

Benefit Description	<b>AllWays Health Partners (NHP)</b> <i>(Voluntary Benefit – cost shared with BTHR)</i> Full-time employees may enroll on the first day following their 90-day employment anniversary, as long as they maintained a minimum of 390 hours during any consecutive 90-day period. <a href="https://www.allwayshealthpartners.org/">https://www.allwayshealthpartners.org/</a>	
	AllWays Complete HMO HSA 2500	AllWays Complete PPO Plus HSA 2500
Annual Deductible – Individual/Family	\$2,500/\$5,000	In-Network (IN): \$2,500/\$5,000 Out-of-Network (OON): \$5,000/\$10,000
Annual Out-of-Pocket Max. – Individual/Family	\$6,750/\$13,500	IN: \$6,750/\$13,500 OON: \$13,500 / \$27,000
Visit PCP/Specialist/Urgent Care	Deductible then \$30/\$45	IN Deductible then \$30/\$45 OON Deductible then 20%
Emergency Room	Deductible then \$250	IN Deductible
Diagnostic tests (X-ray, Blood work)	Deductible then \$0	IN Deductible then \$0 OON Deductible then 20%
High-tech Radiology (CT, PET scans, MRIs)	Deductible then \$0	IN Deductible then \$0 OON Deductible then 20%
Outpatient Surgery (Hospital/Facility)	Deductible then \$250	IN Deductible then \$250 OON Deductible then 20%
Inpatient Hospital Stay	Deductible then \$500	IN Deductible then \$500 OON Deductible then 20%
Outpatient Mental Health	Deductible then \$30	IN Deductible then \$30 OON Deductible then 20%
Annual Physical/Select Preventative Services	100%	100%
<b>Prescription Retail (30-day supply):</b>		
Low-cost generic drugs:	Deductible then \$5	IN: Deductible then \$5
Generic drugs:	Deductible then \$30	IN: Deductible then \$30
Preferred brand drugs:	Deductible then \$50	IN: Deductible then \$60
Non-preferred brand drugs:	Deductible then \$100	IN: Deductible then \$100
Specialty Drugs Preferred brand drugs:	Deductible then \$125	IN: Deductible then \$125
Specialty Drugs Non-preferred brand drugs:	Deductible then \$175	IN: Deductible then \$175
<b>Employee's Monthly Cost for:</b>	<b>HMO Rates (your cost)</b>	<b>PPO Rates (your cost) <sup>1</sup></b>
Individual	\$306.02	\$414.18
Employee + Children	\$566.13	\$766.24
Employee + Spouse	\$612.03	\$828.37
Employee + Family	\$872.15	\$1180.42

- The annual deductible must be met before services are covered, except for eligible preventative care expenses. This up-front cost is supported by a **Health Savings Account (HSA)** that you will have the option to enroll separately. HSA's provide a tax-efficient vehicle to fund both the out-of-pocket deductible and a host of other eligible health care expenses.
- BTHR BeneTemps will contribute up to \$1,000 to your HSA each plan year (October 1 – September 30) in monthly installments of \$83.33 while you remain an active employee. If you join our group health plan, you will need to enroll in the HSA in order to receive the employer contributions.
- You can also make your own contributions on a pre-tax basis via payroll deductions.
- You may elect to have your Health Plan premiums deducted on a pre-tax basis under the guidelines of Section 125 of the IRS.
- If you waive out of the health coverage at the time you are eligible, you forfeit your right to enroll in the plan until the next Annual Open Enrollment Date – October 1 - each year. You may, however, be able to enroll at other times of the year if you experience an employment status change or qualifying life event.

<sup>1</sup> These rates will be higher if you are covered by the HMO service area and elect the PPO.

**BENEFITS AT A GLANCE 2019/2020**  
*(continued)*

Benefit Description	<b>Delta Dental PPO Plus Premier *</b> <i>(Voluntary Benefit – fully paid by employee)</i> Full-time employees may enroll on the first day of the month following their three-month employment anniversary, as long as they maintained a minimum of 390 hours during any consecutive 90-day period. <a href="http://www.deltadentalma.com">http://www.deltadentalma.com</a>
Deductible – Individual/Family	\$50 / \$150
Calendar Year Maximum	\$1,000
Exams, X-rays, Cleanings	100%
Fillings, Oral Surgery, Periodontics, Endodontics, Prosthetic Repairs	80%
Dentures, Bridges, Implants, Crown	50%
Single (monthly cost)	\$ 53.00
Family (monthly cost)	\$134.00

\* stand-alone dental plan - can be elected without electing the health plan

Benefit Description	<b>Standard Insurance Company</b> <i>(Automatic Enrollment – Company paid)</i> Full-time employees are enrolled on the first day following their 90-day employment anniversary, as long as they maintained a minimum of 390 hours during any consecutive 90-day period.
Life / AD&D Insurance	Provides a \$25,000 benefit and coverage is guaranteed for eligible employees.
Long-Term Disability	Provides 60% salary replacement after a 90-day waiting period for eligible employees.
	<b>OTHER BENEFITS</b>
401(k) Retirement Plan	<p>Employees are eligible to join the BTHR 401(k) Plan immediately after starting assignment and can enroll via ADP WorkforceNow.</p> <p>Employees who have worked at least 1000 hours in a 12-month period will be eligible to receive the company match of 50% on contributions up to 4% of pay and all contributions are immediately 100% vested.</p>
Earned Sick Time	<p>BTHR BeneTemps employees will earn 1 hour of sick pay for every 30 hours worked and begin earning on the first day of actual work.</p> <p>There is a 90-day waiting period before employees can use their earned sick time &amp; no more than 40 hours of earned sick time may be used in a calendar year.</p> <p>Earned sick time is reported on the employee's pay statement.</p>