



THE  
STAFFING EXCHANGE  
AFFORDABLE HEALTHCARE FOR THE STAFFING INDUSTRY



# A Map to Your **2018** Benefits

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## WELCOME!

Welcome to your 2018 benefits! Use this benefits guide as a resource to compare plans and learn more about the coverages available to you.

If you have questions about your benefits, SISCO is available to help. Call (844) 631-6104 or find more information online at [www2.benefitelect.com/be/davisstaffing](http://www2.benefitelect.com/be/davisstaffing)

## ELIGIBILITY

You're eligible for benefits on the first of the month following 60 days of employment if you are scheduled to work 30 hours or more per week.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse or domestic partner and your children up to age 26.

## WHEN TO ENROLL

You can enroll for coverage within 30 days of your eligibility date or during the annual Open Enrollment period.

**If you don't enroll for coverage within 30 days of your eligibility date, you won't receive health coverage during the plan year, unless you have a qualified change in family status (see Making Changes for details).**



## HOW TO ENROLL

To enroll online for you and your dependents, go to [www2.benefitelect.com/be/davisstaffing](http://www2.benefitelect.com/be/davisstaffing)

### Returning Users:

1. Enter your username and password.
2. Follow the prompts to enroll.

### New Users:

1. Click "Register" and complete the registration process.
2. Click "Open Enrollment Site".
3. Update your personal information on the "About You" page. Click "Continue".
4. Update dependent information on the "About your Dependents" page. Click "Continue".
5. On the "Enrollment" page, enroll or waive coverage for yourself and your dependents. Make sure to update your beneficiary information!

Review your information on the Enrollment Summary. A confirmation statement will also be generated.

To enroll over the phone, call the SISCO Call Center at (844) 631-6104.

## MAKING CHANGES

The choices you make when you are first eligible are in effect for the remainder of the plan year which ends on December 31. Once you enroll, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. The following are a few examples:

- Marriage, divorce, legal separation, annulment or death of spouse
- Birth, adoption or placement for adoption
- Change in your residence or workplace (if your benefit options change)
- Loss of other health coverage
- Change in your dependent's eligibility status because of age, student status or any similar circumstance

## MEDICAL COVERAGE YOU CAN COUNT ON

Take great care of your health through annual preventive care visits with your doctor. Review the medical plan options below to choose the plan that's best for you based on your medical needs and expenses in the upcoming plan year.

Plan Features	MVP	MEC Plus	
	In-Network Only	In-Network	Out-of-Network
<b>Network</b>	Cigna Choice Fund PPO	Multiplan / PHCS	
<b>Deductible</b>			
Individual	\$3,000	None	\$500
Family	\$6,000	None	\$1,000
<b>Out-of-Pocket Maximum</b>	(Includes deductible)	(Includes deductible)	(Includes deductible)
Individual	\$6,350	\$3,000	Unlimited
Family	\$12,700	\$12,700	Unlimited
<b>Coinsurance</b>	60% / Not covered	100%	40%
<b>Preventive Care</b>	Covered in full	Covered in full	40% after deductible
<b>Primary Care Visit</b>	60% after deductible	\$15 copay	40% after deductible
<b>Specialist Visit</b>	60% after deductible	\$25 copay	40% after deductible
<b>Emergency Room</b>	60% after deductible	\$400 copay (\$1,500 max per visit)	
<b>Diagnostic Lab &amp; X-ray</b>	60% after deductible	\$50 copay	40% after deductible
<b>Advanced Imaging</b>	60% after deductible	\$400 copay	40% after deductible
<b>Inpatient Hospital Services / Surgery</b>	60% after deductible	Not covered	
<b>Prescription Drugs: Retail (up to a 30-day supply)</b>			
Generic	\$10 after deductible	\$15 copay	
Brand Formulary	\$35 after deductible	\$25 copay	
Non-Formulary	\$70 after deductible	\$75 copay	
<b>Prescription Drugs: Mail Order (up to a 90-day supply)</b>			
Generic	\$20 after deductible	\$37.50 copay	
Brand Formulary	\$70 after deductible	\$62.50 copay	
Non-Formulary	\$150 after deductible	\$187.50 copay	

### **MEC Basic**

#### ***In-Network Only***

Covers *only in-network* preventive care. All in-network preventive care is paid at 100%.

This is only a brief summary of the plans. For more details, including limitations and exclusions, please contact Human Resources for a Summary Plan Description.

## HOW TO FIND AN IN-NETWORK PROVIDER

### MEC PLUS (CURRENT NON-HOSPITALIZATION MVP)

This plan provides immediate coverage with no deductible for covered services. Review coverage carefully because this plan does not cover certain services such as surgery, hospitalization, or coverage for mental health. You may visit any doctor or hospital of your choice; however, you will pay less money if you use an in-network doctor or hospital. For most doctor visits and specialist visits, you will pay a copay at the time of service. Listed preventative care services are generally covered at 100%. PPO plans offer more flexibility and choice, and allow you to manage your out-of-pocket costs by staying in-network. Please note, there is **no hospital coverage** with this plan.

Choose from a wide variety of doctor and hospitals at [www.multiplan.com](http://www.multiplan.com)

### MVP (TRUE COMPREHENSIVE MAJOR MEDICAL)

This is a major medical plan with comprehensive services including surgical benefits and hospitalization. Listed preventative care services are covered at 100%. For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until you meet your annual deductible.

Search for a PPO provider under the Choice Fund PPO at <https://ifphcpdir.cigna.com/web/public/ifpproviders>

### MEC BASIC (PREVENTIVE CARE SERVICES ONLY)

The MEC basic plan provides In-Network preventative care services. Listed preventative care services are covered at 100% as long as your physician bills your visit as preventative.

Choose from a wide variety of doctor and hospitals at [www.multiplan.com](http://www.multiplan.com)

## TELADOC SERVICES SAVE YOU TIME AND MONEY

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve medical issues through phone or video consults (this service does not replace your primary care physician). Teladoc is a convenient and affordable option for quality health care. Some conditions Teladoc doctors can treat include, but are not limited to, cold and flu, allergies, bronchitis, urinary tract infection, respiratory infection, sinus problems and more!

After signing up for Teladoc, you will receive a welcome kit with instructions for setting up your account, completing your medical history, and requesting a consult.

	Enrolled in a medical plan	NOT enrolled in a medical plan
<b>How to Enroll</b>	Call (844) 631-6104 to activate or select the coverage when enrolling via BenefitElect	You must be enrolled in at least one voluntary plan: Dental or Critical Illness
<b>Copay per Televisit</b>	<b>MEC Plus Plan Participants:</b> \$0 copay per televisit <b>MVP Plan Participants:</b> \$45 copay per televisit	\$0 copay per televisit
<b>Weekly Cost per Employee</b>	No charge (Included in your medical deduction)	\$5

## VOLUNTARY DENTAL COVERAGE WORTH SMILING ABOUT

Your voluntary dental insurance uses the Dentemax network of providers. Choose in-network dentists for the best coverage at the lowest rate. Find a DenteMax provider at [www.dentemax.com](http://www.dentemax.com) or by calling (800) 753-0404. Employees are responsible for 100% of dental insurance premiums.

Plan Features	Companion Life (DenteMax Network)	
	PPO Plan B In-Network	
<b>Calendar Year Deductible</b>	\$50	
<b>Calendar Year Maximum</b>	\$750	
<b>Diagnostic and Preventive Services</b> (e.g., x-rays, cleanings, exams) <i>No waiting period</i>	Covered in full	
<b>Basic and Restorative Services</b> (e.g., fillings, root canals) <i>3 month waiting period</i>	80%	
<b>Major Services</b> (e.g., dentures, extractions, crowns, bridges) <i>12 month waiting period</i>	50%	

**\*Note:** If you visit an out-of-network provider, you are responsible for charges above usual, customary, and reasonable (UCR) limits.

## VOLUNTARY VISION COVERAGE FOR A CLEAR FUTURE

Your voluntary vision coverage uses the EyeMed vision network. Choose an in-network optometrist for the highest level of coverage for annual exams and glasses or contacts. Find an in-network provider at [www.eyemed.com](http://www.eyemed.com) or by calling (866) 939-3633. Employees are responsible for 100% of vision insurance premiums.

Plan Features	Companion Life (EyeMed Vision Network)	
	In-Network	Out-of-Network
	<i>You pay:</i>	<i>Plan reimburses you:</i>
<b>Exam</b> (every 12 months)	\$10 copay	Up to \$35 reimbursement
<b>Materials</b> (every 12 months)	\$10 copay	Varies depending on lens type
<b>Frames</b> (every 24 months)	Up to \$100 allowance	Up to \$45 reimbursement
<b>Contact Lenses</b> – in lieu of frames (every 12 months)	Up to \$80 allowance	Up to \$64 reimbursement

## LIFE AND AD&D INSURANCE COVERAGE FOR PEACE OF MIND

### BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Basic Life and AD&D insurance through Allstate Benefits offers peace of mind and protects your family financially in the event of death or serious accident. **When you choose any of the medical plan options available, you'll receive \$10,000 of employee only Basic Life and AD&D coverage at no extra cost.**

## VOLUNTARY BENEFITS

### VOLUNTARY LIFE AND AD&D INSURANCE

You can buy additional Life insurance through Allstate Benefits at group rates. Consider funeral expenses, legal expenses, and general living expenses for surviving family members when choosing additional coverage amounts.

**Plan details:**

- Voluntary Group Term Life insurance is equal to \$20,000 for employees and \$5,000 for each dependent
- AD&D insurance is equal to the Life insurance amount
- Employees pay 100% of the insurance premium at \$1.20 per week

**Important!**

Review and update your beneficiary information as situations may change.

### VOLUNTARY SHORT-TERM DISABILITY (STD)

An injury or illness could strike at any time and leave you unable to work. Protect you and your family financially in the event of a short-term injury or illness with Allstate Benefits Voluntary Short-Term Disability (STD) coverage.

**Plan details:**

- The STD benefit begins after 7 days of an illness or injury
- STD pays up to 60% of pre-disability earnings to a maximum of \$650 per month
- Benefit duration is six months
- Employee pays 100% of the insurance premium at \$4.20 per week

### VOLUNTARY ACCIDENT INSURANCE

Allstate Accident insurance helps offset expenses your health insurance may not cover such as deductibles and copays resulting from unexpected accidents. The benefit paid is based on the injury and/or treatment received, including emergency room care and related surgeries. A variety of coverage is available. Please request a schedule of benefits for a full list of covered injuries and treatments.

Base Accident Plan Details	Benefits
Initial Hospital Confinement	\$2,000
Daily Hospital Confinement	\$400
Dislocation/ Fracture Rider	\$8,000
Accident Treatment & Urgent Care Rider	Benefits
Ground Ambulance	\$400
Air Ambulance	\$1,200
Accident Physicians Treatment	\$200
X-ray	\$400
Urgent Care	\$200
Emergency Room Services Rider	\$400
Accident Follow-up Treatment	\$150

## VOLUNTARY CRITICAL ILLNESS INSURANCE

Allstate Critical Illness insurance helps protect you from the expense of a serious health issue such as a stroke, heart attack, or cancer. To enroll in coverage, you select a lump-sum benefit which is paid directly to you at the first diagnosis of a covered condition. How you choose to use the cash benefit is up to you.

Critical Illness Plan Details	Benefits
<b>Initial Critical Illness Benefits</b>	
Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure (100%)	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500
Waiver of Premium (employee only)	Yes
<b>Cancer Critical Illness Benefits</b>	
Invasive Cancer (100%)	\$10,000
Carcinoma in Situ (25%)	\$2,500
<b>Supplemental Critical Illness Benefits</b>	
Advanced Parkinson's Disease	\$2,500
Advanced Alzheimer's Disease (25%)	\$2,500
<b>Additional Benefits</b>	
Second Event Initial Critical Illness Benefit	Yes
Second Event Cancer Critical Illness Benefit	Yes
Wellness Benefit (per year)	\$50

## QUESTIONS? YOUR BENEFIT CONTACTS

Benefit	Contact	Phone	Website
<b>General Benefits Information</b>	SISCO Call Center	(844) 631-6104	N/A
<b>Online Enrollment</b>	BenefitElect	(844) 631-6104	<a href="http://www2.benefitelect.com/be/davisstaffing">www2.benefitelect.com/be/davisstaffing</a>
<b>Medical</b>	SISCO Call Center	(844) 631-6104	<a href="http://www.staffingexchange.org">www.staffingexchange.org</a>
<b>Medical Indemnity</b>	SISCO Call Center	(844) 631-6104	<a href="http://www.staffingexchange.org">www.staffingexchange.org</a>
<b>Telemedicine</b>	Teledoc	(844) 631-6104	<a href="http://www.staffingexchange.org">www.staffingexchange.org</a>
<b>Prescription Drug</b>	LDI Integrated Pharmacy Solutions	(866) 516-3121	<a href="http://www.ldirx.com">www.ldirx.com</a>
<b>Voluntary Dental</b>	Companion Life	(800) 753-0404	<a href="http://www.companionlife.com">www.companionlife.com</a>
<b>Voluntary Vision</b>	Companion Life	(800) 753-0404	<a href="http://www.companionlife.com">www.companionlife.com</a>
<b>Basic Life and AD&amp;D</b>	Allstate Benefits	(844) 631-6104	<a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>
<b>Voluntary Life and AD&amp;D, Short-Term Disability, Accident, and Critical Illness</b>	Allstate Benefits	(844) 631-6104	<a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>
<b>Claim Questions for Life, Disability, Accident and Critical Illness</b>	Allstate Benefits Claims Division	Fax: (877) 423-8804 Questions: (800) 937-7039	Submit claims directly: <a href="http://www.allstateatwork.com/mybenefits">www.allstateatwork.com/mybenefits</a>
<b>COBRA</b>	SISCO Call Center	(844) 631-6104	<a href="http://www.staffingexchange.org">www.staffingexchange.org</a>

This communication highlights your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Your employer reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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