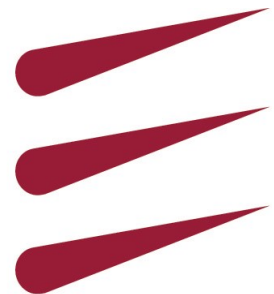


Benefits Summary

Elite Staffing Inc. External Staff

January 1st, 2024



elitestaffing



Medical Insurance | Allied Benefit Systems

Newly hired employees will automatically be enrolled into the **MEC Preventive plan**.

If you wish to enroll in another plan or waive coverage, you must call 866-627-7509.

Choice of plan options:	MEC Preventive	MEC Blue	PPO Bronze	PPO Platinum
Network	Multiplan	Multiplan	PHCS	PHCS
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$0 / Not Covered \$0 / Not Covered	\$0 / Not Covered \$0 / Not Covered	\$5,000 / \$5,000 \$12,700 / \$12,700	\$2,000 / \$2,000 \$4,000 / \$4,000
Coinsurance In-Network / Out-of-Network	100% / Not Covered	100% / Not Covered	80% / 60%	80% / 60%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	Unlimited / Not Covered Unlimited / Not Covered	Unlimited / Not Covered Unlimited / Not Covered	\$6,250 / \$12,500 \$12,700 / \$25,400	\$4,000 / \$12,500 \$8,000 / \$25,400
Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% Not Covered Not Covered	100% 100% 100%	100% Deductible then 80% Deductible then 80%	100% Deductible then 80% Deductible then 80%
Emergency Room	Not Covered	100%	Deductible then 80%	\$200 copay
Urgent Care (In-Network)	Not Covered	100%	Deductible then 80%	Deductible then 80%
Prescription Drugs (In-Network) Generic / Formulary / Non-Formulary	100%	\$5 / \$40 / Not Covered	Deductible then 80%	\$10 / \$35 / \$60

How to locate a provider

Your plan offers enhanced benefits for covered services when you visit providers and hospitals in either the **Multiplan Network** or the **PHCS Network**, depending on the plan you are enrolled in.

Start your search by visiting www.multiplan.com to locate a network provider near you.

Step 1

Go to www.multiplan.com and select the **"Find a Provider"**.

Step 2

Click **"Select Network"**

Step 3

Click **"Multiplan,"** and then select **"Limited Benefit Plan."**

OR

Step 3

Click **"PHCS,"** and then select **"I don't see any of these statements."**
Click **"Front"** or **"Back"** depending on where the logo is on your ID card.

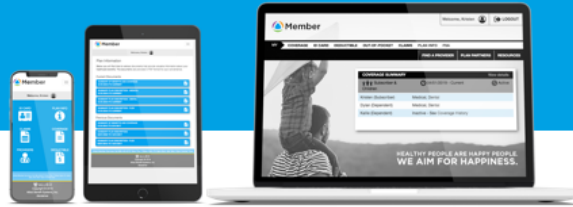
Step 4

Search by name, specialty, facility type, NPI # or license #.
Enter in the zip code of the area in which you are searching.



Member Portal

Manage your benefits and take control of your healthcare with secure portal access anytime, anywhere, from any device.



View Plan Benefit Information

Plan Information	
Below you will find links to various documents that provide valuable information about your healthcare benefits. The documents are provided in PDF format for your convenience.	
Current Documents	Previous Documents
SUMMARY OF BENEFITS AND COVERAGE EXHIBITS TO CURRENT	SUMMARY OF BENEFITS AND COVERAGE EXHIBITS TO 2019/2020
SUMMARY PLAN DESCRIPTION - MEDICAL 10/01/2019 TO CURRENT	SUMMARY PLAN DESCRIPTION - MEDICAL 10/01/2018 TO 10/01/2017
SUMMARY PLAN DESCRIPTION - DENTAL 10/01/2019 TO CURRENT	SUMMARY PLAN DESCRIPTION - DENTAL 10/01/2018 TO 10/01/2017
SUMMARY PLAN DESCRIPTION - FLEX 10/01/2019 TO CURRENT	SUMMARY PLAN DESCRIPTION - FLEX 10/01/2018 TO 10/01/2017



Access Your ID Card

Subscriber ID Card

Your current ID card is provided below for your convenience. It provides important information about your healthcare benefits.

Subscriber ID: 1234567890	Subscriber Name: JOHN DOE	Subscriber ID: 1234567890
Subscriber Name: JOHN DOE	Subscriber ID: 1234567890	Subscriber Name: JOHN DOE
Subscriber ID: 1234567890	Subscriber Name: JOHN DOE	Subscriber ID: 1234567890

[PRINT A COPY OF YOUR ID CARD](#) [REQUEST A REPLACEMENT ID CARD](#)



Check Deductible & Out of Pocket Spend



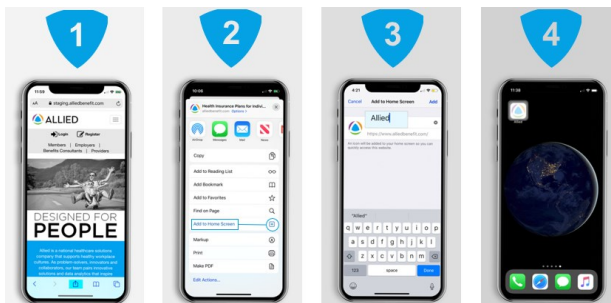
Find In-Network Providers

Find a Provider

Use the links below to access provider directories for your health plan.

MEDICAL PROVIDER NETWORK [FIND](#)

Access Your Member Portal From Your Mobile Device



Type in **alliedbenefit.com**
Click the **share icon** button at the bottom of the screen

Scroll down the screen and Tap the **add to home screen option**

Type in **Allied**

Tap the **Allied icon** to log in to your member portal

Dental Insurance





Dental Insurance | Ameritas

Preferred Provider Organization (PPO)

This dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- Annual Exams (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- Non Surgical Endodontics and Periodontics
- Surgical Endodontics and Periodontics

Major:

- Root canals
- Dentures/bridges/partials
- Crowns
- Surgical Extractions
- And more

Dental Plan	Dental Low PPO <i>In-Network / Out-of-Network</i>
Network	Ameritas Network
Individual Deductible (Family not covered)	\$50
Preventive Coinsurance	80%
Basic Coinsurance	50%
Major Coinsurance	50%
Annual Plan Maximum	\$1,000 / \$1,000

Vision Insurance





Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$25 copayment	Allowance varies
Frames	Every 24 months*	\$130 allowance + 20% off balance	\$70 max allowance
Elective Contacts	Every 12 months**	\$130 Allowance	\$105 max allowance

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year



Medical Insurance Rates

Preventative MEC

Weekly Contributions:	You Pay
Employee Only	\$11.19
Employee & Spouse	\$14.63
Employee & Child(ren)	\$22.85
Family	\$31.77

MEC Blue

Weekly Contributions:	You Pay
Employee Only	\$19.18
Employee & Spouse	\$79.74
Employee & Child(ren)	\$59.56
Family	\$120.11

PPO Platinum & PPO Bronze

Refer to Workterra or EOI for further information.



Dental Insurance Rates

Ameritas Dental

Weekly Contributions:	You Pay
Employee Only	\$4.92
Employee & Spouse	\$9.87
Employee & Child(ren)	\$8.90
Family	\$14.27



Vision Insurance Rates

VSP Vision

Weekly Contributions:	You Pay
Employee Only	\$1.63
Employee & Spouse	\$2.60
Employee & Child(ren)	\$2.66
Family	\$4.29

Carrier Information





Carrier Information

Medical	
Carrier	Allied Benefit Systems
Website	www.alliedbenefit.com
Phone Number	800.255.2078
Network	MultiPlan or PHCS
Group Number	A16111

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	800.877.7195
Network	VSP Choice
Policy Number	30023066

Dental	
Carrier	Ameritas
Website	www.amertias.com
Phone Number	800.487.5553
Network	Ameritis Network
Policy Number	010-039376

Human Resources Contact Information	
Contact	Reyna Villasenor
Email Address	reyna@elitestaffing.com
Phone Number	312.334.0113

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.