

EMPLOYEE BENEFITS SUMMARY



January 1, 2025—December 31, 2025



*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



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



Acrisure

Customer Service: 1-509-765-5632

email: wncristensen@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.

Medical

Your per-month Employee Contribution to your Medical Plans is:

| | |
|------------------------------|-----------|
| Employee Only | \$163.00 |
| Employee + Spouse | \$985.00 |
| Employee + Children | \$758.00 |
| Employee + Spouse + Children | \$1580.00 |

* Employee Costs can be pre-tax. The net costs will be less.

Voluntary Dental

Your per-month Employee Contribution to your Dental Plans is:

| | |
|------------------------------|----------|
| Employee Only | \$51.90 |
| Employee + Spouse | \$104.90 |
| Employee + Children | \$107.90 |
| Employee + Spouse + Children | \$167.63 |

* Employee Costs can be pre-tax. The net costs will be less.

Voluntary Vision

Your per-month Employee Contribution to your Vision plan is:

| | |
|------------------------------|---------|
| Employee Only | \$10.85 |
| Employee + Spouse | \$15.73 |
| Employee + Children | \$28.21 |
| Employee + Spouse + Children | \$28.21 |

* Employee Costs can be pre-tax. The net costs will be less.

PPO Medical Plan 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 |
| | | IN-NETWORK |
| HSA PLAN NOTES (if applicable) | Deductible | |
| | Out of Pocket Maximum | |
| | Employer Contribution | |
| DEDUCTIBLE | Individual | \$3,000 |
| | Family | \$6,000 |
| OUT OF POCKET MAXIMUM | Individual | \$7,500 |
| | Family | \$15,000 |
| | Includes | Deductible, copays (\$), coinsurance (%), Rx |
| OFFICE VISITS | Covered Before Deductible | All visits |
| | Preventive Care | Covered in full |
| | Primary Care | \$35 |
| | Specialist | \$50 |
| ON DEMAND CARE | Telehealth | MD Live: Covered in full |
| | Urgent Care | As any other office visit |
| | Emergency Room | \$300, then deductible, then 20% |
| HOSPITAL | In-patient | Deductible, then 20% |
| LAB & X-RAY | Diagnostic Non-complex | 1st \$500 covered in full. Then deductible, then 20%. |
| | Diagnostic Complex | See NonComplex lab/X-ray |
| 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% |
| | Maximum Visits A / C / PT / M | 12 18 25 Included under PT |
| COUNSELING | Mental Health | \$35 |
| | Chemical Dependency | \$35 |
| PRESCRIBED DRUGS | Deductible | None |
| | Out of Pocket Maximum | 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. |
| PEDIATRIC BENEFITS | Vision | Not covered |
| | Dental | Not covered |

H.S.A. Medical Plan 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 Maximum | Embedded: If multiple members covered, the individual max applies to each member until the combined total reaches the family max. |
| | 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% |
| | Maximum 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 the 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 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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Asuris complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-232-8229 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-232-8229 (TTY: 711).

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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.¹

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).¹





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 | | | |



| | |
|--------------------------------|--|
| Occlusal 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 th 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 to find a dentist or call 800-247-4695.



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 |
|--|---|------------------------------------|---------------------|
| Your Coverage with a VSP Provider | | | |
| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$10 | Every 12 months |
| ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none"> Retinal screening for members with diabetes 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. Coordination with your medical coverage may apply. Ask your VSP doctor for details. | \$0 per screening \$20 per exam | Available as needed |
| PRESCRIPTION GLASSES | | \$25 | |
| FRAME* | <ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance | Included in Prescription Glasses | Every 12 months |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every 12 months |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Progressive lenses Anti-glare coating Tints/Light-reactive lenses Scratch-resistant coating Average savings of 40% on other lens enhancements | \$0 \$0 \$0 \$0 | Every 12 months |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 months |
| EXTRA SAVINGS | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 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. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | | |

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 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 1st** 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

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W: www.acrisure.com/northwest