

UNITEMP Temporary Personnel **Employee Group Life & Health Benefit Plan**

from

SYMETRA Select Benefits

PLEASE READ!

The following employer benefit information is designed to make available group health and welfare coverages at rates, and with conditions, not normally available to individual consumers. Some of these features include the following:

- Attractive, moderate group plan pricing, with employer funding assistance.
- No medical questions or underwriting during initial open enrollment period.
- No pre-existing conditions exclusions.
- **No additional premium charge to cover eligible dependents.**
- No provider network restrictions. Utilize any legitimate care-giver of your choice.
- Fully insured program through A-Rated provider.
- No deductibles on any medical plan components.
- No coordination of benefits clause. Will pay over and above other coverages you may have.
- Hourly indexed premium and coverages that adjust to changes in your total hours worked each month (see attached).

Please be aware the period of time available for plan sign up is limited to no more than 30 days from your initial hiring or initial offering (whichever is later). Please consider this attractive opportunity carefully. We encourage and invite your participation.

UNITEMP Temporary Personnel

THREE LEVEL HOURLY BENEFIT PLAN

from

Symetra Life Insurance Company

SELECT BENEFITS

The following three level benefit plan being utilized by UNITEMP Temporary Personnel is designed as an enhancement to your employment with this firm. It is structured to allow you access to health and welfare coverages at graduated levels. Please be advised that there are no underwriting medical questions for admittance to this plan, so long as you sign up within 30 days of initial plan offering by your employer. The same applies for eligible dependents, now or at the time of acquiring new dependents. If, however, you refuse this offering at the initial open enrollment period, or should you drop the plan in a subsequent month, you may be required to prove insurability, i.e., answer medical questions with the possibility of denial, before being admitted (or readmitted) into this plan. Below are the basic features of this plan and its administration.

ADMINISTRATION

Your coverage in a given month will be determined by the number of hours worked the immediately preceding fiscal month. For instance, if you worked less than 91 hours in May, you will be eligible to utilize the benefits included in Level I in June. If you were to work between 91 and 130 hours in June, you may utilize Level II benefits in July, and more than 130 hours in July would make you eligible for full Level III benefits in August. Should your service hours fluctuate up or down, your benefit level may be affected up or down from month to month, but you will always qualify for one of these levels if you perform any hours at all. Attached is the schedule of benefits for each level. Your premium expense is detailed in the following "Question & Answer" piece.

THE ADMINISTRATOR

Select Benefit Administrators, Inc. is the claims administrator for Symetra Life Insurance Company. Any employee may call Select Benefits at any time to determine their coverage status, or for claims/customer service assistance at: **(1-800-497-3699)**. Except for emergencies, try not to make inquiries the 1st week of each month, so as to allow UNITEMP Temporary Personnel and Select Benefits several days to deliver and receive premium. Please refer to **UNITEMP Temporary Personnel account #88653**, plus your name and social security number, when making inquiries about your benefits.

MISCELLANEOUS

Covered employees will be eligible to utilize their appropriate level of benefits on the first of the month following their initial month of employment, eligibility and UNITEMP Temporary Personnel premium payment. Coverage will extend from the 1st day of the month through the last day, subject to timely premium payment. Coverage the following month will again commence on the 1st day of the new month, but the benefit level for each and every month will be determined by hours worked the previous *fiscal* month.

All covered employees will receive summary plan booklets and medical cards, usually 4 to 6 weeks after their effective date. In the meanwhile, you may access your coverage by contacting the Administrator with claim detail and information, using the same phone number and account number cited previously herein.

Should you encounter a caregiver who does not recognize or wish to process your medical claim for you, you may file your claim directly with the administrator. Payment would then be tendered directly to you. Your summary plan booklet and a handout within this package will contain information on proper claims procedure, or you may contact Select Benefits for same. Formal claim forms, while helpful, are not mandatory. Provider bills and/or receipts are usually adequate.

FREQUENTLY ASKED QUESTIONS & ANSWERS

ABOUT THE PROGRAM

This UNITEMP Temporary Personnel insurance program has been designed as an enhancement to your association and employment with our firm. Our intention is to provide real and usable group benefits to you at a minimal cost. By participating in, and providing this assistance, UNITEMP Temporary Personnel hopes to demonstrate our genuine concern for you and your family's welfare, and at the same time offering our appreciation for your valuable contribution.

The provider under this plan is **Symetra Life Insurance Company** and their administrator **Select Benefit Administrators, Inc.** They were selected, at least in part, because of their sensitive, courteous and professional claims and customer servicing record. We expect that they will provide UNITEMP Temporary Personnel employees with prompt, efficient and friendly help when using these benefits. UNITEMP Temporary Personnel management invites employees to take advantage of this program, because it has been developed for you, our family of valued staffing associates.

HOW DOES THE UNITEMP Temporary Personnel 3-LEVEL PLAN WORK?

Your coverage in a given month will be determined by the number of hours worked the immediately preceding fiscal month. For instance, if you worked less than 91 hours in May, you will be eligible to utilize the benefits included in Level I in June. If you were to work between 91 and 130 hours in June, you may utilize Level II benefits in July, and more than 130 hours in July would make you eligible for full Level III benefits in August. Should your service hours fluctuate up or down, your benefit level may be affected up or down from month to month, but you will always qualify for one of these levels if you perform any hours at all. Below is the schedule of benefits for each level.

<u>LEVEL I (1-90 hours)</u>	<u>LEVEL II (91-130 hours)</u>	<u>LEVEL III (131 + hours)</u>
<ul style="list-style-type: none"> ▪ \$5,000 Employee Life Insurance Benefit ▪ Standard Dependent Life Benefit ▪ \$200 Daily Hospital Indemnity/\$400 Daily ICU ▪ Option I Additional Accident Benefit ▪ Pharmacy Discount Program ▪ Survivor Benefit 	<ul style="list-style-type: none"> ▪ \$5,000 Employee Life Insurance Benefit ▪ Standard Dependent Life Benefit ▪ \$300 Daily Hospital Indemnity/\$600 Daily ICU ▪ Option I Additional Accident Benefit ▪ Doctor's Office Visit Indemnity Benefit (\$35 per visit) ▪ Outpatient Diagnostic, X-ray and Lab (DXL) Indemnity Benefit (\$35 per visit) ▪ Pharmacy Discount Program ▪ Survivor Benefit 	<ul style="list-style-type: none"> ▪ \$5,000 Employee Life Insurance Benefit ▪ Standard Dependent Life Benefit ▪ \$300 Daily Hospital Indemnity/\$600 Daily ICU ▪ Option I Additional Accident Benefit ▪ Doctor's Office Visit Indemnity Benefit (\$55 per visit) ▪ Outpatient Diagnostic, X-ray and Lab (DXL) Indemnity Benefit (\$45 per visit) ▪ Vision Care Benefit ▪ Pharmacy Discount Program ▪ Survivor Benefit

WHAT IS THE COST TO THE EMPLOYEE?

Should you enroll and authorize the expense, UNITEMP Temporary Personnel will **payroll deduct \$.45 per hour** to pay for this coverage. UNITEMP Temporary Personnel will pay the balance of your premium and UNITEMP Temporary Personnel will **NOT INCREASE YOUR PAYROLL DEDUCTIONS TO COVER YOUR ELIGIBLE DEPENDENTS.**

HOW DO I ACCESS MY BENEFITS?

Select Benefit Administrators, Inc. is the administrator under this plan for Symetra Life Insurance Company. Any employee may call Select Benefits at any time to determine their coverage status, or for claims/customer service assistance at:

(1-800-497-3699)

Except for emergencies, try not to make inquiries the 1st week of each month, so as to allow UNITEMP Temporary Personnel and Select Benefits several days to deliver and receive premium. Please refer to **UNITEMP Temporary Personnel account #88653**, plus your name and social security number, when making inquiries about your benefits.

Covered employees on this project will be eligible to utilize their appropriate level of benefits on the first of the month following their initial month of employment or eligibility. Coverage will extend from the 1st day of the month through the last day. Coverage the following month will again commence on the 1st day of the new month, but the benefit level for each and every month will be determined by hours worked the previous fiscal month.

WHAT TYPE OF COVERAGE WILL I AND MY DEPENDENTS HAVE?

This plan includes the above supplemental health and welfare coverages. No medical components have deductibles, and most have no co-pays. You may utilize any legitimate caregiver you wish. You will (in approximately 6 weeks) receive a medical card, but can access your coverage in the meanwhile by contacting the administrator for claims and coverage questions. While these coverages are not catastrophic or unlimited in nature, they will provide you and your family with useful and very inexpensive benefits that should prove most useful and valuable on a day-to-day basis.

HOW DO I FILE A CLAIM?

You may present your medical card to any physician for claims processing. Should you encounter a caregiver who does not recognize or wish to process your medical claim for you, you may file your claim directly with the administrator. Payment would then be tendered directly to you. Your medical card and summary plan booklet will contain information on proper claims procedure, or you may contact Select Benefits for same. Formal claim forms, while helpful, are not mandatory. Provider bills and/or receipts are usually adequate.

UNITEMP Temporary Personnel

SAFECO Insurance Company

SELECT BENEFITS

THREE LEVEL HOURLY BENEFIT PLAN OUTLINE

LEVEL I (1-90 hours)

\$5,000 Employee Life Insurance Benefit
Standard Dependent Life Benefit
\$200 Daily Hospital Indemnity/\$400 Daily ICU
Option I Additional Accident Benefit
Pharmacy Discount Program
Survivor Benefit

LEVEL II (91-130 hours)

\$5,000 Employee Life Insurance Benefit
Standard Dependent Life Benefit
\$300 Daily Hospital Indemnity/\$600 Daily ICU
Option I Additional Accident Benefit
Doctor's Office Visit Indemnity Benefit (\$35 per visit)
Outpatient Diagnostic, X-ray and Lab (DXL) Indemnity Benefit (\$35 per visit)
Pharmacy Discount Program
Survivor Benefit

LEVEL III (131 + hours)

\$5,000 Employee Life Insurance Benefit
Standard Dependent Life Benefit
\$300 Daily Hospital Indemnity/\$600 Daily ICU
Option I Additional Accident Benefit
Doctor's Office Visit Indemnity Benefit (\$55 per visit)
Outpatient Diagnostic, X-ray and Lab (DXL) Indemnity Benefit (\$45 per visit)
Vision Care Benefit
Pharmacy Discount Program
Survivor Benefit

UNITEMP Temporary Personnel

SAFECO Insurance Company

SELECT BENEFITS

THREE LEVEL HOURLY BENEFIT PLAN DETAIL

LEVEL I (1-90 hours)

EMPLOYEE LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

\$5,000 Life Insurance Benefit

\$5,000 Accidental death and dismemberment (combined benefit of \$10,000).

Amounts reduce by 35% at age 65, and by an additional 35% each 5-year period thereafter.

STANDARD DEPENDENT LIFE

Spouse \$2,500

Infant (14 days - 6 months) \$ 200

Child (over 6 months to 19 years) \$1,250

(to 26 years if a full-time student)

Life coverage on spouse terminates when employees insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent, or when employees insurance coverage terminates.

HOSPITAL INDEMNITY BENEFIT

\$200 per day; 30 days maximum per calendar year.

\$200 per day for treatment of alcoholism or drug abuse, 30 days maximum per calendar year.

\$400 per day for Intensive Care Unit; 30 days maximum per calendar year.

\$100 per day for mental illness; 30 days maximum per calendar year; 180 days lifetime maximum.

\$100 per day for stays in a skilled nursing facility (only if following a covered hospital stay of at least 3 consecutive days and the covered person is less than age 65); maximum 60 consecutive days per stay.

- 500 days lifetime maximum for each benefit (except mental illness).
- Benefits become payable on the first day of covered confinement.
- Maternity covered same as any other illness.
- No deductible. No co-payment.
- No additional premium charge for eligible dependents.

OPTION I ADDITIONAL ACCIDENT BENEFIT

Covered charges for services furnished by a doctor or hospital within 90 days after an **accident**. No deductible. No co-payment. Maximum benefit: \$300 per person, per calendar year. This accident benefit applies to charges **as a result of an accident**. It is not intended to pay expenses incurred for routine illness. Those services would be appropriately utilized under a doctors office visit benefit. No additional premium charge for eligible dependents.

PHARMACY DISCOUNT PROGRAM

A discount off usual and customary charges will be given to each eligible person when prescriptions are purchased through a contracting pharmacy. This benefit will be available, at no charge, on any *Select Benefits* plan. On those plans that include the Prescription Drug Benefit, the maximum per person allowance must be spent before using the Pharmacy Discount Program.

SURVIVOR BENEFIT

If an employee dies while insured, his/her insured dependents may be extended coverage (other than Dependent Life) without premium payment for 2 years after the employees death, as long as the employers plan remains in force and dependent does not meet any other conditions contained in the provision. There is no additional premium charge for this benefit.

UNITEMP Temporary Personnel

SAFECO Insurance Company

SELECT BENEFITS

LEVEL II (91-130 hours)

EMPLOYEE LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

\$5,000 Life Insurance Benefit

\$5,000 Accidental death and dismemberment (combined benefit of \$10,000).

Amounts reduce by 35% at age 65, and by an additional 35% each 5 year period thereafter.

STANDARD DEPENDENT LIFE

Spouse \$2,500

Infant (14 days - 6 months) \$ 200

Child (over 6 months to 19 years) \$1,250

(to 26 years if a full-time student)

*Life coverage on spouse terminates when employees insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent, or when employees insurance coverage terminates.

HOSPITAL INDEMNITY BENEFIT

\$300 per day; 30 days maximum per calendar year.

\$300 per day for treatment of alcoholism or drug abuse, 30 days maximum per calendar year.

\$600 per day for Intensive Care Unit; 30 days maximum per calendar year.

\$150 per day for mental illness; 30 days maximum per calendar year; 180 days lifetime maximum.

\$150 per day for stays in a skilled nursing facility (only if following a covered hospital stay of at least 3 consecutive days and the covered person is less than age 65); maximum 60 consecutive days per stay.

- 500 days lifetime maximum for each benefit (except mental illness).
- Benefits become payable on the first day of covered confinement.
- Maternity covered same as any other illness.
- No deductible. No co-payment.
- No additional premium charge for eligible dependents.

OPTION I ADDITIONAL ACCIDENT BENEFIT

Covered charges for services furnished by a doctor or hospital within 90 days after an **accident**. No deductible. No co-payment. Maximum benefit: \$300 per person, per calendar year. This accident benefit applies to charges **as a result of an accident**. It is not intended to pay expenses incurred for routine illness. Those services would be appropriately utilized under a doctors office visit benefit. No additional premium charge for eligible dependents.

DOCTORS OFFICE VISIT INDEMNITY BENEFIT

Doctors office visit are payable at \$35 per visit up to a calendar year maximum of \$300 per person. No deductible. Excludes routine exams, medical treatment and injections. No additional premium charge for eligible dependents.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB (DXL) INDEMNITY BENEFIT

Diagnostic x-ray and lab (DXL) tests ordered or performed by a doctor are payable at \$35 per visit, up to a calendar year maximum of \$300 per person, when a hospital confinement is not required. Must be medically necessary. No deductible. No additional premium charge for eligible dependents.

PHARMACY DISCOUNT PROGRAM

A discount off usual and customary charges will be given to each eligible person when prescriptions are purchased through a contracting pharmacy. This benefit will be available, at no charge, on any *Select Benefits* plan. On those plans that include the Prescription Drug Benefit, the maximum per person allowance must be spent before using the Pharmacy Discount Program.

SURVIVOR BENEFIT

If an employee dies while insured, his/her insured dependents may be extended coverage (other than Dependent Life) without premium payment for 2 years after the employees death, as long as the employers plan remains in force and dependent does not meet any other conditions contained in the provision. There is no additional premium charge for this benefit.

UNITEMP Temporary Personnel

SAFECO Insurance Company

SELECT BENEFITS

LEVEL III (131 + hours)

EMPLOYEE LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

\$5,000 Life Insurance Benefit

\$5,000 Accidental death and dismemberment (combined benefit of \$10,000).

Amounts reduce by 35% at age 65, and by an additional 35% each 5 year period thereafter.

STANDARD DEPENDENT LIFE

Spouse \$2,500

Infant (14 days - 6 months) \$ 200

Child (over 6 months to 19 years) \$1,250

(to 26 years if a full-time student)

*Life coverage on spouse terminates when employees insurance coverage terminates. Life coverage on child terminates when child ceases to be an eligible dependent, or when employees insurance coverage terminates.

HOSPITAL INDEMNITY BENEFIT

\$300 per day; 30 days maximum per calendar year.

\$300 per day for treatment of alcoholism or drug abuse, 30 days maximum per calendar year.

\$600 per day for Intensive Care Unit; 30 days maximum per calendar year.

\$150 per day for mental illness; 30 days maximum per calendar year; 180 days lifetime maximum.

\$150 per day for stays in a skilled nursing facility (only if following a covered hospital stay of at least 3 consecutive days and the covered person is less than age 65); maximum 60 consecutive days per stay.

- 500 days lifetime maximum for each benefit (except for mental illness).
- Benefits become payable on the first day of covered confinement.
- Maternity covered same as any other illness.
- No deductible. No co-payment.
- No additional premium charge for eligible dependents.

OPTION I ADDITIONAL ACCIDENT BENEFIT

Covered charges for services furnished by a doctor or hospital within 90 days after an **accident**. No deductible. No co-payment. Maximum benefit: \$300 per person, per calendar year. This accident benefit applies to charges **as a result of an accident**. It is not intended to pay expenses incurred for routine illness. Those services would be appropriately utilized under a doctors office visit benefit. No additional premium charge for eligible dependents.

DOCTORS OFFICE VISIT INDEMNITY BENEFIT

Doctors office visit are payable at \$55 per visit up to a calendar year maximum of \$300 per person. No deductible. Excludes routine exams, medical treatment and injections. No additional premium charge for eligible dependents.

OUTPATIENT DIAGNOSTIC X-RAY AND LAB (DXL) INDEMNITY BENEFIT

Diagnostic x-ray and lab (DXL) tests ordered or performed by a doctor are payable at \$45 per visit, up to a calendar year maximum of \$300 per person, when a hospital confinement is not required. Must be medically necessary. No deductible. No additional premium charge for eligible dependents.

VISION CARE BENEFIT

Covered vision care expenses are paid at 80%. Maximum benefit: \$300 per person, per calendar year. No deductible. Eligible dependents are covered at same rate as employee.

PHARMACY DISCOUNT PROGRAM

A discount off usual and customary charges will be given to each eligible person when prescriptions are purchased through a contracting pharmacy. This benefit will be available, at no charge, on any *Select Benefits* plan. On those plans that include the Prescription Drug Benefit, the maximum per person allowance must be spent before using the Pharmacy Discount Program.

SURVIVOR BENEFIT

If an employee dies while insured, his/her insured dependents may be extended coverage (other than Dependent Life) without premium payment for 2 years after the employees death, as long as the employers plan remains in force and dependent does not meet any other conditions contained in the provision. There is no additional premium charge for this benefit.

REGARDING CLAIMS PROCEDURES...

Please be advised that you have three ways to process your claims on this benefit plan.

1. Caregiver Claim Submission

This traditional method is to simply provide your caregiver with your SYMETRA Select Benefits card, in which case your physician may simply file your claim for you (usually upon endorsing an “assignment of benefits” form). Any amount not covered would normally be billed to you later, after the rest of the claim is paid.

2. Employee Reimbursement

Should you prefer, or should you encounter a caregiver that is unfamiliar with or does not “recognize” your plan, you may be billed or asked to pay immediately after services are rendered. In this case you could file your claim directly with the administrator:

**Select Benefit Administrators, Inc.
P.O. Box 440
Ashland, WI 54806
ATTENTION: CLAIMS DEPARTMENT**

The claims payment would then be sent directly to you, payable to you. While perhaps helpful, formal claim forms are not required. Your bills and/or receipts are normally acceptable for claims payment.

(You may call the claims department at 1-800-497-3699 if you have any questions)

3. Preauthorization

You may be able to avoid this second “reimbursement” method by photocopying your medical card and sending it to your customary caregivers in advance of using the coverage. Attach to your card a brief note, such as the following:

Dear Dr. _____,

Please see attached evidence of my current health plan through SYMETRA Life Insurance Company. I understand your practice may routinely provide claim servicing for one or two “dominant” providers in this area. Please arrange to process claims that I may incur with this carrier, as well. SYMETRA is the very sizable, A+ rated provider of my plan, and will pay claims to any legitimate caregiver of my choice. They accept any standard claim form. Contact data is included on the attached card photocopy. Thank you in advance for your assistance.

This pro-active approach will, in many cases, eliminate the need to pay for services in advance of claims payment. Please keep in mind that, as the consumer, you always maintain the option and right to move to another provider for better claims cooperation under this plan.

Finally, while this plan may be slightly inconvenient in this regard from time to time, the alternative (a network of pre-approved caregivers) would considerably restrict your freedom of choice. A clear preference would be to allow you to utilize any legitimate caregiver you may choose.