth of savings.<sup>2</sup>

**“There’s always workers’ compensation.”**

Disability insurance covers you when workers’ compensation doesn’t. Workers’ Compensation only covers time away from work, if the disabling illness or injury was directly work-related. Only one percent of American workers missed work because of an occupational illness or injury.<sup>3</sup>

**“I can’t pay another bill every month.”**

Your employer has made it possible for you to purchase this coverage at group rates. You pay for your coverage through convenient payroll deduction.

**“What do I do now?”**

If you agree that you and your loved ones can benefit from this important coverage, it’s easy to get started. Simply review the accompanying materials that provide more detail about the plan which includes a description of benefits, exclusions and limitations, and follow the instructions your employer has provided to enroll now.

**Why Reliance Standard?**

You are buying Disability insurance from Reliance Standard Life Insurance Company, a national insurer in business for over a century.

**YOUR CHANCES OF BECOMING DISABLED INCREASE WITH AGE.<sup>1</sup>**



**DISABILITY RELATED MEDICAL PROBLEMS CAUSE:**

**62%**

**of all personal bankruptcies in the United States each year,<sup>2</sup> and**

**46%** 

**of all mortgage foreclosures.<sup>2</sup>**

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<sup>1</sup>U.S. Census Bureau, Americans with Disabilities: 2014, November, 2018. <sup>2</sup>simplyinsurance.com, General Disability Statistics, 2019. <sup>3</sup>Council for Disability Awareness, Disability Can Happen, 2018.

This information is not an insurance policy and does not describe the entire plan. For more detailed information, you must ask your employer’s Human Resources benefit manager. There is a detailed description of the plan’s provisions, limitations and exclusions in the Certificate of Insurance which is issued to you after your application is processed.

The availability of the described products, benefits and features may vary by state.

Group disability coverage is underwritten by Reliance Standard Life Insurance Company and provided through policy form series: LRS-6564, LRS-9228, LRS-6451, LRS-9334, et al. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

RS-2082(8/20)

# Your 24/7 Travel Emergency Companion



## Draw on our Value Added Services.

Sure, we all expect our trips to go off without a hitch, and most times they do. However, if you experience an emergency when traveling—no matter how big or how small—you have **around-the-clock access** to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents!) have access to a personal travel emergency companion anytime you're more than 100 miles away from home.

Provided with your benefits coverage through

**RELIANCE STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP

Administered By



On Call International is not affiliated with Reliance Standard Life Insurance Company or First Reliance Standard Life Insurance Company. Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

### 24-Hour Travel Assistance

On Call International provided through Reliance Standard



In the U.S., toll free  
**(800) 456-3893**



Worldwide, collect  
**(603) 328-1966**

Administered By



**RELIANCE STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP

For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below.

To place a collect call, dial the INTERNATIONAL COUNTRY CODE:  
\_\_\_\_\_ followed by On Call's collect call number.



## Plan Highlights

# Voluntary Group Accident Insurance



## Hirequest, LLC

### COVERAGE

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

### BENEFIT AMOUNT

See Full Schedule of Benefits on next page

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

### FEATURES

- ▶ Portability to Employee Age 70
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services

### MONTHLY PREMIUM

Coverage	Premium
Employee	\$ 9.30
Employee and Spouse	\$ 15.14
Employee & Children	\$ 18.22
Employee & Family	\$ 24.35



[www.reliancematrix.com](http://www.reliancematrix.com)

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Benefits	Amount
Ambulance	\$200 Ground, \$1,000 Air
Blood, Plasma and Platelets	\$200
Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 50.00 %of benefit payable for Burns
Chiropractic Services (per Visit)	\$25 per session, 6 sessions maximum
Coma	\$5,000
Concussion	\$100
Dental Injury	\$225 for Crown; \$75 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan
Dislocation	To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 25% of full dislocation; Multiple - 150% of highest dislocation benefit
Emergency Treatment	\$150
Epidural Anesthesia Injection (per Injection)	\$50, 2 maximum
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 150% of highest sustained fracture
Initial Hospital Admission	\$500
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000
Hospital Confinement (per Day)	\$200, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum
Lacerations	To \$400
Lodging (per Day)	\$100 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
Organized Youth Sports Benefit	25% of the benefit amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$25, 12 sessions maximum
Physician Visit	\$50 Initial, \$50 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement (per Day)	\$50, 30 days maximum
Surgery	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$300 Tendon, Ligament, or Rotator cuff
Transportation	\$300, if more than 100 miles from residence
X-Rays	\$25
Accidental Death Benefits	Amount
Employee AD&D	\$10,000
Spouse AD&D	\$5,000
Child AD&D	\$2,500
Common Carrier	100%
Accidental Dismemberment Benefits	% of AD Benefit Amount
Single Loss	50%
Multiple Loss (Catastrophic)	100%
Thumb / Finger / Toe	1%
2+ Thumb / Finger / Toe	3%
Speech	100%
Wellness (Health Screening) Benefit	Amount
Wellness (Health Screening)	\$50



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## **Questions? Contact:**

### **HireQuest Inc. Human Resources**

Email [benefits@hirequest.com](mailto:benefits@hirequest.com) or speak to your local office

<b>Insurance Company</b>	<b>Phone</b>	<b>Website</b>
SBMA (MEC plan)	(888) 505-7724	<a href="http://www.sbmabenefits.com">www.sbmabenefits.com</a>
Cigna	(888) 806-5094	<a href="https://www.cigna.com/">https://www.cigna.com/</a>
Reliance Standard	(800) 788-0222	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>