

Employee Enrollment Guide



Employer: Peak Technical Staffing, Inc. | www.mybenefitservices.com/peaktechnical

Benefit Period: January 1st, 2023 - December 31st, 2023

Date: November 22, 2022

Welcome to Your Open Enrollment!

It is time to review the benefits offered through your employer for the new benefit year. Whether you are re-enrolling or enrolling for the first time, we are glad you are taking the time to review your benefits package to determine the best options for you and your family. These benefits offer choice, flexibility, and the opportunity to protect your health.

Elections you make during open enrollment will become effective, January 1, 2023 , and will continue, December 31, 2023 , unless you experience a qualifying event that will allow you to terminate coverage. Please note the Your HIPAA Rights Notice from your human resource office to better understand when you can enroll or terminate coverage for yourself or your eligible dependent(s). **Once enrolled, you cannot make any plan changes outside of open enrollment unless you have a qualifying life event.**

The CHIPRA (Children's Health Insurance Program Reauthorization Act) informs you of group health plan premium assistance opportunities through Medicaid and the Children's Health Insurance Program (CHIP). Please note the CHIPRA Notice from your human resource office for possible premium assistance opportunities in your state.

Medicare regulations require the plan sponsor to inform individuals, who are eligible for Medicare benefits, as to whether the prescription benefits of the health plans being offered are creditable or non-creditable to the coverage requirements of Medicare Part-D. Medicare eligible individuals should be advised that the Plan has determined that the prescription drug coverage of the Plan options available are non-creditable. Please note the Medicare Part-D Notice from your human resource office for details on how this may impact you.

The benefits described in this document are subject to the full terms and conditions of the Plan Document. If there is a discrepancy between this communication and the Plan Document, the Plan Document will control. While your employer has an intention to continue to provide the benefits described herein, it expressly reserves the right to amend, suspend, discontinue or terminate the Plan and/or any benefit program, or to change the content of this overview or summary at any time. If you need more information on this communication, please contact your human resource office.

Due to state and federal regulations, rates are not fixed and are subject to change.

Medical Plan



The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available. If you have any questions in determining which plan option is best for you and your dependents, please contact our Concierge Team to discuss 888.820.5687, Option 2.

Preventive Plan Options: Weekly Rates

****The rates below include an employer contribution****

Plan Options	Preventive Plus
Employee Only	\$6.32
Employee + Spouse	\$14.49
Employee + Child(ren)	\$12.09
Family	\$19.42

Plan Options



CONCIERGE Preventive Plan is compliant with the Affordable Care Act (ACA). This plan is not major medical insurance but is cost effective to traditional health insurance.

www.healthcare.gov/coverage/preventive-care-benefits/

Benefit Services	Preventive Plus + VerusRx
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
HealthWallet/Telemedicine 24/7	\$0 Co-pay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Co-pay - 3 Visits Maximum
Specialist Visit (Office Visit Only)	N/A
Urgent Care (Office Visit Only)	N/A
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
VerusRx inside the HealthWallet App *Additional Scripts included for EE + Spouse and Family Coverage **Please see specific formulary list. For VerusRx questions, please call: 800-838-0007	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Co-pay Chronic Formulary: \$1 Co-pay: 12 Max for Retail 4 Max for Mail-order
PPO Network	First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan Members can visit the First Health, Limited Benefit Plan, PPO Network website at www.firsthealthbp.com or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members may view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

CONCIERGE Third Party Administrator

Preventive Care



The following list briefly summarizes the preventive care services required by the ACA and covered under this plan. For the most updated and comprehensive list of ACA requirements with details, limitations and exclusions, visit www.healthcare.gov.

For all adults

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure and cholesterol screening
- Colorectal and lung cancer screening
- Depression screening
- Diabetes (Type 2) screening
- Diet and obesity screening and counseling
- Hepatitis B Hepatitis C screening
- HIV and syphilis screening
- Immunization vaccines
- Sexually transmitted infections (STI) prevention counseling
- Tobacco use screening

For women

- Anemia screening
- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling
- Breastfeeding support and counseling
- Cervical cancer screening
- Chlamydia, gonorrhea and syphilis screening
- Contraception
- Domestic and interpersonal violence counseling
- Folic acid
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing
- Osteoporosis screening
- Rh incompatibility screening
- Sexually transmitted infections counseling
- Tobacco use screening and interventions

- Urinary tract or other infection screening
- Well-woman visits

For children

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemoprevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight and body mass index(BMI) measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening
- Hepatitis B screening
- HIV screening
- Hypothyroidism screening
- Immunization vaccines
- Iron supplements
- Lead screening
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria (PKU) screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Tuberculin testing
- Vision screening

Limited Medical Plans



The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available. If you have any questions in determining which plan option is best for you and your dependents, please contact our Concierge Team to discuss 888.820.5687, Option 2.

Limited Medical Plan Options - Rates Per Pay Period (Weekly)

Plan Options	Limited Medical 1000	Limited Medical 1300
Employee Only	\$26.08	\$35.13
Employee + Spouse	\$43.29	\$64.11
Employee + Child(ren)	\$39.13	\$58.51
Family	\$54.38	\$84.05

Limited Medical Plan



Benefits, Deductibles & Benefit Year Maximums

****The benefit amounts listed below are the benefit amounts the plan will pay****

Outpatient	Plan 1000	Plan 1300
HealthWallet Telemedicine (includes phone & video calls)	\$0 Co-pay	\$0 Co-pay
Physician office visit benefit amount per visit ¹	\$80 per visit / 5 visits max	\$90 per visit / 5 visits max
<ul style="list-style-type: none"> Annual physical (wellness) benefit amount per day 	\$100 per visit / 1 visit max	\$100 per visit / 1 visit max
<ul style="list-style-type: none"> Urgent Care Clinic visit benefit amount per visit 	\$150 per visit / 3 visits max	\$150 per visit / 4 visits max
Diagnostic, X-ray, and Lab benefit amount per visit:		
<ul style="list-style-type: none"> Class 1: Laboratory - blood work, CMP, lipid panel, ECG, Pap/PSA, urinalysis and all other laboratory tests 	\$30 per visit / 2 visits max	\$30 per visit / 2 visits max
<ul style="list-style-type: none"> Class 2: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram 	\$100 per visit / 2 visits max	\$100 per visit / 2 visits max
<ul style="list-style-type: none"> Class 3: Imaging CT, PET 	\$100 per visit / 1 visit max	\$100 per visit / 1 visit max
<ul style="list-style-type: none"> Class 4: MRI 	\$500 per visit / 1 visit max	\$750 per visit / 1 visit max

Prescription

VerusRx inside the HealthWallet App

***Additional scripts included for EE + Spouse**

*****For VerusRx questions, please call: 800-838-0007**

Unlimited Rx for ACA and Acute Formulary only

ACA Preventive and Acute Formulary: \$0 Co-pay

Chronic Formulary: \$1 Co-pay: 12 max for retail (4 max for mail in)

Inpatient

Day 1 hospital confinement benefit amount per day	\$1,000 per day / 1 day max	\$1,300 per day / 1 day max
Day 2+ hospital confinement benefit amount per day	\$500 thereafter	\$1,000 thereafter
Maximum benefit per benefit plan year	30 days per benefit plan year	30 days per benefit plan year
Surgery benefit amount (includes maternity) per day	\$1,000 per day / 1 day max	\$1,500 per day / 1 day max
Anesthesia benefit amount per day	\$250 per day / 1 day max	\$375 per day / 1 day max

Other Services

HealthWallet | Telemedicine 24/7

- HealthWallet is a doctor and pharmacy at your finger tips! Use your digital Rx discount card, securely store your digital medical ID card, talk with a doctor over the phone or video call, and so much more!

Unlimited access to Board-Certified doctors by phone or mobile app 24/7, with \$0 co-pay

The Outpatient and In-Patient benefits are self-funded by the plan sponsor. Prescription benefits are administered by Rx Valet. Telemedicine services are not insurance and are not provided by the Third-Party-Administrator (Concierge Benefits Services). All benefits are subject to change based on Federal mandates & requirements impacting ERISA plans. The First Health, Limited Benefits Plan, or contracted PPO Network providers are required to receive in-network discounts.

CONCIERGE Third Party Administrator

Concierge Rx

VerusRx within the HealthWallet App



THE EASIEST WAY TO SAVE ON YOUR MEDICATIONS

As a subscriber to Concierge Rx, you will not have to worry about the expensive cost of 200 common medications. That is because Concierge has partnered with HealthWallet and VerusRx so that you can have access to a plan that provides hundreds of meds at no cost to you! Plus great discounts on all other medications.

Consider this your pharmacy savings advocate. The Health Wallet App is here to help you find the lowest price on medications available.

Our Program Covers:

- | | | |
|------------------|----------------------|-----------------------------|
| ■ Allergy | ■ Diabetes | ■ Mental Health |
| ■ Arthritis/Pain | ■ Men/Women's Health | ■ Cold/Cough and much more! |

Drugs Like:

- | | | |
|------------------------|--------------------|------------------|
| ■ Amoxicillin | ■ Sprintec | ■ Glipizide |
| ■ Azithromycin (Z-Pak) | ■ Viagra (generic) | ■ Omeprazole |
| ■ Cialis (generic) | ■ Warfarin | ■ and Much More! |

The Program is Easy to Use.

Unlimited access to a national network of licensed doctors via telephone or video chat, who can help to diagnose and even prescribe in real-time directly from your mobile device.

Open up the HealthWallet App and search for an prescription to see what the pharmacies around you are charging for the drug when using our discount card.

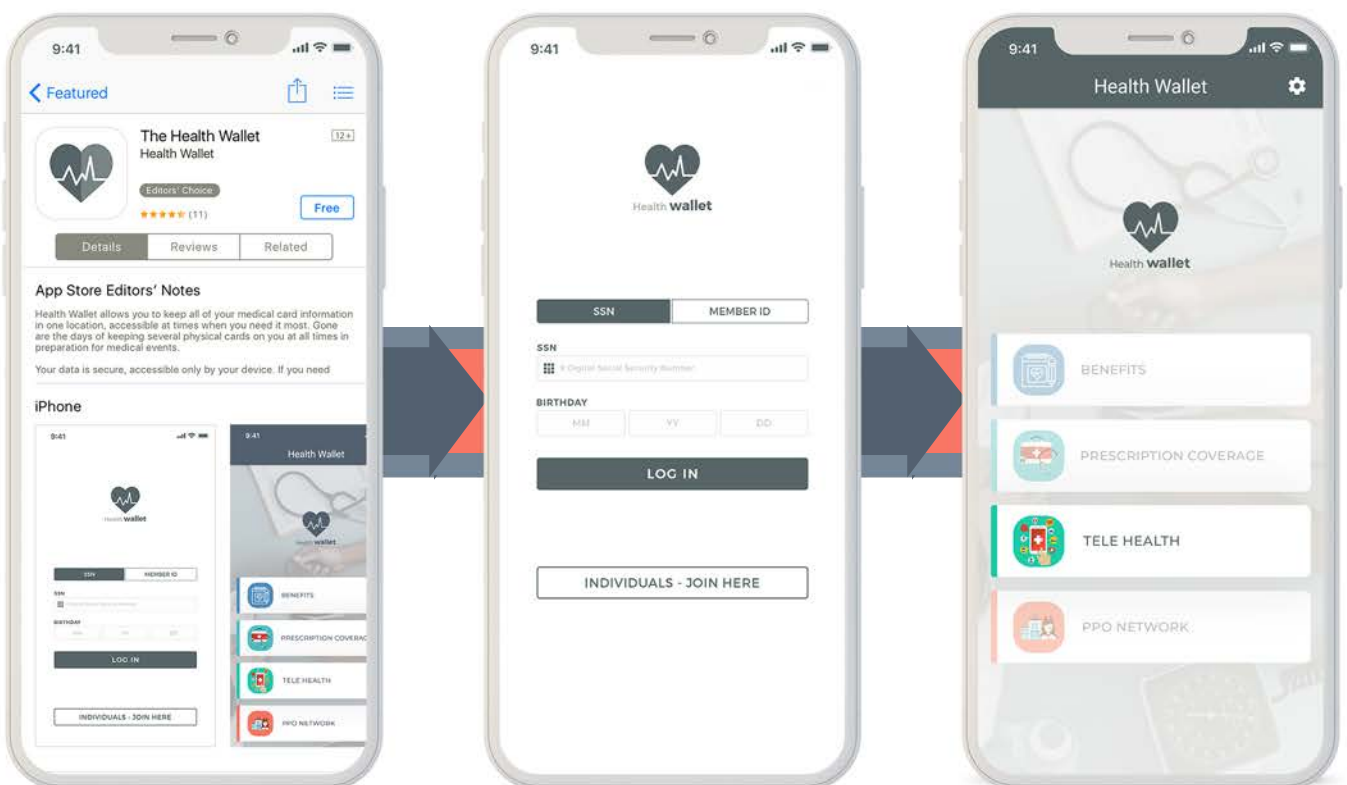
- ACA Preventive Prescriptions and Acute Formulary Prescriptions are 100% Free! And Unlimited!
- Chronic Formulary Prescriptions are only \$1! You get 12 retail (in person) and 4 mail order prescriptions per Benefit Year! You get more scripts per Benefit Year if you're enrolling a spouse or as a family.



HEALTH WALLET AND TELEMEDICINE

HOW TO USE HEALTH WALLET AND TELEMEDICINE

- Go to the Apple App Store or Google Play Store.
- Type in "The Health Wallet".
- Download "The Health Wallet" App.
- Open "The Health Wallet" App.
- To login, enter your SSN or Member ID, along with your birthday.
- Once logged in, you have the following options: Benefits, Telehealth, Prescription Coverage, PPO Network.
- Click on "Benefits" to access your ID cards and other lines of coverage information.
- To connect for Telemedicine, click on "Telehealth" and it will automatically dial so you can request a consult.
- If it is your first time requesting a consult, you must register yourself first by providing personal information.
- A licensed physician will call you back within 16 minutes on average.



Dental Plan



This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations sections of the Plan Document for complete details of each benefit.

Services can be rendered by any dental professional who is licensed to perform the services. The Plan contains three service categories: Preventive; Basic; and Major Services. The Plan applies a 90 day waiting period for Basic Services, and a 180 day waiting period for Major Services, prior to services being paid by the Plan. The plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the major services category, whether the service is major or not, unless excluded by the plan.

Plan Options	Dental - Rates Per Pay Period (Weekly)
Employee Only	\$8.92
Employee + Spouse	\$16.12
Employee + Child(ren)	\$14.32
Family	\$20.92

Concierge Dental 1000



Dental Plan 1000

Deductibles & Benefit Year Maximums

Benefit Year Deductible

(Deductible is waived for Preventive Services)

\$50 Individual

\$150 Family

Benefit Year Maximum for Preventive, Basic and
Major Procedure Categories Combined

\$1,000 per Plan Member

Dental Services

Preventive Services

Plan Pays 100%

Deductible Applied

No

Waiting Period

No

- Routine exams & cleanings twice per Benefit Year
- Fluoride treatments for Dependents under age 18 twice per Benefit Year
- Sealants up to age 16
- One bitewing x-ray series per Benefit Year
- One full mouth or panorex x-ray every three years
- Palliative emergency treatment
- Other x-rays

Included

Included

Included

Included

Included

Included

Included

Basic Services

Plan Pays 80%

Deductible Applied

Yes

Waiting Period

90 days

- Oral Surgery
- Periodontics
- Endodontics
- Extractions and Fillings
- Recementing and repair of bridges, crowns, removal dentures or inlays
- General anesthesia
- Antibiotic drugs
- Space maintainers for Dependents under the age of 16 to replace primary teeth

Included

Included

Included

Included

Included

Included

Included

Included

Major

Plan Pays 50%

Deductible Applied

Yes

Waiting Period

180 days

- Installing partials, full or removable dentures
- Installation of fixed bridges
- Inlays, Onlays, Crowns (not a part of bridge)
- Gold Restorations

Included

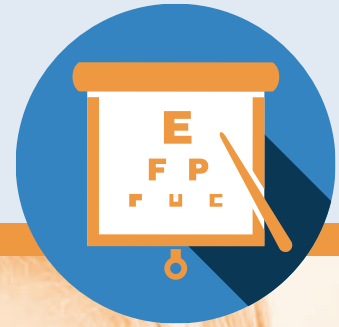
Included

Included

Included

The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law.

Vision Plan

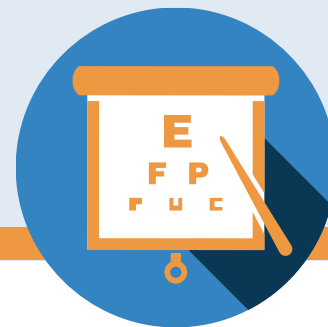


This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements do not apply. See the specific benefit under the Covered Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

All services must be medically necessary and can be rendered by any vision professional who is licensed to perform the services. Plan members will have a 90-day waiting period prior to benefits being paid by the plan for hardware & other services. All eligible vision services apply to a combined maximum plan payment of \$600 per plan member per benefit year. Charges that exceed the maximum plan benefit year payment, or that are not covered benefits of the plan, will be the plan member's responsibility for payment.

Plan Options	Vision - Rates Per Pay Period (Weekly)
Employee Only	\$5.19
Employee + Spouse	\$9.61
Employee + Child(ren)	\$8.79
Family	\$13.86

Concierge Vision 600



Vision		Benefit Year Maximums	
Benefit Year Maximum Payment by the Plan		\$600 per Plan Member for combined services	
Lasik Services		Not Covered by the Plan	
Cosmetic Services		Not Covered by the Plan	
Vision Services			
Routine Eye Examination		Plan Pays 100%	
Plan Member Pays		\$25 Co-pay	
Plan Pays		100%	
Applies Annual Max		Yes	
One routine exam per Benefit Year per Plan Member to include:			
<ul style="list-style-type: none">• Physician exam		Included	
<ul style="list-style-type: none">• Visual acuity test		Included	
<ul style="list-style-type: none">• Glaucoma test		Included	
<ul style="list-style-type: none">• Refraction		Included	
<ul style="list-style-type: none">• Other medically necessary testing performed in the Physician's office		Included	
Hardware & Other Services		Plan Pays 100% after 90-day waiting period	
Plan Member Pays		\$0 Co-pay	
Plan Pays		100%	
Applies Annual Max		Yes	
Includes:			
<ul style="list-style-type: none">• Frames		Included	
<ul style="list-style-type: none">• Single lenses		Included	
<ul style="list-style-type: none">• Bifocal lenses		Included	
<ul style="list-style-type: none">• Trifocal lenses		Included	
<ul style="list-style-type: none">• Progressive lenses		Included	
<ul style="list-style-type: none">• Lenticular lenses		Included	
<ul style="list-style-type: none">• Contacts (conventional or disposable)		Included	
<ul style="list-style-type: none">• Anti-Scratch Coating		Included	
<ul style="list-style-type: none">• Anti-Reflective Coating		Included	

The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law.

What to Expect Next



Will I get a physical ID card?

You will not receive a physical card, but an electronic ID card will be emailed and texted directly to you! You will receive these once your coverage starts and you can print them off or store them on your phone!

Where can I learn about my Benefits?

The best way to learn about your benefits is to refer to your Employee Guide! Your employer can provide this for you if you have not already received it.

How can I speak to someone about my benefits or ID card quickly?

For the fastest service, you can text us at 918-876-5015. You can also call our Concierge Team at 888-820-5687 and select Option #2. We provide temporary ID cards, Employee Guides, and much more! We will email or text you the information that you need!

What is HealthWallet and how do I get it?

The HealthWallet App stores your medical information, ID card, and prescription information in one secure location: your phone! You must be enrolled in a medical benefit to have access to the HealthWallet App. You can download the app from the Apple App Store or the Google Play Store. It is simple and easy to use, we guarantee it!

Concierge is About Responsive Service

If this doesn't answer your questions, then please text us at 918-876-5015 or call our Concierge Team at 888-820-5687



CONCIERGE
Third Party Administrator



Concierge Customer Service

888-820-5687, Option 2

eligibility@cbscas.com

www.mybenefitservices.com/peaktechnical

At Concierge, we are here to serve.