



*Understanding the changing needs of today's workplace.*

September 14, 2016

As you may or may not know, Integrity Staffing's Health Insurance Plan is renewing on October 1<sup>st</sup>, 2016. Approximately sixty (60) days prior to October 1, the current carrier generates a renewal.

**Important:** This is your open enrollment period (9/1/16 through 9/30/16), coverage will be effective 10-1-16 and (10/1/16 through 10/31/16) coverage will be effective 11/01/16. If you or a family member is not on the Integrity plan, this is the time to enroll. If you do not enroll, you will have to wait until October of 2017, unless you have a qualifying event (i.e., divorce, marriage, birth, etc.)

Integrity Staffing offers its full time employees health benefit coverage after a 90 day waiting period. If you are within this period and wish to be covered please contact Debbie Metzger and coverage will begin on your 91<sup>st</sup> day.

If you have any questions regarding the plan or have any service issues, please do not hesitate to contact Debbie Metzger at SS Benefits. Debbie Metzger can be reached at: 216/378-9969 or via e-mail at: [dmetzger@ssben.com](mailto:dmetzger@ssben.com)

If you are not enrolled currently in a healthcare plan with Integrity Staffing and wish to be, it is imperative that you contact Debbie Metzger at the contact information above to get enrolled prior to October 31<sup>st</sup>. If you are currently enrolled and wish to stay enrolled you need not do anything. If you wish to add dependents, you must contact Debbie to have the change made.

Please see the attached for the SUMMARY of Benefits for the Anthem Plan we are offering. This plan meets all the minimum essential coverage requirements of the Affordable Care Act (ACA) and your monthly costs will be deemed affordable by the ACA. Please call our Corporate office for your individual monthly cost at (216) 896-5602.

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# Your Summary of Benefits



**Integrity Staffing Services, Inc.**  
**Blue Access® Option D59 with Rx Option 8**  
**Effective 10/01/2016**

*This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.*

| Covered Benefits  | Network           | Non-Network       |
|---|-------------------|-------------------|
| <b>Deductible (Single/Family)</b>   | \$5,000/\$10,000  | \$10,000/\$20,000 |
| <b>Out-of-Pocket Limit (Single/Family)</b>  | \$10,000/\$20,000 | \$20,000/\$40,000 |
| <b>Physician Home and Office Services (PCP/SCP)</b>   | \$30 / \$60       | 40%               |
| Primary Care Physician(PCP)/Specialty Care Physician (SCP)<br>Including Office Surgeries and allergy serum:   |                   |                   |
| · Allergy injections (PCP and SCP)  | \$5               | 40%               |
| · Allergy testing   | 20%               | 40%               |
| · MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals  | 20%               | 40%               |
| <b>Preventive Care Services</b>   | No Cost Share     | 40%               |
| Services included but not limited to:<br>Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. |                   |                   |
| <b>Emergency and Urgent Care</b>  |                   |                   |
| · <b>Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted)</b>   | \$250/20%         | \$250/20%         |
| · <b>Urgent Care Center Services</b>  | \$75              | 40%               |
| · MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals  | 20%               | 40%               |
| · Allergy injections  | \$5               | 40%               |
| · Allergy testing   | 20%               | 40%               |
| <b>Inpatient and Outpatient Professional Services</b>   | 20%               | 40%               |
| Include but are not limited to:<br>· Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams  |                   |                   |
| <b>Inpatient Facility Services</b>  | 20%               | 40%               |
| Unlimited days except for:<br>· 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)<br>· 90 days Network/Non-Network combined for skilled nursing facility   |                   |                   |
| <b>Outpatient Surgery Hospital / Alternative Care Facility</b>  | 20%               | 40%               |
| · Surgery and administration of general anesthesia  |                   |                   |
| <b>Other Outpatient Services (including but not limited to):</b>  | 20%               | 40%               |
| · Non Surgical Outpatient Services<br>For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.   |                   |                   |
| · Home Care Services (Network/Non-network combined)<br>100 visits (excludes IV Therapy)   |                   |                   |
| · Durable Medical Equipment, Orthotics, and Prosthetics   |                   |                   |
| · Physical Medicine Therapy Day Rehabilitation programs   |                   |                   |
| · Hospice Care  | No Cost Share     | No Cost Share     |
| · Ambulance Services  | 20%               | 20%               |

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company  
 An independent licensee of the Blue Cross and Blue Shield Association.  
 \* Registered marks Blue Cross and Blue Shield Association.

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**Effective 10/01/2016**

| Covered Benefits  | Network   | Non-Network                      |
|---|---|----------------------------------|
| <b>Outpatient Therapy Services</b><br><b>(Combined Network &amp; Non-Network limits apply)</b> <ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Physical therapy: 20 visits</li> <li>Occupational therapy: 20 visits</li> <li>Manipulation therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> <li>Cardiac Rehabilitation: 36 visits</li> <li>Pulmonary Rehabilitation: 20 visits</li> <li>Accidental Dental: \$3,000 Limit</li> </ul>   | \$30 / \$60<br>20%  | 40%<br>40%                       |
| <b>Behavioral Health Services:</b><br><b>Non Biologically Based Mental Illness and Substance Abuse (2) (limits and maximums apply)</b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> <b>Inpatient: 30 Network days</b><br>(includes inpatient mental health Non-Network )<br><b>Outpatient: 30 Network visits</b><br><b>Substance Abuse (non-network)</b><br>Non-Network limits apply<br>(Substance abuse rehabilitation programs are limited to one per benefit period.)   | 20%<br>\$60<br>20%  | 40%<br>40%<br>40%                |
| <b>Human Organ and Tissue Transplants(3)</b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>  | No Cost Share   | 50%                              |
| <b>Prescription Drugs (National):(4)</b><br><b>Network Tier structure equals 1/2/3 (and 4 and 5 if applicable)</b> <ul style="list-style-type: none"> <li><b>Network Retail Pharmacies:</b><br/>               (30 day supply)<br/>               Includes diabetic test strip</li> <li><b>Home Delivery</b><br/>               (90 day supply)<br/>               Includes diabetic test strip</li> </ul> 4th Tier per script max- 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery. <ul style="list-style-type: none"> <li>- Member may be responsible for additional cost when not selecting the available generic drug.</li> <li>- Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.</li> </ul> | \$10 / \$35 / \$70 / 25% \$200 max up to \$2,500 out of pocket maximum<br>\$10 / \$88 / \$175 / 25% \$200 max up to \$2,500 out of pocket maximum | 50% , min \$70(5)<br>Not Covered |

**Notes:**

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the Out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a copayment and percentage (%) coinsurance applies.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Network and non-network deductibles are combined for 500 series plans.
- Dependent age: to the end of the month in which the child attains age 26.