

ALTO STAFFING

Field Benefits Guide



4 OPTIONS 4 YOU!

Welcome aboard to Alto Health Care Staffing

Alto Health Care Staffing is pleased to be able to provide a variety of benefits to our hard working employees. Please read this benefit guide carefully so you understand the value that Alto Health Care Staffing benefits offer you as you decide what levels of protection best meet your needs for 2020

Please read this guide carefully. You have 30 days from your first day worked to elect health benefits. You will not be permitted to make changes unless you experience a qualifying life event. If you think you are experiencing a qualifying life event, please contact us so we may provide guidance. If you sign up for any of our weekly insurance benefits, you will have the benefits active after you receive your first paycheck showing that your premium has been deducted. If you do not pay your premium, you do not have benefits the following week.

OPTION 1: MEC PLAN

- The MEC Plan offers Preventative Wellness Care only.
 - The cost of this plan is extremely inexpensive and costs less than any state or federal mandated fine.
 - Choose this plan, if the state in which you live, requires that you have medical coverage or face a fine.



PLEASE RETURN ALL BENEFIT APPLICATIONS TO: TIMESLIPS@ALTOSTAFFING.COM

MEC

We are committed to helping your family maintain good health. To that end, we are offering Minimum Essential Coverage (MEC) to eligible employees. Minimum Essential Coverage (MEC) is self-funded and will cover 100% of the 64 CMS listed preventive services. The MEC pays for preventive services only.



Covered Benefits	MEC
Deductible (single/family)	\$0/\$0
Coinsurance	100%
Out-of-Pocket Maximum (single/family)	\$0/\$0
ACA Required Preventive Care/ Screening/Immunization Benefits (MEC)	100% covered

MEC Weekly Rates

Employee Only <i>FREE</i> if FT Contract	\$10.38
Employee + Spouse	\$13.85
Employee + Children	\$17.31
Employee + Family	\$20.77



15 Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults starting at age 50 limited to one every 5 years
7. Depression screening for adults
8. Type 2 Diabetes screening for adults
9. Diet counseling for adults
10. HIV screening for adults
11. Immunizations vaccines for adults (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis)
12. Obesity screening and counseling for all adults
13. Sexually Transmitted Infection (STI) prevention counseling for adults
14. Tobacco Use screening for all adults and cessation interventions
15. Syphilis screening for all adults

23 Covered Preventative Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BRCA counseling and genetic testing for women at higher risk
4. Breast Cancer Mammography screenings every year for women age 40 and over
5. Breast Cancer Chemoprevention counseling for women
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women. Non-network services will be payable as network services.
7. Cervical Cancer screening
8. Chlamydia Infection screening
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
10. Domestic and interpersonal violence screening and counseling for all women
11. Folic Acid supplements for women who may become pregnant when prescribed by a physician
12. Gestational diabetes screening
13. Gonorrhea screening for all women
14. Hepatitis B screening for pregnant women
15. Human Immunodeficiency Virus (HIV) screening and counseling
16. Human Papillomavirus (HPV) DNA Test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
17. Osteoporosis screening over age 60
18. Routine prenatal visits for pregnant women
19. Rh Incompatibility screening for all pregnant women and follow-up testing
20. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
21. Sexually Transmitted Infections (STI) counseling
22. Syphilis screening
23. Well-woman visits to obtain recommended preventive services

MEC continued

26 Covered Services for Children

1. Alcohol and Drug Use assessments
2. Autism screening for children limited to two screenings up to 24 months
3. Behavioral assessments for children limited to 5 assessments up to age 17.
4. Blood Pressure screening
5. Cervical Dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemoprevention supplements for children without fluoride in their water source when prescribed by a physician
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body Mass Index measurements for children.
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or sickle cell screening for newborns
16. HIV screening for adolescents
17. Immunization vaccines for children from birth to age 18 -doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicells
18. Iron supplements for children up to 12 months when prescribed by a physician
19. Lead screening for children
20. Medical History for all children throughout development Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
21. Obesity screening and counseling
22. Oral Health risk assessment for young children up to age 10
23. Phenylketonuria (PKU) screening in newborns
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
25. Tuberculin testing for children
26. Vision screening for all children under the age of 5



OPTION 2: MEC Enhanced

The MEC Enhanced Plan includes all of the MEC Preventative Benefits noted above, and also includes the enhanced benefits that cover illness and injury below.

This plan is administered by The Loomis Company and utilizes the PHCS Network.



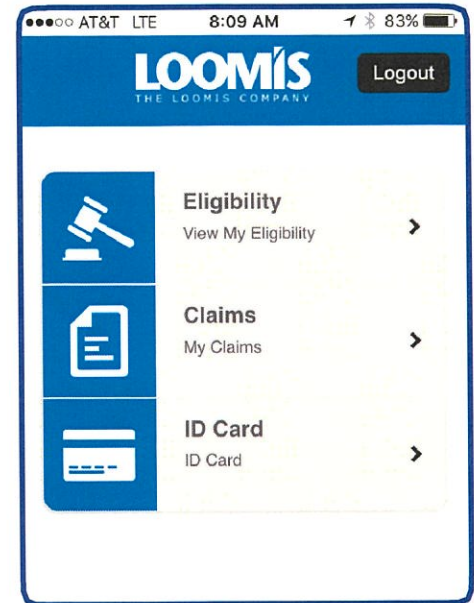
The Loomis Company - PHCS Network			
Medical	Network Providers	Non-Network Providers	Lifetime Max: None
Annual Deductibles Does not include Co-pays. In-network and Out-of-network are separate accumulations and do not cross apply	Individual: None Family: None	No Coverage	
Annual Co-pay and Co-Insurance Out of Pocket Maximums (Medical and Rx Co-pays apply to the annual out of pocket maximums)	Individual \$2,500 Family \$13,200	N/A	
Office Visits - Primary Care (exam or consultation)	\$15 Co-pay, Plan pays 100%	No Coverage	Limited to Office Visit Charge
Office Visits - Specialist (exam or consultation)	\$25 Co-pay, Plan pays 100%	No Coverage	
Diagnostic Services - Basic labs (related to office visit, LabCorp, etc.)	\$50 Co-pay, Plan pays 100%	No Coverage	Limited to \$500 per calendar year
Diagnostic Services - X-rays only	\$50 Co-pay, Plan pays 100%	No Coverage	Limited to \$500 per calendar year
Diagnostic Services. Major (MRI, CT, PET, Nuclear Medicine.etc.)	\$400 Co-pay, Plan pays 100% of allowed amount	No Coverage	Limited to \$1,000 per calendar year
Emergency Room Facilities	\$400 Co-pay, Plan pays 100% of allowed amount		Limited to \$4,000 per calendar year. Life threatening conditions Only
Emergency Room • All covered services other than facility charges			Physicians Benefits covered limited to \$1500 per calendar year.
Urgent Care Center & 24 Hour Clinic	\$100 Co-pay, Plan pays 100%	No coverage	Limited to \$4,000 per calendar year.
Prescription In Network Only			
Generic	\$15 Co-pay		Max Benefit of \$100 Per Script
Formulary	\$25 Co-pay		Max Benefit of \$300 Per Script
Non-Formulary	\$75 Co-pay		Max Benefit of \$500 Per Script
Specialty and Injectables	No Coverage		
Monthly Payroll Deduction			
Employee Only	\$195.74		
Employee & Spouse	\$334.47		
Employee & Children	\$331.87		
Family	\$502.68		

Loomis Mobile App

The Loomis mobile benefit application is available to you and as a member, you can access your information 24/7!

The Loomis Mobile App is versatile and can help you keep track of important information:

- View Eligibility
- View Claims
- View and Email current ID Card
- Provider search engines
- Eligibility, coverage status of claims, and copies of EOBs
- Request ID cards
- Download claim forms
- Rx vendor Internet services
- Research health-related issues



Member Communication



With our online capabilities, members can access information 24/7



- Provider search engines
- Eligibility, coverage status of claims, and copies of EOBs
- Request ID cards
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- Rx vendor Internet services
- Research health-related issues

My Loomis Mobile App

- View Eligibility
- View Claims
- View and Email current ID Card

Access. Answers.

MEC Plan Costs

Monthly Rates		
MEC		
	Monthly Cost	Weekly Deduction
Member	\$45.00	\$10.38
Member + Spouse	\$60.00	\$13.85
Member + Child(ren)	\$75.00	\$17.31
Family	\$90.00	\$20.77
MEC Enhanced		
	Monthly Cost	Weekly Deduction
Member	\$195.74	\$45.17
Member + Spouse	\$334.47	\$77.19
Member + Child(ren)	\$331.87	\$76.59
Family	\$502.68	\$116.00
CONTACT		
The Loomis Company administers the MEC Plan and the MEC Plus Plan. Your or your providers can call any time to verify eligibility, get a benefit quote, or check on claims status.		
The Loomis Company	800-782-0392	www.Loomisco.com

OPTION 3: MVP PLAN

You must be a FULL TIME employee working on a contract with guaranteed hours in order to select this plan

- The MVP Plan is a comprehensive benefit plan offered to Alto Health Care Staffing Full Time Employees, working 30 hours or more per week.
- This MVP Plan is compliant with the Affordable Care Act (ACA) requirements of meeting both Affordability and Minimum Value.
- Affordability means that you can not be charges more than 9.78% of your household income towards the cost of the Employee Only Coverage of this plan. You will, however, be responsible for premiums for dependents enrolling in the plan.
- Minimum Value means that the plan expects to cover at least 60% of the medical expenses you incur.
- This plan covers Preventive Care at 100%, and also covers major medical expenses.



Minimum Value Plan

This plan is administered by Benefit Plan Administrators and utilizes the PHCS Network.



Benefit Plan Administrators - Bronze Minimum Value Plan

PPO Network	PHCS for Physician Services and Reference Based Pricing.	
Covered Benefits	In Network	Out of Network
Deductible (single/family)	\$5,000 / \$12,700	\$10,000 / \$25,000
Coinsurance	You Pay 0% Plan Pays 100%	You Pay 50% Plan Pays 50%
Out of Pocket Maximum (single/family)	\$6,350 / \$12,700	\$12,700 / \$25,400
Emergency Room Services	100% after Deductible	80% after Deductible
Inpatient Hospital Services	100% after Deductible	80% after Deductible
Primary Care Visit to Treat and Injury or illness	100% after Deductible	80% after Deductible
Specialist Visit	100% after Deductible	80% after Deductible
Mental Health and Substance Disorder Outpatient	100% after Deductible	80% after Deductible
Imaging (CT, PET, MRI)	100% after Deductible	80% after Deductible
Rehabilitative Therapy - All	100% after Deductible	80% after Deductible
Preventative Care	100% after Deductible	80% after Deductible
Laboratory Outpatient and Professional Services	100% after Deductible	80% after Deductible
X-rays and Diagnostic Imaging	100% after Deductible	80% after Deductible
Outpatient Facility Fee	100% after Deductible	80% after Deductible
Outpatient Surgery Physician/Surgical Services	100% after Deductible	80% after Deductible
Urgent Care	100% after Deductible	80% after Deductible
Wellness	100%	No Coverage
Prescription Drugs		
Generic	100% after Deductible	Not covered
Preferred Brand Drugs	100% after Deductible	Not covered
Non-Preferred Brand Drugs	100% after Deductible	Not covered
Specialty Drugs	100% after Deductible	Not covered
Monthly Premium		
Employee Only	\$411.41	
Employee + Child(ren)	\$618.58	

Benefit Costs

Monthly Rates		
Minimum Value Plan		
	Monthly Cost	Weekly Deduction
Member	\$411.41	\$94.94
Member + Child(ren)	\$618.59	\$142.75
CONTACT		
Benefit Plan Administrators administers the MVP Plan. Your or your providers can call any time to verify eligibility, get a benefit quote, or check on claims status.		
Benefit Plan Administrators	800-277-8973	www.BPATPA.com

OPTION 4: LIMITED IDEMNITY PLAN

This is the only plan that may be used in conjunction with MEC, MEC Enhanced and MVP (the first three options)

Essential StaffCARE

The Leading Provider of Health Insurance and Benefits
for the Staffing Industry.

AN IAG SOLUTION



Alto Health Care Staffing

Essential StaffCARE Customer Service Toll-Free Number
for Enrolled Members, Employees, and Providers:

1-866-798-0803.

2019 Enrollment

Visit our website at www.essentialstaffcare.com.

Over 1,500 staffing companies across America offer ESC's flagship Fixed Indemnity Plans to help employees who need help the most – those unable to afford high premiums, deductibles and co-pays of traditional major medical insurance plans. In fact, ESC Fixed Indemnity plans cover 84-95% of the average employee's annual medical expenses, according to industry resource Milliman Consulting Actuaries. ESC Fixed Indemnity Plans offer many benefits including:

No deductible, no co-pay, first-day coverage, no pre-existing limitation clauses In and out of benefit status – skip a premium payment when off assignment In-patient and out-patient surgery benefits, plus daily room and board Coverage for doctor office visits Cover the majority of an average employee's day-to-day medical expenses Excepted benefits protected from constantly changing ACA regulations Does not impact an employee's ability to receive valuable ACA subsidies Utilizes one of America's largest and most respected PPO Networks – First Health Network Optional Vision, Dental, Life, Disability and AD&D benefits

Essential StaffCARE

So that you get the most from your benefits, we've created an online resource center to help you manage your benefits, make informed treatment and financial decisions, and live well. From finding a healthcare provider to taking advantage of discounts, we're here to help.

Unlike traditional major medical plans where you must first satisfy an annual deductible before you are eligible to receive benefit payments, the Fixed Indemnity Medical Plan allows you to receive specific first dollar payments for covered healthcare services, regardless of what your medical provider charges. When a sickness or injury occurs, the Fixed Indemnity Medical Plan can help eliminate your financial concerns and provide support at a time when it is needed most.

Visit our website to to view a Benefits at a Glance for the Essential StaffCARE Fixed Indemnity Medical Plan.

<https://www.paisc.com/members/essentialstaffcare.aspx>

This plan does not satisfy the Individual Mandate and you will be subject to the federal tax.

This plan allows you to receive a subsidy from the Health Insurance Exchange.

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803, Monday through Friday, 8:30 a.m. to 8:00 p.m. Eastern Time. A translation line is available for most languages.

Or visit us at:

WWW.MEDICALSTAFFCARE.COM/FAQEC

Fixed indemnity medical benefit plans are a supplement to health insurance. They are not a substitute for essential health benefits or minimum essential coverage as defined by federal health law. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult with your tax advisor for more information.

LIMITED BENEFITS SUMMARY

FIXED INDEMNITY MEDICAL BENEFIT

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.



Outpatient Benefits ¹

Physician Office Visit	\$100 per day
Diagnostic (Lab)	\$75 per day
Diagnostic (X-Ray)	\$200 per day
Ambulance Services	\$300 per day
Physical, Speech, or Occupational Therapy	\$50 per day
Emergency Room Benefit - Sickness	\$200 per day
Emergency Room Benefit - Accident ²	\$1,000 per day
Outpatient Surgery	\$1,000 per day
Anesthesiology	\$400 per day
Annual Outpatient Maximum	\$2,250
Prescription Drugs ³	
Annual Maximum	\$600
Per Day	\$30

Inpatient Benefits

Standard Care	\$700 per day
Intensive Care Unit Maximum ⁴	\$800 per day
Inpatient Surgery	\$4,000 per day
Anesthesiology	\$800 per day
Skilled Nursing ⁵	\$100 per day
First Hospital Admission (1 per year)	\$500
Annual Inpatient Maximum ⁶	No Limit

Accidental Loss of Life, Limb & Sight

Employee	\$20,000
Spouse	\$20,000
Dependent (6 months to 26 years)	\$5,000
Dependent (15 days to 6 months)	\$2,500

Wellness Care

Wellness Care (one per year)	\$100
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¹ all outpatient benefits are subject to the outpatient maximum ² covers treatment for off the job accidents only ³ not subject to outpatient maximum ⁴ pays in addition to standard care benefit ⁵ for stays in a skilled nursing facility after a hospital stay ⁶ Subject to internal limits of plan

DENTAL BENEFIT



Coverage A

Waiting Period/Coinsurance

None / 80%

Coverage B

3 Months / 60%

Coverage C

12 Months / 50%

Annual Maximum Benefit \$750 Deductible \$50

Exams, Cleanings, Intraoral Films and Bitewings

Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures

Periodontics, Crowns, Bridges, Endodontics and Dentures

VISION BENEFIT ¹



Eye Examination ² (including dilation)

In-Network

You Pay Plan Pays

\$10 Copay

100%

Out-of-Network

You Pay Plan Pays

100% \$35

Exam Options (Standard or Premium Contact Lens Fit)

Up to \$55 or 10% off Retail Price

\$0

100% \$0

Frames ³

80%, after \$110 allowance

\$110, plus 20% of remaining

100% \$55

Standard Plastic Lenses (single, bifocal, trifocal) ²

\$25 Copay

100%

100% \$25-\$55

Lens Options

\$15-\$45 or 20% discount

100% or 20% off retail

100% \$0

Contact Lenses (Conventional) ²

\$0 Copay, 85% of remaining

\$110, plus 15% of remaining

100% \$88

Disposable Contact Lenses ²

\$0 Copay

\$110, plus balance

100% \$88

Medically Necessary Contact Lenses ²

\$0 Copay

100%

\$0 \$200

¹ For complete plan details, please visit www.medicalstaffcare.com/vision ² Once every 12 months ³ Once every 24 months

TERM LIFE BENEFIT



Employee Amount \$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)

Child Amount (6 mos to 26 yrs old)

\$5,000

Spouse Amount \$5,000 (terminates at age 70)

Infant Amount (15 days to 6 mos)

\$1,000

SHORT-TERM DISABILITY BENEFIT



Benefit Amount

60% of base pay up to \$150 per week

Waiting Period/Maximum Benefit Period

7 days, up to 26 weeks

WEEKLY LIMITED BENEFITS PREMIUM

	Medical	Dental	Vision	Term Life	STD
Employee Only	\$34.41	\$5.40	\$2.42	\$0.60	\$4.20
Employee + Child(ren)	\$57.12	\$14.58	\$6.54	\$0.90	-
Employee + Spouse	\$65.38	\$10.80	\$4.84	\$0.90	-
Employee + Family	\$87.06	\$20.52	\$9.20	\$1.80	-

LIMITED BENEFIT EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

FIXED INDEMNITY MEDICAL AND ACCIDENTAL LOSS OF LIFE, LIMB OR SIGHT BENEFIT

No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane
- Declared or undeclared war
- Serving on full-time active duty in the armed forces
- The covered person's commission of a felony
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law or
- With regard to the accidental loss of life, limb or sight benefit - sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

No benefits will be paid for:

- Eye examinations for glasses, any kind of eye glasses, or vision prescriptions
- Hearing examinations or hearing aids
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force
- Services provided by a member of the covered person's immediate family.

The fixed indemnity medical plan is not available to residents of Hawaii, New Hampshire or Puerto Rico.

PRESCRIPTION DRUGS

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

DENTAL

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the group policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on covered procedures or limitations, please see your summary plan description.

VISION

No benefits will be paid for any materials, procedures or services provided under worker's compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

SHORT-TERM DISABILITY

No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury
- Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, you or your spouse's child, sibling or parent, or a person who resides in your home
- Declared or undeclared war or act of war
- Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony
- Your participation in a riot
- If you engage in an illegal occupation
- Release of nuclear energy
- Operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; or
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

TERM LIFE

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.

Member Services:

For frequently asked questions and network information for the Fixed Indemnity Medical Plan, please go to www.msc-enrollment.com/FAQIND.

PLEASE NOTE: Your Company has chosen to take your payroll deductions on a **Post-Tax** basis.

Medical StaffCARE Customer Service: 1-866-798-0803

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and policy booklets.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time. Bilingual representatives are available.
- Members can also visit www.paisc.com and click on "Members" and enter your group number.