

## EMPLOYEE BENEFITS SUMMARY



January 1, 2026—December 31, 2026



\*Prepared exclusively for employees of Omni Staffing Service by Acrisure

## Current Insurance Carriers:

**Medical Insurance:** Asuris Northwest Health

**Dental Insurance:** Principal Financial Group

**Vision Benefits:** Vision Service Plan

**Insurance Broker :** Acrisure

## Contact Info:

### Asuris Northwest Health

Customer Service: 1-888-367-2109

Website: [www.asuris.com](http://www.asuris.com)



### Principal Financial Group

Customer Service: 1-800-986-3343

Website: <http://www.principal.com>



### Vision Service Plan

Customer Service: 1-800-295-9058

Website: [www.vsp.com](http://www.vsp.com)



### Acrisure

Customer Service: 1-509-765-5632

email: [wnchristensen@acrisure.com](mailto:wnchristensen@acrisure.com)



This Benefit Booklet is meant as a plan summary.

For full benefit details, frequencies, provider listings and exclusions reference the summary plan description. You can also create an account at Asuris and log in for additional plan details.

<b>Medical Contributions</b>	
<b>Categories</b>	<b>Monthly Cont.</b>
Employee Only	\$194.51
Employee + Spouse	\$1,176.94
Employee + Children	\$906.20
Employee + Family	\$1,888.62
<b>Dental Contributions</b>	
<b>Categories</b>	<b>Monthly Cont.</b>
Employee Only	\$55.43
Employee + Spouse	\$112.03
Employee + Children	\$115.24
Employee + Family	\$179.03
<b>Vision Contributions</b>	
<b>Categories</b>	<b>Monthly Cont.</b>
Employee Only	\$10.85
Employee + Spouse	\$15.73
Employee + Children	\$28.21
Employee + Family	\$28.21

# PPO Medical Plan Summary

## EMPLOYEE BENEFITS SUMMARY

	Carrier	AIMS(1/1) - Asuris NW
	Plan Name	PPO Traverse \$3000/20%/\$35
	Plan Network	PREFERRED
	HSA Qualified	No
	Effective Date	01/01/2025
	End Date	1/01/26
		<b>IN-NETWORK</b>
<b>HSA PLAN NOTES (if applicable)</b>	Deductible	
	Out of Pocket Max	
	Employer Contribution	
<b>DEDUCTIBLE</b>	Individual	\$3,000
	Family	\$6,000
<b>OUT OF POCKET MAXIMUM</b>	Individual	\$7,500
	Family	\$15,000
	Includes	Deductible, copays (\$), coinsurance (%), Rx
<b>OFFICE VISITS</b>	Covered Before Deductible	All visits
	Preventive Care	Covered in full
	Primary Care	\$35
	Specialist	\$50
<b>ON DEMAND CARE</b>	Telehealth	MD Live: Covered in full
	Urgent Care	As any other office visit
	Emergency Room	\$300, then deductible, then 20%
<b>HOSPITAL</b>	In-patient	Deductible, then 20%
<b>LAB &amp; X-RAY</b>	Diagnostic Non-complex	1st \$500 covered in full. Then deductible, then 20%.
	Diagnostic Complex	See NonComplex lab/X-ray
<b>PHYSICAL THERAPY &amp; ALTERNATIVE CARE</b>	Acupuncture (A)	Deductible, then 20%
	Chiropractic (C)	Deductible, then 20%
	Physical Therapy (PT)	Deductible, then 20%
	Massage (M)	Deductible, then 20%
	Group Visits A / C / PT / M	12   18   25   Included under PT
<b>COUNSELING</b>	Mental Health	\$35
	Chemical Dependency	\$35
<b>PRESCRIBED DRUGS</b>	Deductible	None
	Out of Pocket Max	Included under medical
	Retail	Tier 1: \$10 Tier 2: \$40 Tier 3: \$60
	Mail Order	T1:\$20   T2:\$80   T3:\$120
	Specialty	50%, 1st fill retail then mail only, 30 day supply.
<b>PEDIATRIC BENEFITS</b>	Vision	Not covered
	Dental	Not covered

# H.S.A. Medical Plan Summary

## EMPLOYEE BENEFITS SUMMARY

	Carrier	AIMS(1/1) - Asuris NW
	Plan Name	PPO Traverse HSA \$2500/20%
	Plan Network	PREFERRED
	HSA Qualified	Yes
	Effective Date	01/01/2025
	End Date	1/01/26
HSA PLAN NOTES (if applicable)	Deductible	Aggregate: If multiple members covered, the individual deductible does not apply.
	Out of Pocket Max	Embedded: If multiple members covered, the individual max applies to each member until the combined total reaches the family max.
	ed Employer Contribution	
DEDUCTIBLE	Individual	\$2,500
	Family	\$5,000
OUT OF POCKET MAXIMUM	Individual	\$5,000
	Family	\$10,000
	Includes	Deductible, copays (\$), coinsurance (%), Rx
OFFICE VISITS	Covered Before Deductible	Preventive
	Preventive Care	Covered in full
	Primary Care	Deductible, then 20%
	Specialist	Deductible, then 20%
ON DEMAND CARE	Telehealth	MD Live: Deductible only
	Urgent Care	Deductible, then 20%
	Emergency Room	Deductible, then 20%
HOSPITAL	In-patient	Deductible, then 20%
LAB & X-RAY	Diagnostic Non-complex	Deductible, then 20%
	Diagnostic Complex	Deductible, then 20%
PHYSICAL THERAPY & ALTERNATIVE CARE	Acupuncture (A)	Deductible, then 20%
	Chiropractic (C)	Deductible, then 20%
	Physical Therapy (PT)	Deductible, then 20%
	Massage (M)	Deductible, then 20%
	imum Visits A / C / PT / M	12   10   25   Included under PT
COUNSELING	Mental Health	Deductible, then 20%
	Chemical Dependency	Deductible, then 20%
PRESCRIBED DRUGS	Deductible	Medical deductible. Waived for value list
	Out of Pocket Max	Included under medical
	Retail	Tier 1: 20% Tier 2: 20% Tier 3: 20%
	Mail Order	T1:20%   T2:20%   T3:20%
	Specialty	20%, 1st fill retail then mail only, 30 day supply.
PEDIATRIC BENEFITS	Vision	Not covered
	Dental	Not covered

### HSA 2500

#### PREVENTIVE CARE:

- Costs are paid in full by insurer

#### DEDUCTIBLE:

- Per employee: \$2,500
- Per family: \$5,000

#### CO-INSURANCE:

- 80/20 split ( e.g. enrollee pays 20%, insurer pays 80%)
- \$2,500 out of pocket
- \$5,000 Max. out-of-pocket expense per person or \$10,000 per family (includes, copays, deductible and co-insurance)



#### HEALTH SAVINGS ACCOUNT

- If you elect the HSA option, your employer will open a Health Savings Account with HealthEquity

- Funds are deposited tax-free in the designated checking account.

- Funds deposited are optional and can be made via payroll deduction

- Funds coming out of an HSA account are *tax-free* if used for qualifying medical, dental or vision expenses.
- HSA funds can be accessed via check or debit card.
- Unused HSA funds are the property of the employee and can be 'rolled-over' from year to year.
- Once sufficient HSA funds are built up, investment options are available.
- Upon retirement or termination, unused funds can still be used to pay for qualifying expenses.
- Employer and/or employee can fund up to \$4,300 for a single employee.
- Employer and/or employee can fund up to \$8,550 for an employee with dependents.
- Employees who are 55 or older can deposit an additional \$1,000.

Telehealth powered by Doctor On Demand



## Use telehealth for 24/7 care

**Doctor On Demand™ gives you access to great medical care anytime, day or night**

### **Skip the wait and see a doctor or therapist online**

We all have times when we need to see a doctor, but it's inconvenient—there's no time, the office is closed, or we're on the road. You know that feeling: "I wish I could get care without leaving the house!" Now you can.

Your health plan includes telehealth powered by Doctor On Demand, a national leader in quality care. You can talk to any of Doctor On Demand's board-certified physicians any time by video chat using your computer or the app—24 hours a day, 7 days a week, 365 days a year.



Telehealth powered by Doctor On Demand

## Use telehealth for 24/7 care

### Quality care from doctors you can trust

You'll connect with board-certified doctors and therapists who can diagnose and treat non-emergency medical conditions, prescribe medications, and send prescriptions to your pharmacy. With specialties including primary care, pediatrics, and family medicine, Doctor On Demand makes it easy to get quality care for every member of your family.

Common ailments treated via telehealth include:

Addictions	Ear infections	Rashes	Sunburn
Allergies	Headache	Relationship issues	Trauma & loss
Cold & flu	Infections	Sinus infection	Workplace stress
Constipation	Nausea	Social anxiety	And more
Depression	Pink eye	Sore throat	

### How it works

Doctor On Demand is simple to use. Here are some basic things to know:

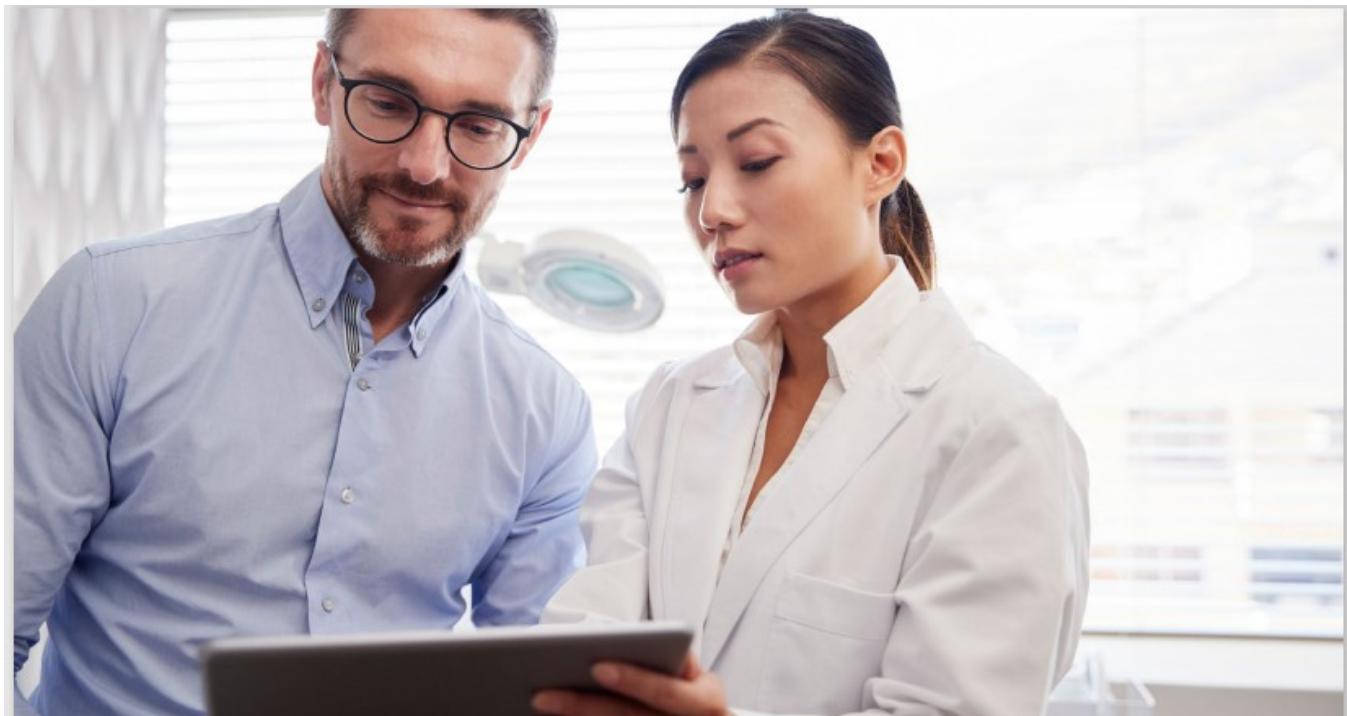
- Doctor On Demand is a great option when your child isn't feeling well outside business hours, but dependents will need a parent present during the visit.
- The average wait time to connect with a physician is less than three minutes.
- You can use Doctor On Demand as often as you need to.
- We process each visit as a claim, and your costs count toward your deductible.
- Check your specific benefits for cost information. You won't pay more than \$49 for a medical visit.
- This is more than a nurse advice line. With Doctor On Demand, a doctor can diagnose, treat and prescribe medications.
- You will work with a Doctor On Demand physician, not your regular doctor.
- With your permission, the Doctor On Demand physician will share your treatment information with your regular doctor.
- Visit [doctorondemand.com/asuris](http://doctorondemand.com/asuris) to register today. You'll want to create your online account in advance so when you need care, you'll already be set up.



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Spokane, WA 99202

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## Preventive care

### In-network services covered at 100%

Most Asuris members have 100% coverage for preventive services—care that detects an issue before it becomes a problem. You'll pay nothing for the care listed here when you see an in-network provider. We follow recommendations from three government agencies to determine which services we cover.<sup>1</sup>

You may have to pay for covered preventive care if:

- You see an out-of-network provider
- Your doctor provides preventive care outside the guidelines
- Your provider doesn't obtain any required pre-authorization (for example, physical therapy for fall prevention, genetic testing for BRCA 1 and 2 and lung cancer screening)

Also, diagnostic services are different from preventive. Diagnostic care looks at a problem you're already having. So ask your doctor if services are preventive or diagnostic. It's important to know because you may have to pay out of pocket for diagnostic care.

Check the list below to see which preventive services most of our plans cover. Some plans may have limitations or not cover all of these services. Check your plan benefits or call Customer Service at the number on the back of your member ID card if you have questions.

1. These scientifically supported guidelines are created by the United States Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA).<sup>1</sup>





## Policyholder: OMNI STAFFING SERVICES

Group dental insurance  
Benefit summary for  
all members

### What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	90%	80%
Major	\$50	\$50	60%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your in-network deductibles for basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.			
Combined maximum	Your calendar year maximum for basic and major in-network services are combined. Your calendar year maximum for basic and major out-of-network services are combined. In-network calendar year maximums are \$3,000 per person or out-of-network calendar year maximums are \$3,000 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.			
Preventive passport	Included			
Plan type	Unscheduled			

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

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### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

### Which procedures are covered, and how often?

#### Preventive

Routine exams	Twice per calendar year
Routine cleanings	Four per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Twice per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 24 months
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit

#### Basic

Fillings	Replacement fillings every 24 months
Composite (tooth colored)	Covered on posterior teeth
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months

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Occclusal guards (night guards)	One guard per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

Major	
Crowns	Each 84 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 84 months per tooth
Implants	Each 84 months per tooth
Bridges	84 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

### Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 <sup>th</sup> percentile of the usual and customary charges.
Preventive passport	Benefits paid for preventive services will not be applied to your annual benefit maximum
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

### How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit [principal.com/dentist](http://principal.com/dentist) to find a dentist or call 800-247-4695.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

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## Your VSP Vision Benefits Summary

OMNI STAFFING SERVICES and VSP provide you with an affordable vision plan.

## PROVIDER NETWORK:

VSP Signature

## EFFECTIVE DATE:

03/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
WELLVISION EXAM	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>			
FRAME*	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Anti-glare coating</li> <li>Tints/Light-reactive lenses</li> <li>Scratch-resistant coating</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
EXTRA SAVINGS	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

## YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](http://vsp.com) to find an in-network provider.

### What if I have other coverage?

If you have other coverage you should notify your plan administrator or Acrisure so that you can complete an "other coverage questionnaire" and the coverage's will coordinate benefits. Other coverage may include Medicare, other group health coverage, or individual coverage.

### Once I am insured what am I responsible for?

Generally there are three ways that you participate in medical costs.

1. *Co-Pays: for specific circumstances (office visits, emergency room, pharmacy)*
2. *Deductible: this is your responsibility before the insurer participates.*
3. *Co-Insurance: once the deductible has been met; most insurers pay 80% of the cost if services are rendered in network. You would be responsible for the balance generally up to a specific out of pocket limit*

### What is an Explanation of Benefits or an E.O.B.?

This is the statement that you receive from your insurer once a claim has been acted on. We refer to them as E.O.B.'s. They will tell you how the claim was processed and what responsibility is yours.

### When can I add or change dependents from the plans?

Dependents can be removed at any time. Dependents can only be added during open enrollment which is **January 1<sup>st</sup>** or after a qualifying event. A qualifying event may include: loss of other coverage, birth, divorce, marriage etc...

### How can I replace a lost ID card?

A lost ID card can be replaced by **calling Asuris or Acrisure in Moses Lake.**



Will Christensen

A: 108 W Broadway Moses Lake, WA 98837

P: (509) 761-4344

E: [wnchristensen@acrisure.com](mailto:wnchristensen@acrisure.com)

W: [www.acrisure.com/northwest](http://www.acrisure.com/northwest)