



Guide to Employee Benefits

October 1, 2022



Travelers

Welcome

An Overview of your Benefits

Marvel Medical Staffing strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Employee Benefits Guide.

The Employee Benefits Guide provides summaries of the coverage options available to eligible employees and can serve as a reference throughout the year. We encourage you to review all your options as you make the best choices for you and your family.

Online enrollment occurs as a new hire and during the annual open enrollment period. Please contact our benefits team with any questions.

Marvel Medical Staffing Benefits Department: benefits@marvelmedstaff.com

	Medical Flexible Spending Account (FSA) Health Care & Dependent Care	www.myuhc.com 866-633-2446
	Health Savings Account	www.optumbank.com 866-234-8913
	Dental	ameritas.com group@ameritas.com 800-487-5553
	Vision	vsp.com and ameritas.com 800-877-7195
	Group Life Voluntary Life and AD&D	lincolffinancial.com 877-275-5462
	Employee Assistance Program (EPA)	GuidanceResources.com 888-628-4824
	Accident Critical Illness Hospital Indemnity	www.myaetnasupplemental.com 1-800-607-3366
	Pet Insurance	PetsNationwide.com 877-738-7874
	LifeLock with Norton	www.my.norton.com 1-800-607-9174
	Legal Services	members.legalplans.com 800-821-6400

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Please Note

The information presented in this guide is intended to provide a high-level overview of our benefit plans. For detailed information on the plans, please refer to the Summary of Benefit Coverage for each plan. If you need more detailed information or would like a Summary Plan Document, please contact the Benefits Department by emailing benefits@marvelmedstaff.com. In all cases, when there's any discrepancy between this guide and the Summary Plan Document, the Summary Plan Document will govern.

Enrollment Basics

Who can enroll for benefits?

Full-time employees who work 30 or more hours per week are eligible to enroll in the benefits outlined in this guide. In addition, the following dependents are eligible for coverage:

- **All plans will cover:**
 - Your legal spouse
 - Your domestic partner
 - Your unmarried dependent children up to age 26
 - Children who are 26 and older and are fully dependent on you for support and maintenance due to a mental or physical disability.
 - *Please note that verification of eligibility may be required to enroll dependents.*
 - *Refer to your Summary Plan Description for a complete list of dependent eligibility requirements.*

When to Enroll

New employees must submit their election to Marvel Medical Staffing Benefits Department within 10 days from the date of hire.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan



Need Help? Please contact our Benefits Department by emailing benefits@marvelmedstaff.com or calling 323.977.4437

Benefit Costs

Medical	Weekly Rate	Monthly Rate
BW96 Rx BX \$500 Deductible PPO Plan		
Employee Only	\$110.16	\$477.39
Employee + Spouse	\$303.23	\$1,314.01
Employee + Child(ren)	\$246.92	\$1,070.00
Employee + Family	\$464.12	\$2,011.20
ANEI Rx 457 \$1000 Deductible PPO Plan		
Employee Only	\$85.95	\$372.43
Employee + Spouse	\$249.99	\$1,083.29
Employee + Child(ren)	\$202.14	\$875.96
Employee + Family	\$386.70	\$1,675.68
ANEK Rx 457 \$3000 Deductible PPO Plan		
Employee Only	\$69.81	\$302.52
Employee + Spouse	\$214.53	\$929.61
Employee + Child(ren)	\$172.32	\$746.71
Employee + Family	\$335.12	\$1,452.20
AE3P Rx H44Y \$6000 Deductible HSA Plan		
Employee Only	\$46.96	\$203.49
Employee + Spouse	\$164.29	\$711.93
Employee + Child(ren)	\$130.07	\$563.63
Employee + Family	\$262.07	\$1,135.63
Dental	Weekly Rate	Monthly Rate
Silver Plan		
Employee Only	\$ 5.46	\$23.64
Employee + Spouse	\$10.65	\$46.16
Employee + Child(ren)	\$13.75	\$59.60
Employee + Family	\$18.95	\$82.12
Gold Plan		
Employee Only	\$ 8.42	\$36.48
Employee + Spouse	\$16.61	\$71.96
Employee + Child(ren)	\$22.63	\$98.08
Employee + Family	\$31.19	\$135.16
Vision	Weekly Rate	Monthly Rate
Silver Plan		
Employee Only	\$1.31	\$5.68
Employee + Spouse	\$2.38	\$10.32
Employee + Child(ren)	\$2.49	\$10.80
Employee + Family	\$3.85	\$16.68
Gold Plan		
Employee Only	\$2.01	\$8.72
Employee + Spouse	\$3.65	\$15.80
Employee + Child(ren)	\$3.83	\$16.60
Employee + Family	\$5.92	\$25.64
Additional Benefits	Monthly Rate	
Accidental, Hospital Indemnity, Critical Illness	See rate tables	
Life Insurance	See rate tables	
Legal Services	\$16.50	
Pet Insurance	Final cost varies according to plan, species, and ZIP code.	
LifeLock with Norton	Benefit Essential	Benefit Premier
Employee Only	\$7.99	\$11.49
Employee + Family	\$15.98	\$21.98

Benefit Costs

Additional Benefits					Weekly Rate		Monthly Rate		
Accidental Plan									
Employee Only					\$1.49		\$6.46		
Employee + Spouse					\$2.64		\$11.44		
Employee + Child(ren)					\$3.62		\$15.70		
Employee + Family					\$4.78		\$20.72		
Hospital Indemnity Plan									
Employee Only					\$4.27		\$17.08		
Employee + Spouse					\$9.61		\$38.46		
Employee + Child(ren)					\$7.13		\$28.50		
Employee + Family					\$12.21		\$48.84		
Critical Illness Plan									
<i>*Rates are based on your (the subscribers) current age but will increase as you move into a higher age-band.</i>									
Weekly Rate									
Employee Face Amount: \$15,000					Employee Face Amount: \$30,000				
Age Band	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Age Band	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$0.99	\$2.39	\$0.99	\$2.39	<25	\$1.70	\$3.76	\$1.70	\$3.76
25-29	\$1.28	\$2.79	\$1.28	\$2.79	25-29	\$2.10	\$4.56	\$2.10	\$4.56
30-34	\$1.64	\$3.50	\$1.64	\$3.50	30-34	\$2.81	\$5.99	\$2.81	\$5.99
35-39	\$2.11	\$4.45	\$2.11	\$4.45	35-39	\$3.78	\$7.91	\$3.78	\$7.91
40-44	\$2.92	\$6.06	\$2.92	\$6.06	40-44	\$5.39	\$11.14	\$5.39	\$11.14
45-49	\$3.84	\$7.91	\$3.84	\$7.91	45-49	\$7.24	\$14.84	\$7.24	\$14.84
50-54	\$5.53	\$11.30	\$5.53	\$11.30	50-54	\$10.61	\$21.61	\$10.61	\$21.61
55-59	\$7.58	\$15.41	\$7.58	\$15.41	55-59	\$14.72	\$29.86	\$14.72	\$29.86
60-64	\$10.65	\$21.56	\$10.65	\$21.56	60-64	\$20.87	\$42.17	\$20.87	\$42.17
65-69	\$14.36	\$29.90	\$14.36	\$29.90	65-69	\$28.13	\$58.85	\$28.13	\$58.85
70+	\$22.71	\$45.69	\$22.71	\$45.69	70+	\$44.99	\$90.43	\$44.99	\$90.43

Medical

	\$500 Deductible PPO Plan - BW96 Rx BX	
	In-Network	Out-of-Network
Deductible	Embedded*	
Single	\$500	\$5,000
Family	\$1,000	\$10,000
Co-Insurance	80%	50%
Out-of-Pocket	Includes Deductible	
Single	\$3,500	\$10,000
Family	\$7,000	\$20,000
Maximum Benefit	Unlimited	
Office Visit Copay		
Physician (PCP)	\$25 (\$0 under age 19)	Deductible/Co-Insurance
Specialist	\$25/\$50	Deductible/Co-Insurance
Virtual Visits	\$0	Deductible/Co-Insurance
Hospital Visit	Deductible/Co-Insurance	Deductible/Co-Insurance
Maximum Benefit	Unlimited	
Emergency Care	\$250 Copay then Co-Insurance	\$250 Copay then Co-Insurance
Urgent Care	\$50 Copay	Deductible/Co-Insurance
Routine Care		
Adult Physicals	100% Covered	Deductible/Co-Insurance
Preventive Care	100% Covered	Deductible/Co-Insurance
Mental Health/Substance Abuse	Prior Authorization Required	
Outpatient	\$25	Deductible/Co-Insurance
Inpatient	Deductible/Co-Insurance	Deductible/Co-Insurance
Prescription Drug	No Rx Deductible	
Generic/Tier 1	\$10	\$10
Formulary/Tier 2	\$35	\$35
Non-Formulary/Tier 3	\$70	\$70
Specialty/Tier 4	According to Tier	According to Tier
Mail Order	3x Retail	N/A

*Embedded Deductible: No single individual on the family plan will have to pay a deductible higher than the individual deductible amount.

Please view the Summary of Benefits and Coverage for the UnitedHealthcare Medical Plans.

This is a partial summary of the major benefits. For more details please refer to the Benefits Summary and the Summary Plan Description (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request an SPD from your benefits administrator or go to www.myuhc.com. Certain procedures require precertification prior to scheduling. Failure to do so will result in penalties and/or non-coverage of services.



Medical

\$1000 Deductible PPO Plan - ANEI Rx 457		
	In-Network	Out-of-Network
Deductible	Embedded*	
Single	\$1,000	\$5,000
Family	\$2,000	\$10,000
Co-Insurance	80%	50%
Out-of-Pocket	Includes Deductible	
Single	\$6,500	\$10,000
Family	\$13,000	\$20,000
Maximum Benefit	Unlimited	
Office Visit Copay		
Physician (PCP)	\$0	Deductible/Co-Insurance
Specialist	\$100	Deductible/Co-Insurance
Virtual Visits	\$0	Deductible/Co-Insurance
Hospital Visit	Deductible/Co-Insurance	Deductible/Co-Insurance
Maximum Benefit	Unlimited	
Emergency Care	\$250 Copay/Deductible then Co-Insurance	\$250 Copay/Deductible then Co-Insurance
Urgent Care	\$50 Copay	Deductible/Co-Insurance
Routine Care		
Adult Physicals	100% Covered	Deductible/Co-Insurance
Preventive Care	100% Covered	Deductible/Co-Insurance
Mental Health/Substance Abuse	Prior Authorization Required	
Outpatient	No Copay	Deductible/Co-Insurance
Inpatient	Deductible/Co-Insurance	Deductible/Co-Insurance
Prescription Drug	\$250/\$500 Deductible**	
Generic/Tier 1	\$5	\$5
Formulary/Tier 2	\$50	\$50
Non-Formulary/Tier 3*	\$100	\$100
Specialty/Tier 4*	\$250	\$250
Mail Order	3x Retail	N/A

*Embedded Deductible: No single individual on the family plan will have to pay a deductible higher than the individual deductible amount.

**Prescription Drug deductible applies to Tiers 3 & 4

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Medical

	\$3000 Deductible PPO Plan - ANEK Rx 457	
	In-Network	Out-of-Network
Deductible	Embedded*	
Single	\$3,000	\$10,000
Family	\$6,000	\$20,000
Co-Insurance	80%	50%
Out-of-Pocket	Includes Deductible	
Single	\$6,500	\$20,000
Family	\$13,000	\$40,000
Maximum Benefit	Unlimited	
Office Visit Copay		
Physician (PCP)	\$0	Deductible/Co-Insurance
Specialist	\$100	Deductible/Co-Insurance
Virtual Visits	\$0	Deductible/Co-Insurance
Hospital Visit	Deductible/Co-Insurance	Deductible/Co-Insurance
Maximum Benefit	Unlimited	
Emergency Care	\$250 Copay then Co-Insurance	\$250 Copay then Co-Insurance
Urgent Care	\$50 Copay	Deductible/Co-Insurance
Routine Care		
Adult Physicals	100% Covered	Deductible/Co-Insurance
Preventive Care	100% Covered	Deductible/Co-Insurance
Mental Health/Substance Abuse	Prior Authorization Required	
Outpatient	No Copay	Deductible/Co-Insurance
Inpatient	Deductible/Co-Insurance	Deductible/Co-Insurance
Prescription Drug	\$250/\$500 Deductible**	
Generic/Tier 1	\$5	\$5
Formulary/Tier 2	\$50	\$50
Non-Formulary/Tier 3*	\$100	\$100
Specialty/Tier 4*	\$250	\$250
Mail Order	3x Retail	N/A

*Embedded Deductible: No single individual on the family plan will have to pay a deductible higher than the individual deductible amount.

**Prescription Drug deductible applies to Tiers 3 & 4

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Medical

\$6000 Deductible HSA Plan - AE3P Rx H44Y		
	In-Network	Out-of-Network
Deductible	Embedded*	
Single	\$6,000	\$6,000
Family	\$12,000	\$12,000
Co-Insurance	80%	50%
Out-of-Pocket	Includes Deductible	
Single	\$7,000	\$10,000
Family	\$14,000	\$20,000
Maximum Benefit	Unlimited	
Office Visit Copay		
Physician (PCP)	Deductible/Co-Insurance	Deductible/Co-Insurance
Specialist	Deductible/Co-Insurance	Deductible/Co-Insurance
Virtual Visits	Deductible/Co-Insurance	Deductible/Co-Insurance
Hospital Visit	Deductible/Co-Insurance	Deductible/Co-Insurance
Maximum Benefit	Unlimited	
Emergency Care	Deductible/Co-Insurance	Deductible/Co-Insurance
Urgent Care	Deductible/Co-Insurance	Deductible/Co-Insurance
Routine Care		
Adult Physicals	100% Covered	Deductible/Co-Insurance
Preventive Care	100% Covered	Deductible/Co-Insurance
Mental Health/Substance Abuse	Prior Authorization Required	
Outpatient	Deductible/Co-Insurance	Deductible/Co-Insurance
Inpatient	Deductible/Co-Insurance	Deductible/Co-Insurance
Prescription Drug**	Medical Deductible then	
Generic/Tier 1	\$5	\$5
Formulary/Tier 2	\$40	\$40
Non-Formulary/Tier 3	\$105	\$105
Specialty/Tier 4	\$250	\$250
Mail Order	3x Retail	N/A

*Embedded Deductible: No single individual on the family plan will have to pay a deductible higher than the individual deductible amount.

**CVS is an Out-of-Network Provider

[Please view the Summary of Benefits and Coverage for the UnitedHealthcare Medical Plans.](#)

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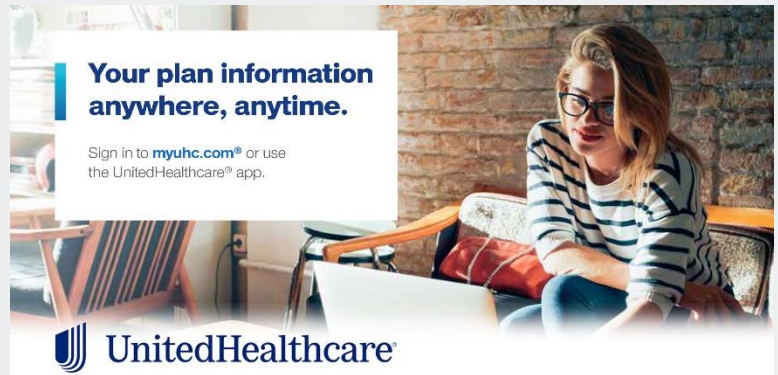
Online Medical Tools

Register for myuhc.com

When it comes to managing your health plan and making more informed decisions, simpler is better. With myuhc.com, you have a personalized website that helps you access and manage your health plan.

Use it to:

- Find and estimate costs for the network care you need.
- See what's covered and get information about preventive care.
- View claim details and account balances.
- Sign up for paperless delivery of your required plan communications.



To learn more, review UnitedHealthcare's brochures:

- [Your plan information anywhere, anytime.](#)
- [Activate your myuhc.com Account](#)

Set up your account today

1. Go to myuhc.com.
2. Click on "Register Now."
3. Follow the step-by-step instructions.

Get the UnitedHealthcare App

Download the UnitedHealthcare app for plan information on the go. Access a digital version of your health plan ID card, find nearby care options or video chat with a doctor 24/7.

Find a network provider.

Log in to myuhc.com.

Search for a doctor, clinic, hospital or lab based on location, specialty condition, reputation, estimated cost of services, availability, hours of operation and more. You can even see patient ratings and compare quality and costs before you choose services.

Take advantage of network care

Network doctors, mental health professionals, hospitals clinics and laboratories charge discounted rates, which typically save you money. Even if your plan allows you to receive care outside of your network, be aware that it could cost you more.



Health Savings Account

What is a Health Savings Account?

A Health Savings Account (HSA) is a tax-advantaged savings account that you elect to use to pay for or reimburse yourself for certain eligible health care expenses. It's available when your health coverage is through a High Deductible Health Plan (HDHP). An HSA is an easy, convenient way to offset your out-of-pocket expenses until your deductible is reached. The tax-advantaged benefits you receive are:

- Pre-tax contributions
- Tax-free withdrawals for qualified expenses
- Tax-free earned interest on investment funds

Am I Eligible to Participate in a HSA?

The following requirements must be met in order to qualify for an HSA:

- You must be covered under a High Deductible Health Plan (HDHP), and it is your only coverage.
- You don't participate in a Health Care Flexible Spending Account (FSA) during the benefit plan year, and neither does your spouse.
- You aren't enrolled in Medicare and aren't claimed as a dependent on someone else's tax return.

How do I Contribute?

- You decide how much you want to contribute for the calendar year. However, there are limits each calendar year on how much you can put into your HSA for that given year.
- Make your contributions before taxes through payroll deductions.

2022 Contribution Limits

Individual:	\$3,650
Family:	\$7,300
Catchup: <i>(for participants ages 55 and older)</i>	\$1,000

How do I use my HSA?

By paying for eligible health care expenses using your pre-tax HSA dollars, you reduce the amount of your taxable income and increase your take-home pay. Your HSA account can be used to pay for out-of-pocket health care expenses including:

- Deductibles and Co-insurance
- Copays (after plan deductible has been met)
- Some over-the-counter expenses such as dental, vision, LASIK, and more.

Your Account is Always Yours to Keep

With no risk of forfeiture, you can maximize your tax savings by contributing up to the annual limit each year. Then use this tax break to pay for current health care expenses, without the pressure to spend unused funds before the end of the year.

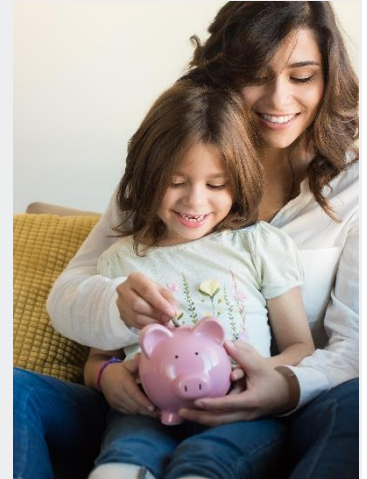
The account may have a standard maintenance fee. Please review the HSA enrollment documentation for fee amounts, limitations, and exclusions.

[HSA Enrollment Form](#)



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. It's a smart, simple way to save money and take care of your loved ones.



Benefits of an FSA

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

How FSAs Works

Health Care FSA:	The Health Care FSA reimburses out-of-pocket medical, dental, or vision expenses incurred by you and your dependents. You may use the account to pay for services like copays, coinsurance, deductibles, prescription expenses, lab tests, dental x-rays, or contact lenses.
Dependent Care FSA:	The Dependent Care FSA reimburses eligible dependent care services like daycare, preschool, before or after school programs, or elder care programs.
Enrollment:	You must actively enroll in the FSA each calendar year you plan to participate. Even if you signed up last year, you must re-enroll each year.
Taxes:	Contributions to your FSAs come out of your paycheck before any taxes are taken out. You do not pay federal income tax, Social Security taxes, or state or local income taxes on the portion of your paycheck you contribute to your FSA.
Contributions:	If you do not use the money you contribute to your FSA it will not be refunded and only a limited amount is eligible to carry forward to the next plan year. It is important to review your expenses and contribute only the amount you expect to use for the plan year.
	<ul style="list-style-type: none"> • Health Care FSA: The maximum you can contribute is \$2,850. <i>(You are not eligible to participate if you are enrolled in the Qualified High Deductible Plan.)</i> • Dependent Care FSA: The maximum you can contribute is \$5,000 if you are single or married filing jointly, or \$2,500 if you are married and filing separately.
Claims:	All claims must be received within 90 days after the end of the calendar year or they will not be accepted.

To learn more, review UnitedHealthcare's brochures:

- [FSA Guide](#)
- [FSA Eligible Expenses](#)



UnitedHealthcare®

Dental

	Silver Plan	
	In-Network	Out-of-Network
	<i>Waived for Tier 1</i>	
Deductible		
Individual/Family <i>per covered person per year</i>	\$50	\$50
Annual Maximum Benefits		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum <i>for children only up to age 19</i>	\$1,000	\$1,000
Tier 1 – Preventative	<i>MAC = Maximum Allowable Charge</i>	
Exams, Cleanings, X-rays, Sealants, Fluoride Treatments	100%	100% MAC
Tier 2 – Basic Restorative	<i>MAC = Maximum Allowable Charge</i>	
Space Maintainers, Extractions, Denture Repair	80%	80% MAC
Tier 3 – Major Restorative	<i>MAC = Maximum Allowable Charge</i>	
Crowns, Inlay/Onlays, Endodontics, Periodontics, Implants, Bridgework	50%	50% MAC
Tier 4 – Orthodontia		
Orthodontia	50%	50%

**Maximum Allowable Charge (MAC): caps payment for services provided by an out-of-network dentist at a scheduled amount, the MAC. Depending on the plan, payment may be made for all or part of the MAC for different types of services.*

	Gold Plan	
	In-Network	Out-of-Network
	<i>Waived for Tier 1</i>	
Deductible		
Individual/Family <i>per covered person per year</i>	\$50	\$50
Annual Maximum Benefits		
Per Person	\$2,500	\$2,500
Orthodontia Lifetime Maximum <i>for children only up to age 19</i>	\$1,500	\$1,500
Tier 1 – Preventative	<i>U&C = Usual and Customary</i>	
Exams, Cleanings, X-rays, Sealants, Fluoride Treatments	100%	100% of U&C
Tier 2 – Basic Restorative	<i>U&C = Usual and Customary</i>	
Space Maintainers, Extractions, Denture Repair	80%	80% of U&C
Tier 3 – Major Restorative	<i>U&C = Usual and Customary</i>	
Crowns, Inlay/Onlays, Endodontics, Periodontics, Implants, Bridgework	50%	50% of U&C
Tier 4 – Orthodontia		
Orthodontia	50%	50%

**Usual & Customary (U&C) Charge: plan pays out-of-network claims based on U&C charges determined for your area. Depending on the plan, payment may be made for all or part of the U&C charge for different types of services.*

Please view the **Summary of Benefits for the Ameritas Dental Plans; Silver Plan, Gold Plan.**

See Ameritas brochure for Provider Search directions.

This is a partial summary of the major benefits. For more details please refer to the Benefits Summary and the Summary Plan Description (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request an SPD from your benefits administrator or go to www.ameritas.com. Certain procedures require precertification prior to scheduling. Failure to do so will result in penalties and/or non-coverage of services.



Vision

	Silver Plan	Gold Plan
	VSP Choice Network + Affiliates	VSP Choice Network + Affiliates
Deductibles		
Exam	\$10	\$10
Eye Glass Lenses or Frames	\$25	\$25
Annual Eye Exam	Covered in Full	
Lenses (per pair)		
Single Vision	Covered in Full	Covered in Full
Bifocal	Covered in Full	Covered in Full
Trifocal	Covered in Full	Covered in Full
Lenticular	Covered in Full	Covered in Full
Contacts		
Fit & Follow-up Exam	Member cost up to \$60	Member cost up to \$60
Elective	Up to \$130	Up to \$180
Medically Necessary	Covered in Full	Covered in Full
Frame Allowance	\$130	\$180
Frequencies (months)		
Exam/Lens/Frame	12/12/24 <i>based on date of service</i>	12/12/12 <i>based on date of service</i>

Please view the Summary of Benefits for the Ameritas Vision Plans; [Silver Plan](#), [Gold Plan](#).

[See Ameritas brochure for Provider Search directions.](#)

Coverage information is subject to change. In the event of a conflict between this information and your organization's contact with Ameritas, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. Deductible applies to a complete pair of glasses or to frames, whichever is selected. Costco and Walmart allowance will be the wholesale equivalent.



Life and AD&D

Providing a Sense of Well-Being

Our life insurance benefits allow you to offer needed life protection for your family and loved ones. Just as health needs change over time, your life insurance needs can change too. When was the last time you had a life insurance check-up? While many of us have life coverage, very few of us have enough. We offer a range of life plans that provide value to you and your family.

Employer-Paid Life and AD&D Insurance

Coverage	Description
Group Life Insurance	The Group Life & Accidental Death & Dismemberment (AD&D) insurance covers all active full-time employees working 30 or more hours per week. Term life insurance can provide financial protection for your loved ones if you die. \$15,000 flat coverage amount. Life Benefit reduces to 65% at age 70; and 50% at age 75.

Voluntary Life and AD&D Insurance

Employee	
Newly hired employee guaranteed coverage amount	\$200,000
Guarantee Issue during specified open enrollment period.	Up to 2 increments of \$10,000
Maximum Coverage Amount	5x your annual salary to a \$500,000 maximum (increments of \$10,000) If you initially become insured after attaining age 70 your benefit is subject to a maximum of \$50,000
Minimum Coverage Amount	\$10,000
AD&D Coverage Amount	Equal to the life insurance amount chosen
Spouse	
Newly hired employee guaranteed coverage amount	\$50,000
Guarantee Issue during specified open enrollment period.	Up to 2 increments of \$5,000
Maximum Coverage Amount	100% of the employee's coverage amount to a maximum of \$50,000 (increments of \$5,000)
Minimum Coverage Amount	\$5,000
AD&D Coverage Amount	Equal to the life insurance amount chosen
Dependent Children	
Age 1 day to age 26 guaranteed coverage amount	\$10,000

Please view the [Benefits At-A-Glance brochure from Lincoln Financial Group](#) for more information about Voluntary Term Life and AD&D Insurance.



Supplemental Health Plans

Would you be financially ready if you had an accidental injury or serious illness? Medical plans do not cover other expenses like daycare, rent and more if you are unable to work. **Supplement Accident, Critical Illness, and Hospital Indemnity Plans** can help by paying you extra cash to fill in the gaps.

How are these plans different from a medical plan?

- Medical plans pay doctors and hospitals directly for treatment related to your care. Unfortunately, medical plans usually don't cover 100% of the costs, leaving you to come up with the rest.

How can you use the cash benefits?

- It is completely up to you!
- You can put your money towards:
 - Deductibles or Copays
 - Mortgage or Rent
 - Groceries or Utility Bills



Please view the [Aetna Supplement Health Plans brochure](#) for more information about Accident, Critical Illness, and Hospital Indemnity Plans.



Pet Insurance



Pets are a part of your family and like other family members they may get sick or injured. Pet Insurance is a health care policy for your pet that can provide reimbursement for specific health expenses.

Coverage Levels	50% Reimbursement	70% Reimbursement
Deductible	\$250	
Maximum Annual Benefit	\$7,500	
Coverage Includes	Accidents, Illnesses, Hereditary and Congenital Conditions, Cancer, Dental Diseases, Behavioral Treatments, and more!	

Your policy includes access to **vethelpline** and **PetRxExpress**.

vethelpline

- 24/7 Access to Veterinary Experts
- Available via Phone, Chat, and Email
- Unlimited help for everything from general pet questions to identifying urgent care needs

PetRxExpress

- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations
- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the US

[Please view Nationwide's Plan Summary for more information about Pet Insurance.](#)

Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

To learn more, review Nationwide's brochures:

- [Pet Insurance from Nationwide](#)
- [Pet Insurance FAQ & Rx FAQ](#)
- [Avian & Exotic Pet Plan](#)



LifeLock

Protection for your Identity

LifeLock delivers leading identity theft protection to monitor and alert you to potential threats, backed by a team of restoration specialists.

Device Security	Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.
Online Privacy	Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.*
Identity	We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.**
Home & Family	Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

* Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.

**We do not monitor all transactions at all businesses.

[Please view Norton LifeLock's Brochure for more information.](#)



Legal Services

Legal experts when you need them

With Legal Plans, you, your spouse, and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles, and no claim forms, when using a network attorney for a covered matter. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost. And, for non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per year.

Services include:

- Money Matters
- Home & Real Estate
- Estate Planning
- Family & Personal
- Civil Lawsuits
- Elder-Care Issues
- Traffic & Other Matters

[Please view MetLife's Legal Plans Brochure for more information.](#)



Employee Assistance Program

Help is Confidential and Easy to Access

Because at times we all face challenges

Marvel Medical Staffing cares about your total health management - both physical and emotional. That's why we offer an Employee Assistance Program (EAP) provided by Lincoln Financial Group. This program connects you with the best mental health and counseling services to fit your individual needs. Please know that you're not alone. With just one phone call, at any hour of the day or night, you can reach a compassionate ear and connect to helpful resources.

All services provided are confidential, and will not be shared with your employer. Lincoln Financial Group provides over-the-phone assistance and can refer individuals to a local counselor for up to five in-office counseling visits paid for by the EAP plan.

The program is available to all employees and their eligible dependents and provides referrals for:

- Emotional problems
- Alcohol or drug dependency
- Marriage or family relationship problems
- Parenting advice
- Stress, anxiety, depression
- Financial or legal advice
- Dependent and/or elder referrals
- Bereavement counseling

The resources
you need to meet
life's challenges



Get a Helping Hand When You Need It

When you contact your Employee Assistance Program, your privacy is 100% guaranteed. Visit [GuidanceResources.com](https://www.guidanceresources.com), download the GuidanceNow mobile app or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

Please view [Lincoln Financial's EAP Brochure](#) for more information.



Important Notices

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

- Loss of eligibility includes but is not limited to:
- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Department by emailing benefits@marvelmedstaff.com.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Benefits Department by emailing benefits@marvelmedstaff.com.

Notice of Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)