



ProLink Staffing Services: 2021 Benefits Enrollment Guide

Plan Year:

January 1, 2021 – December 31, 2021

Our Employees Are Our Most Valuable Asset

ProLink Staffing offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

- Medical Insurance
- Health Savings Account (HSA)
- Dental Insurance
- Vision Insurance
- Life and Accidental Death & Dismemberment
- Supplemental Life Accidental Death & Dismemberment
- Short Term Disability
- Long Term Disability
- Employee Assistance Plan

Who is Eligible?

If you are a full-time employee, working at least 30 hours per week, you are eligible to enroll in the benefits described in this guide.

New Hires – Enrollment Window:

Your elections must be completed online no later than **30 days from your start date**.

You have 30 days from your start date to enroll in benefits; however, immediate enrollment is encouraged. Medical benefits will be effective on the employee's first day of employment, regardless of enrollment date. All other health benefits will become effective the first day of the month following your first day on assignment.

Premiums are withheld in advance for the following month's coverage. We encourage immediate enrollment to ensure you only receive the premiums withheld in advance for the following month's coverage. This totals one month of premiums we request in advance. The premiums requested in advance will be deducted through payroll over a four-week period. If your enrollment is not immediate or changes to benefits elections are made after your first day on assignment, the four-week period may be extended. Any extra premiums deducted for the month in advance will be reimbursed at the end of your contract, depending on your end of service date.

How to Enroll:

Enrollment is completed through your ProLink Workday account.

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The information in this Benefits Guide is presented for illustrative purposes. The text contained in this summary 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 the Benefit Guide 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 summary, contact Human Resources (HR).

Medical Insurance



ProLink offers you the opportunity to choose between two high deductible health plans (HDHP) so that you are able to best meet the health and financial needs of you and your family. Please note that the Tier 1 pharmacy benefits are shown below. Please see plan summaries for tier 2 and tier 3 coverage.

	\$5,000 HDHP	\$5,000 HDHP	\$3,000 HDHP	\$3,000 HDHP
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: Individual	\$5,000	\$10,000	\$3,000	\$6,000
Deductible: Family	\$10,000	\$20,000	\$6,000	\$12,000
Coinsurance	80/20%	60/40%	100/0%	70/30%
Out-of-Pocket Max: Individual	\$6,350	\$12,700	\$4,500	\$9,000
Out-of-Pocket Max: Family	\$12,700	\$25,400	\$9,000	\$18,000
Inpatient/Outpatient	20% coinsurance after deductible	40% coinsurance after deductible	0% after deductible	30% coinsurance after deductible
Emergency Room	20% coinsurance after deductible	40% coinsurance after deductible	\$250 copay after deductible	Same as in-network
Urgent Care	20% coinsurance after deductible	40% coinsurance after deductible	\$75 after deductible	30% coinsurance after deductible
Office Visits: Primary Care/Specialist	20% coinsurance after deductible	40% coinsurance after deductible	\$30-\$60 copay after deductible	30% coinsurance after deductible
Preventive Care	Covered in full	40% coinsurance after deductible	Covered in full	30% coinsurance after deductible
Prescription Drugs: *Tiered Network	20% coinsurance after deductible	40% coinsurance after deductible	\$10/\$35/\$70/25% to \$200 max after deductible	50% coinsurance after deductible

Coverage Tier	Weekly Payroll Deductions	
	\$5,000 HDHP	\$3,000 HDHP
Employee	\$35.94	\$55.20
Employee + Spouse	\$143.84	\$187.48
Employee + Child(ren)	\$96.62	\$128.36
Family	\$217.68	\$278.85

Health Savings Account (HSA)



ActWise, an Anthem affiliate, is the administrator of your HSA. An HSA is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. HSA money can be used to pay for deductibles, copayments, coinsurance, etc. While you can use the funds in an HSA at any time to pay for qualified medical expenses, you may only contribute to the HSA if you are enrolled in one of ProLink's HDHPs.

Other benefits to a HDHP/HSA combination (***additional information available in Appendix A***):

1. You decide when and how to spend your health care dollars.
2. It's a health plan paired with a savings account. Your benefit plan features a health plan from Anthem along with an HSA from ActWise.
3. The 2021 maximum IRS contribution limit for individual coverage is \$3,600 and \$7,200 for family. The catch up for those 55+ is \$1,000 (in addition to the aforementioned amounts).
4. Money that you don't use in one-year rolls over and is added to your balance the next year. Your money continues to grow, so you can take comfort knowing that your future health care expenses will be covered. The money is yours to keep, even if you leave the company.
5. You can use your account to pay for expenses that aren't covered by your health plan. Expenses like dental care, orthodontia, and vision care are all eligible expenses under your HSA. You can also use your HSA to pay for your portion of expenses that are covered by your health plan, like deductibles and coinsurance.
6. You can invest a portion of your unused HSA dollars in a wide variety of stocks, bonds and mutual funds.

Dental Insurance



ProLink offers a voluntary dental plan through Principal. Through Principal's website, you have access to find an in-network dentist, view the plan certificate, review claims and amounts towards maximums, print ID cards, and more!

	In-Network	Out-Of-Network*
Deductible – Annual Individual Family	\$50 \$150	
Annual Maximum Benefit Per Person	\$1,000	
Preventive Services Exams, cleanings, fluoride, space maintainers, sealants, x-rays	Deductible Waived Covered in full	
Basic Services Fillings, periodontics, endodontics, extractions	After the deductible, You pay 20%	After the deductible, You pay 20%
Major Services Surgery, crowns, bridges, dentures	After the deductible, You pay 50%	After the deductible, You pay 50%
Orthodontia	Not covered	

*The chart above is a summary of your benefits and does not guarantee coverage. If receiving services out-of-network, you could be subject to balance billing.

Coverage Tier	Weekly Payroll Deductions
Employee Only	\$4.29
Family	\$12.75

Vision Insurance



ProLink offers a voluntary vision plan through Principal. Principal uses the Vision Service Plan (VSP) network. VSP offers over 50,000 total access points with the largest network of independent doctors and retail chain affiliates. You always have the freedom to choose any other provider but will pay the least amount when visiting an in-network provider.

	In-Network Benefits
Eye Exam	\$10 copay
Lenses Single Bifocal Trifocal	\$25 copay
Contact Lenses	\$150 allowance
Frames	\$150 allowance, then 20% discount
Benefit Frequency	Exam: Once every 12 months Lenses: Once every 12 months Frames: Once every 24 months Contacts: Once every 12 months

Coverage Tier	Weekly Payroll Deductions
Employee	\$1.45
Employee + Spouse	\$2.75
Employee + Child(ren)	\$3.23
Family	\$4.54

Voluntary Disability Insurance



ProLink offers a voluntary **short- and long-term disability benefit** to all eligible employees. The short-term disability benefit will pay on the 1st day for accidents and on the 8th day for illnesses. The weekly benefit pays 60% of your weekly earnings to a maximum of \$1,000 per week (up to 13 weeks). After 90 days, (if elected) the long-term disability will begin to provide a

benefit of 60% of your monthly earnings up to a monthly maximum of \$6,000. A medical review may occur prior to conversion to long-term disability. To qualify, you will need to submit a statement of health to Principal (GroupBenefitsAdmin@principal.com). Statement of health forms can be found in ProLink's reference center. As a reminder, short- and long-term disability are employee paid benefits.

401(k) Retirement Savings Plan



ProLink offers a 401(k) Retirement Savings Plan through American Pension Benefits. Employees will be auto-enrolled to contribute 3% of their pay into the 401(k) savings plan. To opt out of automatic enrollment or to modify your withholding election to something other than 3%, please visit www.apbretirement.com. You have a choice to make traditional pre-tax employee contributions or Roth after-tax employee contributions.

You will become a participant eligible to begin receiving matching contributions and profit sharing contributions on the **a)** first day of the first month of the plan year or **b)** first day of the seventh month of the plan year coincident with or next following the date you attain age 21 and you complete one year of eligibility service, provided that you are an eligible employee on that date. A "year of eligibility service" means an eligibility computation period during which you complete at least 1,000 hours of service.

As the employee, you are always 100% vested in your salary deferral contributions. The matching contributions must be earned with years of vesting service credited with ProLink. Vesting is counted from your date of hire. You must work 1,000 or more hours from January 1 through December 31 each plan year to accrue a year of vesting. Your account also becomes 100% vested at normal retirement age (age 65).

Supplemental Life Insurance



If you want to purchase life insurance benefits, you may enroll yourself, spouse, and/or dependents in this benefit. You pay the full cost through payroll deductions.

You can purchase coverage on yourself in \$10,000 increments up to a maximum of \$500,000. If you purchase coverage for yourself, you may purchase coverage for your spouse in \$5,000 increments, up to 100% of your election, to a maximum of \$100,000, and for your children in flat benefits of \$5,000 OR \$10,000. The dependent child age limit is 26 years of age. The guarantee issue limits are \$150,000 for employees, \$30,000 for spouses, and \$10,000 for children. If you would like to apply for coverage above the guarantee issue limits, a medical questionnaire, and possibly a paramedical exam depending on requested coverage volume, is required. Note that the amount over the guarantee issue limits may be declined.

Underwriting Note: If you waive the supplemental life insurance coverage when you are first eligible and decide later to apply for this coverage in any amount, you will be subject to medical underwriting approval based on the completion of a medical questionnaire and coverage could be declined.

Voluntary Critical Illness



ProLink offers all full-time employees a voluntary critical illness benefit. Please see below for more information.

Covered Illnesses	Diagnosis	% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
	Cancer One	100%	100%
	Cancer Two	25%	25%
	Coronary Artery Bypass Graft	25%	25%
	Heart Attack	100%	100%
	Major Organ Failure	100%	100%
	Stroke	100%	100%
Multiple Payouts	<ul style="list-style-type: none"> • Benefits for a first occurrence of a different critical illness will be payable if incurred more than 12 months after the preceding critical illness. • Benefits for additional occurrences of the same critical illness will be payable if incurred more than 12 months after the preceding critical illness and 12 months treatment free. 		
Scheduled Benefits			
	Employee Benefits	Spouse Benefits	Child Benefits
Scheduled Benefit	You may choose to purchase a benefit in increments of \$5,000	You may choose to purchase a benefit in \$2,500 increments	\$2,500
Minimum Scheduled Benefit	\$5,000	\$2,500	Not Applicable
Maximum Scheduled Benefit	\$100,000	\$50,000 Cannot exceed 50% of your scheduled benefit	Not Applicable
Guarantee Issue	\$10,000	\$5,000	Not Applicable
	For benefit amounts above the guarantee issue, proof of good health is required.		
Maximum Lifetime Benefit	Two times the scheduled benefit amount.		
Additional Employee Benefits			
Wellness Rider	If you or your spouse has a covered wellness test performed, you may be eligible for a \$50 benefit. This benefit is payable only once per calendar year and does not count toward the critical illness maximum lifetime benefit amount.		

Contact Information

Medical/Prescription Drug

Anthem

www.anthem.com

833.639.1634

Health Savings Account (HSA)

ActWise

www.anthem.com

888.290.9164

Dental

Principal

www.principal.com

800.247.4695

Vision

Principal

www.principal.com

800.247.4695

Voluntary Life and Disability

Principal

www.principal.com

800.247.4695

401(k) Retirement Savings Plan

First Financial Bank

Danielle Butler

513.979.5834

Broker: HORAN Associates

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513.745.0707

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Appendix A – FAQs About HSAs

What is an HSA?

A HSA (Health Savings Account) is a tax-exempt trust or custodial account that you set up exclusively for paying for eligible medical expenses. Funds roll over from year to year, can earn interest and accumulate for future health care needs. To be eligible to open an HSA, you must be covered under a high-deductible health plan (HDHP), you cannot be enrolled in Medicare, you cannot be enrolled in another health plan, and you cannot be claimed as a dependent on someone else's tax return.

Are HSAs and HDHPs the same thing?

No. The HSA is the account in which you set aside money for eligible health care expenses through ActWise. A HDHP (High Deductible Health Plan) is the actual health insurance plan through Anthem. Enrollment in the HDHP is what allows you to contribute to your HSA.

When do I contribute to my HSA account, and how often can I?

The 2021 maximum IRS contribution limit for individual coverage is \$3,600 and \$7,200 for family. The catch-up amount for those 55+ is \$1,000.

Do my HSA contributions have to be made in equal amounts each month?

No, you can contribute in a lump sum or in any amounts or frequency you wish. Please contact Human Resources in order to change your payroll contributions.

What expenses are eligible for reimbursement from my HSA?

HSA dollars may be used for qualified medical expenses incurred by the account holder, the account holder's spouse, and dependents (as long as claimed on taxes). Doctor visits, chiropractor fees, prescription drugs, dental care and vision care not otherwise covered by a health plan are all eligible health care expenses.

Are dental and vision care qualified medical expenses under a HSA?

Yes. However, cosmetic procedures, like cosmetic dentistry, would not be considered qualified medical expenses.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made. You will only have access to the dollars that are in the account. You cannot have a negative balance.

How do I pay my physician or network facility at time of service with my HSA dollars?

You should make sure that your provider has your most up-to-date insurance. Once the medical claim has been processed through Anthem, if applicable, out-of-pocket expenses will be billed. At this time you may choose to use your HSA debit card to pay for any out-of-pocket expenses, or you may choose to pay with your own money and receive reimbursement at a later date. You should always ask that your medical claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. Remember to keep all medical receipts and Explanation of Benefits (EOBs).

FAQs About HSAs *continued*

What are my obligations with a HSA?

The account holder is responsible for funding and maintaining your HSA in accordance with HSA regulations. This means that you need to ensure that contributions do not exceed the IRS annual maximum, and that distributions for non-eligible expenses are added back to your gross income.

What paperwork must I keep if I have a HSA?

- Keep records of your expenditures
- Complete Form 8889 when you do your annual taxes
- Ensure you do not have any other medical coverage (other than the HDHP) including access to a general purpose health care FSA through a spouse
- Ensure you cannot be claimed as a dependent on someone else's taxes

I have a claim to submit that is more than my current HSA balance. How will this be handled?

You will be reimbursed for eligible expenses up to the dollar amount that is currently in your HSA. Additional disbursements can be made as funds are available, but you are responsible for the balance due on your bill.

What if I have HSA money left in my account at year-end?

The money is yours to keep. It will roll over to the next year, and the balance will earn interest as well.

What disclosure is required for tax purposes?

You should consult your tax advisor regarding your disclosure obligations. Receipts for expenses paid with HSA funds should be retained to prove to the IRS that:

- Eligible medical expenses were incurred
- Expenses were not reimbursed from another source
- Expenses were not deducted from income taxes

HSA contributions are federally tax deductible, but what about state taxes?

Most, but not all states have passed legislation to allow state tax deductions for HSA contributions. HSAs contributions are not currently deductible for state taxes in California, Alabama and New Jersey.

Can I use the money in my account to pay for my spouse and dependent children's medical expenses?

You can use the money in the account to pay for medical expenses of yourself, your spouse or your dependent children as long as they remain "tax qualified dependents". Children up to age 26 can be covered under the Anthem HDHP, but may not meet the IRS definition of a "tax qualified dependent" so be sure to talk to your tax advisor about the eligibility of your adult children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.