

2015 Employee Benefits
Enrollment Guide



Do what **you** say **you'll** do.



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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 Guide and the actual plan documents, the actual plan documents will prevail. The plan documents will govern all plans covered in this Guide. The Guide is not a contract or a guarantee of your eligibility or benefit. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your firm administrator. If you sign up for coverage that requires evidence of insurability, even though deductions may start, you are not considered enrolled in the plans until confirmed by the carrier. If declined, you will be reimbursed. You can access benefit information at the following link: <http://clarkebenefits.com/trinity-health-care/>

Welcome to Trinity Healthcare Staffing Benefits Enrollment! Below are some changes we want you to be aware of as well as some updated information regarding the Affordable Care Act (ACA).

- First and foremost, Trinity HSG has negotiated and worked hard with Blue Cross/Blue Shield to minimize **cost changes** to our plan. In an environment where annual costs continue to go up, we are pleased that we were able to minimize that impact.
- The one area we have no control over is the Affordable Care Act (ACA) which continues to **impact the cost of Medical Insurance** across our country and for each and every Trinity Healthcare Staffing Group employee.
- In 2015, you will have a **\$4.98 weekly deduction** specifically used to pay a portion of the Tax and fees resulting from the ACA. These monies are not used to pay for your insurance coverage. Trinity will pay the remainder of the ACA fees.
- Despite these added ACA costs, Trinity HSG is pleased to continue to provide **Day One insurance coverage** using PPO plans each of which contain co-pay features for both your doctor visits and prescriptions.

As you consider your healthcare options, please remember two things:

- 1) If you enroll in any of the Medical plans offered by Trinity HSG, you will **meet the current ACA Individual Mandate** and will not be subject to IRS penalties.
- 2) **You will not be eligible for any premium subsidies** offered in the marketplace. As a full time employee, Trinity Healthcare already subsidizes your cost of medical insurance and meets the affordability requirement of the employer mandate under ACA.

This **benefit enrollment period** is your opportunity to choose the benefits that are best for you and your lifestyle. This guide has been prepared with all the information you need to select your 2015 benefit coverages.

WHO IS ELIGIBLE

If you are a Trinity Healthcare Staffing regular full-time employee, you are eligible for benefits. Employees who work over 30 hours a week and are not temporary are considered full time employees. You are also eligible to cover your family members in the medical, dental, vision, and voluntary life insurance through Trinity Healthcare Staffing employer sponsored benefit plans

HOW TO ENROLL

The first step is to review your current benefit elections by logging into the open enrollment online web portal. Your current coverage begins on your contract date with Trinity Healthcare. Our carriers are BlueCross BlueShield of SC, Met Life, AUL, and EyeMed.

WHEN TO ENROLL

Your New Hire election period is two weeks prior to your contract start date. You must complete the enrollment elections via our online web portal. If you do not complete online enrollment elections you could have an interruption in insurance coverage. After your initial enrollment period, which concludes two weeks after your contract starts, to make any changes you will have to have a qualifying change in status. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer, commencement or termination of adoption proceedings, or change

2015 COSTS OF COVERAGE

Medical Benefits

	Weekly Deductions			
	Employee Only	Employee & Spouse	Employee & Children	Family
BCBS OF SC Core PPO Plan	\$4.98	\$108.86	\$77.40	\$181.26
BCBS OF SC Basic PPO Plan	\$20.60	\$139.32	\$103.09	\$222.91
BCBS OF SC Enhanced Plan	\$52.27	\$208.18	\$161.14	\$317.04

Blue Cross Blue Shield of SC	Core PPO Plan	Basic PPO Plan	Enhanced PPO Plan
	In Network Benefits		
Primary Care Physician	\$30	\$35	\$25
Specialist Physician	\$40	\$45	\$35
Preventive Screenings (Consult Policy) Preventive Maximum	\$30/40 to a max of \$500 annually	\$35/45 to a max of \$500 annually	\$25/35 to a max of \$500 annually
Urgent Care	\$30	\$35	\$25
Office Surgery	100% after copay	100% after copay	100% after copay
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs	\$10 Generic/\$35 Preferred/\$55 Non Preferred Specialty Rx \$100	\$10 Generic/\$35 Preferred/\$55 Non Preferred Specialty Rx \$100	\$10 Generic/\$35 Preferred/\$55 Non Preferred Specialty Rx \$100
Major Medical Benefits			
Deductible	\$5000 (2x family)	\$2000 (2x family)	\$500 (2x family)
Max Out of Pocket	\$5000 (2x family)	\$5000 (2x family)	\$3000 (2x family)
Coinsurance	70% BCBS/30% Employee	60% BCBS/40% Employee	80% BCBS/20% Employee
Hospital In and Out-Patient	IP: \$200 copay/Deductible/Coins OP: Deductible/Coins	IP: \$200 copay/Deductible/coins OP: Deductible/Coins	IP: Deductible/Coins OP: Deductible/Coins
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Out of Network Benefits			
Deductible	\$10,000 (2x family)	\$4000 (2x family)	\$1000 (2x family)
Max. Out of pocket	\$10,000 (2x family)	\$8000 (2x family)	\$6000 (2x family)
Coinsurance	50% BCBS/50% Employee	50% BCBS/50% Employee	50% BCBS/50% Employee
Lifetime maximum	Unlimited	Unlimited	Unlimited

Medical insurance is an important part of your benefit package. Medical costs continue to rise at double-digit rates, and you must work together to control costs. You can help control costs by taking responsibility of your health by:

- Living a healthy lifestyle, exercise, eat a healthy diet, and take part in our health screenings and have an annual physical
- Identify health risks by taking the Personal Health Assessment (PHA)
- Be a wise health care consumer, take generic drugs when possible
- Take advantage of our wellness offerings
- Use preventive care services as much as possible

The BlueCross BlueShield of SC plan has co-pays, deductibles, coinsurance, and out of pocket maximums. The traditional PPO plans allows you to see any participating physician. BlueCross BlueShield of SC has a comprehensive network in your area. Please visit C&C University to learn about ways to manage your health care costs by gaining control of your personal health. <http://clarkebenefits.com/cc-university-sam-trinity> password: trinity01



We have **three** medical options to choose from.

Our plan options include **3 traditional PPO plans**. All three plans have co-pays for office visits/prescriptions, deductibles, and out-of-pocket maximums

Employee Weekly Deductions

Dental Benefits	Employee Only	Employee & Spouse	Employee & Children	Family
Dental Plan	\$1.15	\$10.59	\$7.78	\$17.29

DENTAL

Trinity Healthcare Staffing offers employees and their families a comprehensive dental plan. Our dental plan is administered by Met Life. Our plan includes coverage for preventive, basic, and major dental services (see certificate for full coverage details). You may visit the dental provider of your choice but we also have a network available. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to www.metlife.com and enter your zip code or your dentist's name. You do not have to be the medical plan to have dental coverage. There are 4 tiers of coverage for you to choose from.

Met Life	In and Out of Network Plan Benefits
Preventive	Pays 100% of costs (UCR)
Basic Services	80%
Major Services	50%
Deductible	\$50/individual \$150/family
Annual Maximum/Insured	\$1,500
Orthodontia	Child Only (up to 19)
Orthodontia Services	50%
Lifetime Ortho Maximum	\$1,500

For your convenience, MetLife's dental coverage and claim information is provided in a "card" format that can be cut out, folded and kept in your wallet.

Please note, the ID number for all insureds is the employee's Identification Number.

<p>MetLife[®]</p> <p>To verify dental coverage, call 1-800-275-4638. Please review important information on reverse side. A Group Policy Number is not required to file a claim.</p> <p>The ID# for all insureds is the employee's Identification Number.</p> <p>Send Dental Claims to: MetLife Dental P.O. Box 981282 El Paso, TX 79998-1282</p> <p>Member Signature _____</p>	 <p>WHEN YOU CHOOSE TO RECEIVE CARE FROM A PREFERRED DENTIST PARTICIPATING IN THE METLIFE PREFERRED DENTIST PROGRAM (PDP), YOUR OUT-OF-POCKET EXPENSE WILL GENERALLY BE LOWER THAN WHEN YOU VISIT A NON-PARTICIPATING DENTIST.</p> <p>TO OBTAIN A LISTING OF PDP DENTISTS IN YOUR LOCAL AREA, CALL 1-800-474-7371 OR VISIT WWW.METLIFE.COM/DENTAL.</p> <p>THIS CARD IS THE PROPERTY OF METLIFE. FRAUDULENT USE MAY RESULT IN TERMINATION OF BENEFITS. POSSESSION OF THIS CARD IN ITSELF CONFERS NO RIGHT TO BENEFITS OR GUARANTEE OF COVERAGE. PERSONS MUST BE CURRENTLY ENROLLED. PROMPTLY NOTIFY US IF CARD IS LOST OR STOLEN.</p> <p>Metropolitan Life Insurance Company New York, NY 10168 F&WUTS c United Future Syndicate, Inc., www.snoopy.com</p> <p>Printed in U.S.A. 21000000000002188(0206) 03/22/19</p>
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Vision Benefits

Employee Weekly Deductions

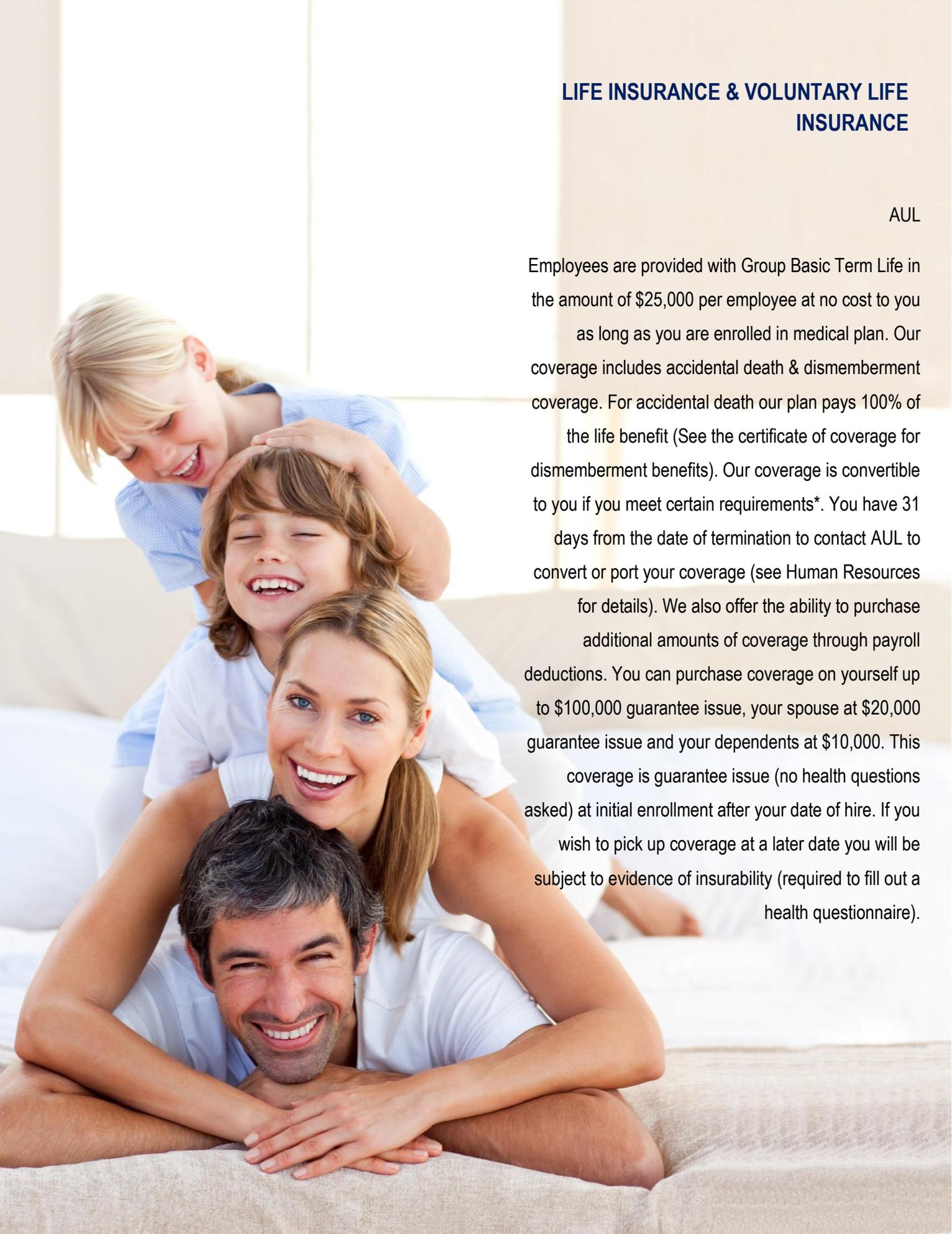
	Employee Only	Employee & Spouse	Employee & Children	Family
Vision Plan	\$0.94	\$1.82	\$1.92	\$2.82

EyeMed	In Network Benefits	Out of Network Benefits
Frames	Amount over \$110 allowance	Up to \$55 reimbursement
Contact Lenses	Amount over \$110 allowance	Up to \$88 reimbursement
Allowance Frequency: Eye Exams, Lenses, Contact Lenses, Frames	Annually	Annually
Standard Lenses	\$0	Up to \$55 reimbursement
Material Copay	Varies by Lens Type	Not applicable
Other Lens Options	Copays range from \$15 to \$65	Not Covered
Exam co-pay	\$15	Up to \$35 reimbursement
Network	www.eyemedvisioncare.com You will be using the Choice network	

VISION

We are now offering employees and their families a comprehensive vision plan. Our vision plan is administered by EyeMed. Our plan includes an annual eye exam, \$110 of material allowance, material co-pays and other discounts. You may visit the vision provider of your choice but we also have a network available consisting of retail stores such as Sears, Target, JC Penny Optical, Pearle Vision & other private practices. Costs using a network provider are lower than a non-network provider. You can access the provider network by going to www.eyemedvisioncare.com and entering your zip code in the provider search. Please choose the Choice plan when searching for a provider. You do not have to be on the medical plan to have vision coverage. There are 4 tiers of coverage for you to choose from. The additional information including an ID card will be on the last two pages of this enrollment guide.





LIFE INSURANCE & VOLUNTARY LIFE INSURANCE

AUL

Employees are provided with Group Basic Term Life in the amount of \$25,000 per employee at no cost to you as long as you are enrolled in medical plan. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 100% of the life benefit (See the certificate of coverage for dismemberment benefits). Our coverage is convertible to you if you meet certain requirements*. You have 31 days from the date of termination to contact AUL to convert or port your coverage (see Human Resources for details). We also offer the ability to purchase additional amounts of coverage through payroll deductions. You can purchase coverage on yourself up to \$100,000 guarantee issue, your spouse at \$20,000 guarantee issue and your dependents at \$10,000. This coverage is guarantee issue (no health questions asked) at initial enrollment after your date of hire. If you wish to pick up coverage at a later date you will be subject to evidence of insurability (required to fill out a health questionnaire).

Voluntary Life Insurance

Employee Weekly Deductions

Age	25k	50k	75K	100K
<34	.75	1.50	2.25	3.00
35-39	.92	1.84	2.76	3.68
40-44	1.15	2.30	3.45	4.60
45-49	1.73	3.46	5.19	6.92
50-54	2.71	5.42	8.13	10.84
55-59	4.62	9.23	13.85	18.46
60-64	6.35	12.70	19.05	25.40
65-69	10.44	20.88	31.32	41.76

Voluntary Spouse & Dependent Life Insurance

Employee weekly Deductions

	Option 1		Option 2		Option 3	
	Coverage	Per Pay Period	Coverage	Per Pay Period	Coverage	Per Pay Period
Spouse	\$5000	.51	\$10,000	1.02	\$20,000	2.05
Child(ren)	\$2500	.20	\$5000	.39	\$10,000	.79
Family	See Above	.71	See Above	1.42	See Above	2.84
Minimum Employee Life	\$25,000	See Age Bands	\$25,000	See Age Bands	\$50,000	See Age Bands





Unum Supplemental Insurance

Unum offers Supplemental Coverage to all employees. The supplemental policies that can be purchased are:

- ✓ Accident Insurance (which concludes a hospital confinement rider)
- ✓ Critical illness with cancer insurance. This does include a health screening benefit.
- ✓ Whole Life Insurance is also available. Dependent coverage is also available to be purchased.
- ✓ You have two options to enroll, there will be a link on the EmpowHR website to direct you to the Unum enrollment platform or you can call 1-800-416-3851 starting January 12th-23rd during the hours of 8AM-8PM.

DISABILITY INSURANCE

Trinity Healthcare Staffing Group provides employees the opportunity to purchase Long Term and Short Term Disability plans. Your Long Term plan covers you up to 60% of your income to a maximum of \$5,000 per month. The Long Term plan could cover you to Social Security Normal Retirement Age. Your Short Term plan covers you up to 60% of your income to a maximum of \$1000 per week with a 11 week benefit. period..

Long-Term Disability

AUL

Plan Benefits

Monthly Benefit Max	\$5000
Income Replaced	60%
Elimination Period	90 days
Partial Disability Paid	Yes
Benefit Payable	To SSNRA*

Short-Term Disability

AUL

Plan Benefits

Weekly Benefit Max	\$1000
Income Replaced	60%
Elimination Period	15 day accident/15 days sickness
Partial Disability Paid	Yes
Benefit Payable	11 weeks



CONTACT INFORMATION AND RESOURCES

Clarke and Company Benefits Contact Information

Columbia: 803-253-6997

All Other Locations: 888-540-9403

Edwin Croft, Client Manager: ecroft@clarkebenefits.com

Laura Howell, Account Manager: lhowell@clarkebenefits.com

Bradley Poole, Customer Service Rep: bpoole@clarkebenefits.com

Clarke and Company Benefits Resources:

C&C University: <http://clarkebenefits.com/cc-university-trinity> Password: trinity01

Employee Model Notices: [http://clarkebenefits.com/trinity-health-care /](http://clarkebenefits.com/trinity-health-care/)

BlueCross BlueShield of SC:

Website: www.southcarolinablues.com

Here you can find an in-network provider, manage claims, take your health risk assessment and much more.

Met Life:

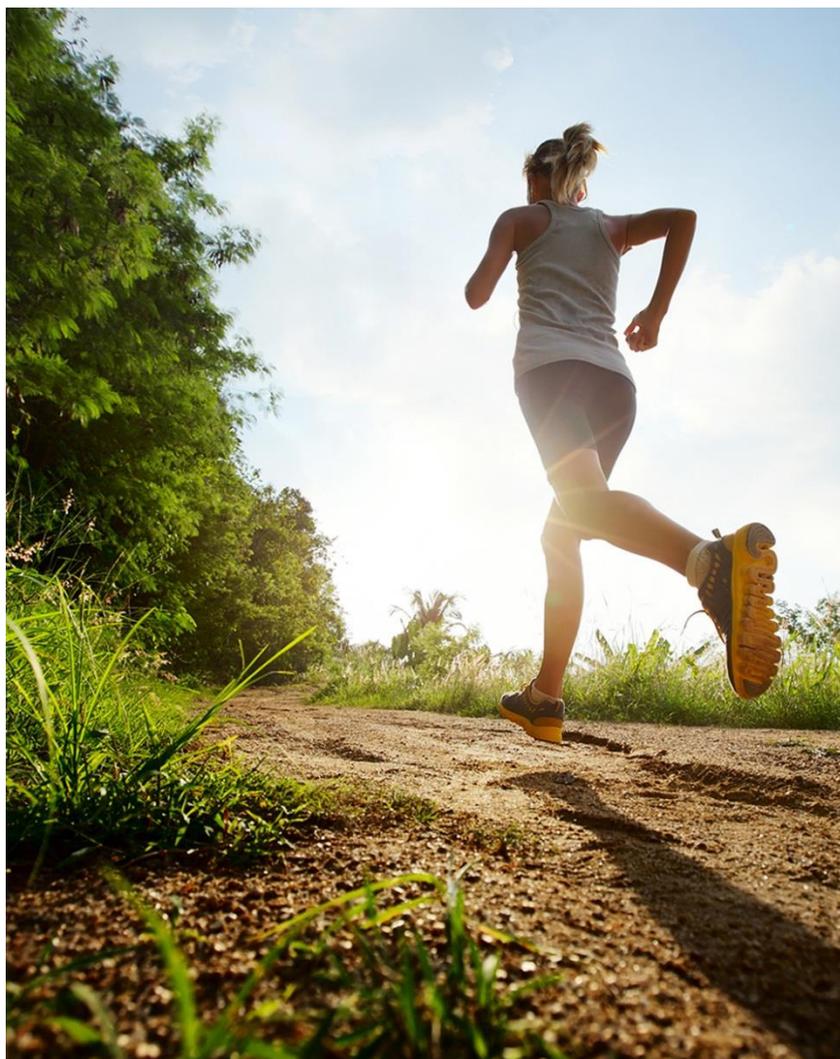
Website: www.metlife.com Click "Find a dentist" on the right hand side of the page to find a provider near you.

EyeMed:

Website: www.eyemedvisioncare.com

-Click "Find a provider" on the top left side of the home page. Choose Choice as your network option, and then enter your desired zip code.

Find benefit summaries, network info, certificates of coverage and much more.



Out-of-Network Reimbursements

Reimbursements for Out-of-Network Services	
Eye Exam	
Eyeglasses and Contact Lenses*	Up to \$35
Lenses (standard uncoated plastic)	
Single Vision	Up to \$25
Bifocal	Up to \$40
Trifocal	Up to \$55
Lens Options	
All Options	Not Covered
Frames	
All Frames	Up to \$55
Contacts (in lieu of lenses and frames)	
Disposable/Non-Disposable	Up to \$88
Therapeutic (medically necessary)	Up to \$200

* Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.

If you visit an out-of-network provider, you are responsible for paying the provider in full at the time of service. You will need to submit a claim form for reimbursement. To get a claim form, call Customer Service at 866-723-0513 or visit our website.




Present this card to the EyeMed provider of your choice to easily identify yourself as a plan member. EyeMed Vision Care is an independent company that offers vision benefit programs on behalf of BlueCross.

EYEMED MEMBER SERVICES:
Visit EyeMedVisionCare.com or call 866-723-0513.

EYEMED PROVIDERS ONLY:
Visit EyeMedVisionCare.com for plan information and authorization online or call 800-521-3605.

We are excited to have you as part of the BlueCross family. Our goal is to help you get the most out of your benefit plan. Learning more information or answers to your questions is easy. Simply visit us online at

Member.SouthCarolinaBlues.com

or call us today at

866-723-0513



South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

* Benefits are valid once per benefit period. Once you have used your in-network benefits, unlimited pairs of eyeglasses and contacts are available at discounted prices through a participating provider. See provider for details. Benefits and/or discounts cannot be used in conjunction with other discounts, coupons or promotions. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for vision examinations and products. Locations are subject to change. Please call 866-723-0513 to verify participation.

EE-1073-01-2013



Healthy Vision

A VISION PROGRAM FOR MEMBERS



Member.SouthCarolinaBlues.com

Seeing Your Future

Regular vision care is important to your health. Besides helping you maintain the best vision possible, well-performed eye exams also can uncover a variety of health conditions such as high blood pressure, diabetes and glaucoma. Healthy Vision gives you the opportunity to take advantage of an affordable vision benefit program.

Thousands of Locations

You have access to a national network of providers, including LensCrafters®, Target Optical®, JC Penney Optical®, most Pearle Vision® and Sears OpticalSM locations, and many independent doctors of optometry. With thousands of locations to choose from, you are certain to find a provider close to your home or office that offers appointment times convenient for you.

To find locations near you, visit EyeMedVisionCare.com from your computer or mobile device or call Customer Service toll free at 866-723-0513.

Wide Selection Available

With your vision benefit, you receive great savings and a wide selection of frames at participating providers. You can even order replacement contact lenses for competitive prices and have the contacts mailed directly to your home. To find a participating provider near you, visit SouthCarolinaBlues.com or EyeMedVisionCare.com.

How To Use Your Benefits

- After your vision coverage is in effect, you can take advantage of your benefits by simply visiting or calling a participating provider.
- Identify yourself as a member by presenting the attached ID card.
- Receive services or materials and make the applicable copayment to the provider and any other out-of-pocket costs.
- The provider files the claim on your behalf.

Your Healthy Vision benefits include a comprehensive eye exam and eyeglasses or contact lenses once every benefit year, when you visit a participating provider.

You have a \$110 allowance to purchase frames or contacts once every benefit year. If your frames or contacts cost more than the \$110 allowance, you are responsible for paying the remaining balance.

Savings You Can See

This is an example of how your benefits save you money!

Item	Your Cost	Average Retail	Average Savings
Eyeglasses Exam	\$15	\$53	\$38
Bifocal Lenses	\$0	\$100	\$100
Frames	\$6	\$116	\$110
Your Total Cost	\$21	\$269	\$248

In-Network Benefits*	Your Cost
Eye Exam	
Eyeglasses	\$15
Contact Lenses†	\$15
Lenses (standard uncoated plastic)	
Including single vision, bifocal, trifocal	\$0
Lens Options	
Anti-Reflective Coating	\$45
Standard Progressive	\$65
Polycarbonate	\$40
Scratch-Resistant Coating	\$15
Ultraviolet Coating	\$15
Solid or Gradient Tint	\$15
All other options	20% off
Frames	
All Frames	Amount over \$110 allowance
Contacts (in lieu of lenses and frames)	
Disposable/Non-Disposable	Amount over \$110 allowance
Therapeutic (medically necessary)	Paid in full

Clip and keep this wallet card.

Healthy Vision

High Option
EyeMed Plan number 9672403
Member Services: 866-723-0513

 South Carolina

BlueCross BlueShield of South Carolina is an independent license of the Blue Cross and Blue Shield Association.