

Important Employee Benefit Information



Provided by The American Worker®

Hire Dynamics is genuinely pleased and excited to continue offering, to all eligible employees, an affordable limited employee benefit program offered through The American Worker®. This program allows you to choose between two limited employee benefit plans, which are designed to provide coverage for basic healthcare services. You also have the opportunity to enroll in dental and/or vision benefits. We encourage you to review the enclosed information in order to decide which plan is most suitable for your needs.

Currently Enrolled

If you are currently enrolled in The American Worker, you only need to call into the call center if you wish to make changes to your coverage.

KEY FEATURES OF THE PLAN

- Guarantee Issue
- First Dollar Coverage
- No Pre-existing Condition Limitations
- No Deductibles or Co-insurance
- No Networks for Medical Benefits
- No Benefit Waiting Periods
- No Coordination of Benefits - Plan pays in **addition** to other insurance you may have



COVERED SERVICES INCLUDE

- Doctor's Office Visits
- Accidental Injury Care
- Emergency Room Sickness
- Life Insurance
- Prescription Benefit
- PPO Benefit
- Hospital Stays
- Diagnostic Tests, X-Rays, and Lab Work
- Wellness Exams
- Surgical Procedures
- Anesthesia Benefit

Hire Dynamics employees will use our national call center to enroll for coverage. Our call center is staffed with live customer service representatives who are available to answer benefit questions and immediately enroll you in the plan over the phone.

Open Enrollment Period!

You have from November 14 to December 2 to enroll.

Your coverage will become effective December 12, 2011

Please call 877-626-3479 Ext. 6311 to enroll today!

The enrollment center is available between the hours of
8:00 AM to 8:00 PM EST Monday through Thursday and 8:00 AM to 6:00 PM EST Friday



To All Employees: We are very excited to continue offering a package of HEALTH BENEFIT PLANS. **The AMERICAN WORKER® PLAN** provides immediate first dollar coverage with **no deductibles** and **no coinsurance** requirements. This plan is **fully insured** with **limited network restrictions***. Benefits are paid directly to the insured who is responsible for paying their healthcare provider, unless your healthcare provider accepts assignment of benefits.

The first step in maintaining good health is having the ability to choose any family physician or medical facility for treatment. Please review the benefit summary below to find out which plan is most suitable for you & your family's current situation.

Automatically included in both plans is the Non-Insurance Pharmaceutical Program and the PPO Benefit!

PHARMACEUTICAL BENEFITS - BEST RX (www.awpbestrmo.com) - Network Use Required	
Select Generic Drugs - \$10, \$20, or \$50 tier for a typical 30-day supply	
Select Brand Name Drugs - \$10, \$20, or \$50 tier for a typical 30-day supply	
Non-Select Brand & Generic Drugs - Discounts averaging 19% off the average wholesale price	
No maximum annual benefit, no deductibles, no claim forms to file, accepted at over 45,000 network pharmacies nationwide	
PPO BENEFIT - The MultiPlan Network* - Members have access to a PPO Network, which provides savings on Hospital and Physician services. Using the PPO Network may lower out-of-pocket medical expenses. The MultiPlan Network includes nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities. Network use is required.	
To find a network provider visit www.multiplan.com or call (800) 672-2140.	

	STANDARD	PREFERRED
Doctor's Office Visits • Calendar Year Maximum	Pays \$50 per Visit, 6 Visits per Person per Year	Pays \$70 per Visit, 6 Visits per Person per Year
Preventive Care • Calendar Year Maximum	Pays \$100 per Visit, 1 Visit per Person per Year	Pays \$200 per Visit, 1 Visit per Person per Year
Accident Benefit • Calendar Year Maximum	\$500 per Occurrence, 3 Occurrences per Person per Year	\$500 per Occurrence, 3 Occurrences per Person per Year
Diagnostic, X-Ray, & Lab • Calendar Year Maximum	Pays \$50 per Visit, 6 Visits per Person per Year	Pays \$70 per Visit, 6 Visits per Person per Year
Emergency Room Sickness • Calendar Year Maximum	Not Available	Pays \$150 per Visit, 2 Visits per Person per Year
Surgical Benefit	Pays up to \$500 per Surgery (According to a Schedule)	Pays up to \$500 per Surgery (According to a Schedule)
Anesthesia Benefit	Pays 20% of Surgical Schedule	Pays 20% of Surgical Schedule
Hospital Indemnity • Lifetime Maximum	Pays \$100 per Day, 365 Days Lifetime Maximum	Pays \$200 per Day, 365 Days Lifetime Maximum
Life & AD&D Insurance • Employee • Spouse (Life Only) • Child (Life Only)	\$10,000 \$5,000 \$2,000	\$10,000 \$5,000 \$2,000
The MultiPlan Network	Physician Network	Physician and Hospital Network
Weekly Rates		
Employee:	\$15.17	\$19.54
Employee + 1:	\$26.74	\$34.36
Family:	\$34.02	\$45.99

***Network use is required for the Non-Insurance Pharmaceutical Program and the PPO Benefit.**

IMPORTANT NOTICE

This is a Benefit Plan highlight sheet and is not intended to be a complete or legal description of the program of benefits. Complete information is available immediately upon request before you enroll through your employer and will also be provided to you in the certificate of insurance or member benefit booklets for the various programs in which you may voluntarily choose to participate. This program is not intended to replace, nor do we recommend that it replace any comprehensive program of insurance in which you currently participate, or are considering participation in.

Security Life - Optional Dental

The optional dental benefit plan (Plan 1) can be purchased on a stand-alone basis or with participation in the medical/drug plans. The optional dental plan is fully insured and has no network restrictions. Members have the ability to choose any dental care provider for service.

OPTIONAL DENTAL PLAN 1

Annual Deductible	\$100 per Covered Member (3 per Family)	
Maximum Annual Benefit	\$1,000 per Covered Member	
Benefit Description	Co-Insurance	Waiting Period
Type 1: Preventive Services (2 per Year) Routine Oral Exams, Cleanings, Fluoride Treatments, Space Maintainers, etc.	100%	None
Type 2: Basic Services X-Rays, Fillings, Simple Extractions, Emergency Treatment, etc.	80%	3 Months
Type 3: Major Services Oral Surgery, Crowns, Inlays, Onlays, Dentures, Bridges, Periodontics, Endodontics, etc.	50%	12 Months
Weekly Rates*		
Employee:		\$4.77
Employee + Spouse:		\$9.62
Employee + Child(ren):		\$8.75
Family:		\$15.31

* Included in these rates is an additional \$0.70 weekly administrative fee for participation in the dental benefit.

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) for any unmarried child age 19 years of age and over unless he is dependent upon You for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit at an accredited junior college, college, or university. Any exception for a full-time student will end at age 23; 21) 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.

Security Life - Optional Vision

The optional vision benefit plan (9657974) can be purchased on a stand-alone basis or with participation in the medical/drug plans. The optional vision plan gives you the ability to elect either an in-network or out-of-network provider for service, although the greatest benefit is realized by visiting an EyeMed network provider. The EyeMed Access Network includes Lenscrafters, Pearle Vision, Sears Optical and Target Optical in addition to thousands of independent optometrists, ophthalmologists and opticians. If you choose to visit an out-of-network provider you will have to file a claim and be reimbursed according to the schedule below.

OPTIONAL VISION PLAN (9657974)	In-Network (EyeMed)	Out-of-Network
Vision Exam - Once every 12 months	Covered at 100% After \$10 Co-pay	Reimbursed at \$25
Frames - Once every 24 months	\$100 Allowance, 20% Off Balance After \$100 Allowance	Reimbursed at \$40
Standard Lenses - Once every 24 months - Single Vision Lenses - Bifocal Lenses - Trifocal Lenses	Covered at 100%, After \$20 Co-pay Covered at 100%, After \$20 Co-pay Covered at 100%, After \$20 Co-pay	Reimbursed at \$20 Reimbursed at \$30 Reimbursed at \$40
Contact Lenses - Once every 24 months (instead of eyeglass lenses) - Conventional - Disposable - Medically Necessary	\$100 Allowance After \$20 Co-pay, 15% Off Balance After \$100 Allowance \$100 Allowance After \$20 Co-pay, Plus Balance After \$100 Allowance Covered at 100%, After \$20 Co-pay	Reimbursed at \$60 Reimbursed at \$60 Reimbursed at \$60

Weekly Rates

Employee:	\$1.62
Employee + Spouse:	\$2.54
Employee + Child(ren):	\$2.77
Family:	\$5.08

Additional Discount Benefits (In-Network ONLY)

- Lens Options (add to lens prices above)

Service	Co-Payment
UV Coating	\$15
Scratch Resistance	\$15
Anti-Reflective	\$45
Other Add-ons	20% Retail Discount

Service	Co-Payment
Tint	\$15
Polycarbonate	\$40
Standard Progressive	\$65

- LASIK (Non-insured Discount Benefit)

The EyeMed Access Network provides discounts on LASIK Laser Vision Correction. This non-insured benefit is offers a savings of 15% off the regular price or 5% off the promotional price when using a network provider.

For additional information or to locate a participating network provider call 866-723-0513 or visit www.enrollwitheyemed.com/access.

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.

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Open Enrollment Period!

You have from November 14 to December 2 to enroll

Enrollment Instructions (Toll-Free 877-626-3479 Ext. 6311):

Please complete the following questionnaire prior to calling Toll-Free 877-626-3479 Ext. 6311, as you will be asked for this information. The enrollment center is available between the hours of 8:00 AM to 8:00 PM EST Monday through Thursday and 8:00 AM to 6:00 PM EST Friday.

1. My Employer is: Hire Dynamics, LLC
2. My Location is in (Circle One): Georgia Nevada Pennsylvania
3. I would like to ENROLL or DECLINE coverage (Circle one): ENROLL DECLINE
4. My Name is: _____
5. My Social Security Number is: _____ (If declining coverage, stop here)
6. My Date of Birth is: _____
7. My Home Address is (Street Address): _____ (State) _____ (Zip) _____
8. My Life Insurance Beneficiary is (Legal Name): _____
9. I want to enroll in the Medical Plan: Standard Preferred
10. I want Medical coverage for: Employee Employee + 1 Family
11. I want to enroll in the Dental and/or Vision benefits: Dental Vision
12. I want Dental and/or Vision coverage for: Employee Employee + Spouse Employee + Child(ren) Family
13. My Dependents are (Use separate sheet if you have more dependents):
(Name) _____ (Social Security) _____ (Birth Date) _____
(Name) _____ (Social Security) _____ (Birth Date) _____
(Name) _____ (Social Security) _____ (Birth Date) _____

**Thank you for taking the time to complete the above form.
Please call 877-626-3479 Ext. 6311 to enroll for coverage.**

**Hire Dynamics is pleased to offer these benefits
in order to promote the health of our employees.**

Enrollment at your fingertips

