



Welcome to your 2023 Health Insurance Benefits! This guide provides an outline of benefits available to you and your eligible dependents. We encourage you to review this guide to educate yourself about your options and choose the coverage that best fits your needs.



GET YOUR ID CARD IN DAYS



COVERAGE YOU NEED AT A PRICE YOU CAN AFFORD

ELIGIBILITY

You're eligible for benefits during the open enrollment period effective January 1, 2023, or the first day of the month following 59 days from your date of hire.

HOW TO ENROLL

To enroll into benefits, make changes, or waive coverage for you and your eligible dependents, please follow one of the methods below.

Make elections via the Ease Benefits Portal:

If you have your email address on file with JFC, you will receive an email directly from Ease with a link to the benefits portal. Once you click this link, the system will ask you to create your password and proceed with making your elections. After your initial login, you may access the benefits portal by visiting <https://jfctemps.ease.com>

- If you do not have your email address on file, you may obtain your login credentials by contacting SBMA's customer service team at (888) 385-1125.

Speak with a Licensed Representative:

- Schedule an appointment at <https://booknow.appointment-plus.com/b82bz0h8/> and a licensed SBMA representative will call at the time that works best for you; or
- Call the SBMA Call Center available Monday – Friday, 10 AM – 8 PM ET at (888) 385-1125

ENROLLMENT INFORMATION

If you don't make elections during open enrollment, you will not have another opportunity to make changes until the next open enrollment (March 1, 2024) or due to a qualifying event. See examples of qualifying events below:

- Marriage, divorce, legal separation, annulment or death of a spouse
- Birth, adoption or placement for adoption
- Change in residence or workplace (if your benefit options change)
- Loss of other qualified health coverage
- Change in your dependent's eligibility status because of age, student status or similar circumstance

THE AFFORDABLE CARE ACT (ACA) & MINIMUM ESSENTIAL COVERAGE (MEC)

According to the Affordable Care Act (ACA), more commonly referred to as Obamacare, all individuals must be offered at least Minimum Essential Coverage (MEC). MEC provides coverage for preventive/wellness screenings, immunizations, and other services.

COVERAGE OPTIONS

MEC Excel: Covers all preventive services at 100% as outlined in ACA and provides primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. MEC Excel also includes telemedicine through HealthiestYou and prescription discounts through SmithRx.

MEC Plus: Covers all preventive services at 100% as outlined in ACA and provides additional medical services such as office visits, urgent care, labs, x-rays and prescription drugs offered at various copays. Prescription drugs are covered through SmithRx.

Minimum Value (MV): This plan covers all services outlined in MEC Plus and provides additional medical services such as emergency room care, hospitalization and inpatient services at reference-based pricing paying 125% of the Medicare allowable fee schedule. Please note, patients will be balanced billed for any costs greater than Medicare allowable. Cost of the plan is based on affordability as mandated by ACA. Employees will not pay more than the annual affordability rate toward employee only coverage.

MetLife Hospital Indemnity: This indemnity plan can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as copayments and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Please note: The MEC Excel and MEC Plus plans do NOT cover hospitalization, emergency room or surgical services. Out-of-network services and specialty drugs are not covered on any plan.

Dental and Vision coverage are available through Ameritas. Please logon to JFC's website and click on "Resources" for additional information. Employees will be responsible for remitting premium directly to the provider.

EMPLOYEE ACKNOWLEDGMENT

Upon receipt of this guide, employees attest:

- I have been provided with the Benefit Guide and with the information pertaining to the plan offering and enrollment deadline.
- I have been offered a plan for myself and my qualified dependents that provides both Minimum Essential Coverage (MEC) and Minimum Value Plans.
- I understand the cost to me will not be greater than the annual affordability rate.

I authorize my employer to make salary reductions on a pre-tax basis for my portion of the group insurance premiums. I understand that:

- I cannot change this election during the plan year unless I have a change in status as provided in the Internal Revenue Code and Regulations.
- My Social Security benefits may be reduced by this election.
- This election replaces any previous elections and will terminate on the earlier of (1) when I am no longer being paid compensation in an amount at least equal to my total salary reduction or (2) termination of the plan.
- My employer may reduce or cancel this election, if necessary, to comply with provisions of the Internal Revenue Code.
- I understand if I decline medical coverage, I will not be able to enroll in benefits until January 1, 2024, or due to a qualifying event.

BENEFIT PLAN COMPARISON

Medical Benefits	MEC Excel	MEC Plus	Minimum Value
Annual Deductible	\$0	\$0	\$0
Out-of-Pocket Maximum ¹	-	\$1,850 individual / \$3,700 Family	\$7,150 individual / \$14,300 Family
Wellness and Preventive	Covered 100%	Covered 100%	Covered 100%
Rx Discount Plan	Included through SmithRx	Included through SmithRx	Included through SmithRx
Telehealth Program ²	Included through HealthiestYou	-	-
Primary Care Visits	\$15 copay	\$15 copay	\$15 copay
Specialists Visits	Network Discount ³	\$15 copay	\$15 copay
Urgent Care Visits	\$50 copay	\$50 copay	\$50 copay
Emergency Room (excludes emergency transportation)	-	-	\$400 copay, then subject to reference-based pricing ⁴
Laboratory Services / X-Rays	Network Discount ³	\$50 copay	\$50 copay
Advanced Diagnostic Imaging (Ultrasounds, MRI, CT)	-	-	-
Hospital Facility Fees, Physician / Surgeon Fees, Maternity ⁵	-	-	\$1,000 copay, then plan pays 80% of reference-based pricing ⁴ allowable amount
Outpatient Surgery, Mental Health / Substance Abuse Rehabilitation / Physical Therapy	-	-	-
Prescription Drugs	Discount only	\$15 copay for generic \$50 copay for preferred brand ⁶	\$40 copay generic only

¹ Out-of-pocket maximum is for covered services only. Certain services are subject to reference-based pricing and may result in members being balance-billed beyond the out-of-pocket maximum.

² For additional information on the HealthiestYou telehealth program please call (855) 894-9627 or visit www.healthiestyou.com

³ The MEC Excel plan covers services that are subject to the network discount. Discounts will vary based on provider contracts. Patients will be responsible for paying the remaining balance after the network discount is applied.

⁴ Reference-based pricing reimburses providers using a percentage of Medicare coverage amounts as a reference point for the reimbursement totals on emergency and inpatient services. The Minimum Value plan pays 125% of the Medicare allowable coverage amount for such services. Patients will be responsible for paying the remaining balance beyond the provider reimbursement amount.

⁵ Inpatient hospital services, including maternity, require pre-certification. Failure to obtain pre-certification may result in a reduction or denial of benefits.

⁶ The maximum annual benefit for preferred brand drugs is \$300 (\$600/family) and may only be filled when a generic alternative is not available.

⁷ This benefit plan comparison is an abbreviated summary. Complete Summaries of Benefits and Coverage (SBCs) are available in the Ease portal.

Indemnity Benefit	Benefit Limits	Benefit Amounts
Admission Benefit	1 time per calendar year	\$2,500 – additional \$500 if admitted to ICU
Confinement Benefit	15 days per calendar year	\$100 per day – additional \$100 per day if admitted to ICU
Inpatient Rehabilitation Benefit (Injury Only)	15 days per calendar year	\$50 per day
Inpatient Surgery Benefit	1 time per calendar year	\$1,000
Outpatient Surgery Benefit	1 time per calendar year	\$1,000
Ambulance Benefit (Ground Only)	1 time per calendar year	\$100
Diagnostic Procedure	1 time per calendar year	\$150

¹The totals listed above are reimbursements that may be paid directly to healthcare providers for medical services or directly to members to use as they deem necessary.

COSTS FOR COVERAGE

Weekly Rates	MEC Excel	MEC Plus	Minimum Value ¹	Hospital Indemnity ²
Employee only	\$21.23	\$43.07	\$93.72	\$18.35
Employee + Spouse	\$41.53	\$93.45	\$191.76	\$38.67
Employee + Child(ren)	\$42.74	\$95.51	\$167.07	\$30.51
Family	\$62.11	\$140.71	\$268.99	\$50.83

¹ Rates of Minimum Value Plan are subject to affordability and may differ from indicated rates based on an employee's rate of pay. For more information regarding affordability please contact your employer.

² The MetLife Hospital Plan may be chosen as a stand-alone option or may be chosen in addition to the MEC Excel, MEC Plus or Minimum Value plan options.

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

For more information on preventive care benefits visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Telehealth Information (MEC Excel Plan Only)



With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE!

Register and access your account

Download the **HealthiestYou mobile app** or call **1.855.894.9627**

Prescription Drug Information

Using Your Prescription Drug Card at Retail Pharmacies



Present your medical card with your prescription to any of our 75,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at www.mysmithrx.com. For additional support, call **1.844.454.5201**

Network Information (MEC Excel and MEC Plus Plans)

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call **1.800.457.1309**
Online: visit www.multiplan.com/sbmaspecificservices
and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results

Network Information (Minimum Value Plan)

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call **1.800.454.5231**
Online: visit www.multiplan.com/sbmapa
and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results

Notices and Disclosures

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' coverage ends.

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, please contact JFC Staffing Companies HR Department at 717-761-8095.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies both to persons covered under group health plans and to persons with individual health insurance coverage. However, WHCRA does NOT require health plans or issuers to pay for mastectomies. If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance;
- Prostheses (e.g. breast implant); and
- Treatment for physical complications of the mastectomy, including lymph edema.

NOTICE OF AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

The JFC Staffing Companies Employee Group Health Plan (the "Plan") provides health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about Plan participants in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI. To receive a copy of the Plan's notice of privacy practices you should contact your employer's Privacy Official, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

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PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

PENNSYLVANIA - Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours to work. Certain qualifying events, or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it with the appropriate premium to TASC. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be cancelled after a 30-day grace period.

If you have any questions about COBRA or the Plan, please contact Human Resources. Please note, if the terms of the Plan and any response you receive from the Human Resources Representative conflict, the Plan document will control.