

# CGS EMPLOYEE HANDBOOK



**CGS Global**  
CGS ARIZONA | CGS CALIFORNIA | CGS CENTRAL  
CGS EAST | CGS SOUTHEAST | CGS WEST

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## 1. Workers Compensation

If you get hurt while working for us, you must tell us at the first chance you get even if you do not think it is serious or you do not want medical care. When you sign for your paycheck, part of what you are signing is statement that you told us you didn't get hurt on a CGS job. We and our insurance company will deny and scrutinize any and all claims that are not reported in a timely matter. This could cause you to lose benefits or coverage. Please report any accident to us no matter what

## 2. Who are you

If you lie about who you are or give fake documents, like a social security card, driver license or immigration papers as identification, you may be guilty of a third-degree felony punishable by up to 5 years in prison and a \$5,000.00 fine. CGS takes this seriously and will press charges.

## 3. Work Availability

You work for us day-to-day. Whether you are offered work depends on what our clients need each day, when you show up at our office, what skills you have, and how reliable you are. We do not guarantee that you will be offered work. If you are on an assignment and miss a day of that assignment without proper notice, CGS will deem you voluntarily resigned. If at any time your assignment ends with a client, **it is your responsibility to contact CGS IMMEDIATELY and apply for open positions that you are qualified for so CGS can schedule your next assignment. Failure to contact CGS will be taken as VOLUNTEER RESIGNATION. Furthermore, not contacting CGS directly for re-assignment could negatively impact any filed unemployment case claims.**

## 4. Basic work rules for CGS

If at any time your assignment ends with a client, it is your responsibility to inform CGS IMMEDIATELY so CGS can schedule your next assignment. Failure to report will be taken as VOLUNTEER RESIGNATION and could possibly be a cause in denying any Unemployment Benefits.

## 5. Walking off the Job

If you walk off of a job for any other reason than because we told you to after learning of a safety concern, or if you are kicked off the job by the Client, you will be paid Minimum Wage regardless of what pay rate was agreed to at the start of the day or project and then only for the hours that the client says you actually worked. It is always in your best interests to contact CGS office if you have any concerns about the job or the work location.

## 6. Act Respectfully

We expect every CGS employee to treat our office staff, your co-employees, clients, and everyone else with respect and common courtesy while on our property or at a client's job site.

## 7. Illegal Drugs & Alcohol

CGS is a drug and alcohol-free workplace. Do not come to work under the influence of alcohol or illegal drugs. Do not take or use illegal drugs, alcohol, or legal drugs not prescribed to you by a doctor while working for CGS. Do not buy, sell or have illegal drugs or alcohol, or legal drugs not prescribed to you while working for CGS. Do any of these things and you will be terminated. You agree that we may test you for drugs and alcohol at any time, including after any work accident. If you refuse to be tested when asked, you will be terminated.

## 8. Basic work rules

If at any time your assignment ends with a client, it is your responsibility to inform CGS IMMEDIATELY so CGS can schedule your next assignment. Failure to report will be taken as VOLUNTEER RESIGNATION.

### 8.1. Safety equipment (PPE) needed on each site and every listed below:

- Hard Hat
- Safety Vest and/or High Visibility Short/Long Sleeve Shirt
- Boots
- Gloves
- Safety Glasses

**You will not be able to work on any site without these safety items.**

### 8.2. Safety Rules

CGS wants you to be safe at any and all assignments that you work at. However, we cannot be at each and every job site with you to ensure our clients care about safety as much as we do. If you are asked to do something at a job site that is dangerous, do not do it. Call us immediately and we will direct you on how to proceed.

If you are asked to work more than 6 feet off the ground, you must be given equipment to protect you from falling. If you are not given the equipment, do not go above ground until you call us for instructions.

Working in hot temperatures is dangerous. By the time you feel thirsty or sickness, it is too late. Drink a lot of cool water all day. Keep taking rest breaks, wear light colored clothing made of cotton, and try to do the heaviest and hardest work in the coolest time of day. Try to work in the shade as much as possible. If you are instructed to do anything in the opposite of these instructions call us immediately.

You are responsible for bringing all the required PERSONNEL PROTECTIVE EQUIPMENT to all job sites, which this includes but is not limited to, a hard hat, a safety vest, glasses, ear plugs, gloves, as well as work boots. If you do not have the required PPE for a specific job, you must inform us, and we will do what we can to get you what is needed.

CGS Employee Handbook

## PLEASE READ THIS CAREFULLY TO AVOID ANY ISSUE TOWARDS YOUR PAY AND/OR EMPLOYMENT

Hello Future Employee and Clients

We want to first thank you in-advance for the efforts and time put into filling out our application in its entirety.

If you would be so kind and make sure that you fill-out, sign and date every area in this application that has been highlighted in YELLOW. We would prefer that you fill out the whole application in its entirety.

Additionally, so that no mistakes are made, please make sure that all information written is clear and legible. Furthermore, it is important to provide your correct address, phone number, and e-mail address as-well. If at any time you change your address and/or phone number, it is your responsibility to contact CGS so that we may update your information.

Do Note: End of year W2 wage forms are mailed to the address that we have on file.

It must be known that incomplete applications, applications that are not clear, or if proper identification documents are not provided, then this could result in NOT being paid correctly or on time. Additionally, if items are needed to complete your application and are being requested by CGS, then it is your responsibility to get the information to us or this could result in either NOT being paid correctly or on time, or you are choosing to resign from you position with CGS voluntarily.

*Note* – **YOU CAN NOT** participate in the Direct Deposit Program for payment unless all information on the application and supporting documents are provided. If you are missing information/documents, you will receive an actual hard-check for your pay by either picking-up from the CGS offices or it will be mailed on Friday to the address for which you provided.

### **YOU WILL NEED 1 of the following UN-EXPIRED documents – (Copies of Front & Back)**

1. U.S. Passport / Permanent Resident Card

OR

1. YOU WILL NEED 2 of the following UN-EXPIRED documents – (Copies of Front & Back)

- Driver's License / State ID / School ID with Photo / Voter Registration Card / U.S. Military Card / Military dependents ID

**AND**

2. Social Security Card, USA Birth Certificate, Native American Tribal Document, US Citizen Card

For the State E-Verify process – your Social Security Card IS A MUST.

For any documents that become expired during employment such as Driver's License, Permanent Resident Card, etc., it again is your responsibility to contact CGS with your new Un-Expired Document. Failing to do so could result in either NOT being paid correctly or on time, or you are choosing to resign from you position with CGS voluntarily.

With this application, you should also be receiving the Employee Handbook. If for some reason you do not receive this document, then please reach out so that we may get one to you.

## *For Applicable States*

*(Arizona | California)*

### 9. Earned Sick Time Policy

#### 9.1. Purpose:

CGS (CGS's) goal is to create a straightforward, easy to use Earned Sick Time policy. The purpose for this policy is to provide CGS employees with flexible Earned Sick Time from work, which can be used for any of the reason listed below in section (e) of this document where the employee needs to take time off from work. Our goal is to provide our employees with the state mandated amount of Earned Sick Time.

#### 9.2. Earned Sick Time Eligible Employees:

- 9.2.1. This policy applies to all organization's employees. This includes full-time, part-time, hourly, seasonal, and temporary.
- 9.2.2. This policy describes the organization's objectives and policies regarding maintaining a uniform Earned Sick Time policy.

#### 9.3. Policy:

The earned sick time accrual starts on July 1st which this date will represent your anniversary date, except for new employees who are employed after July 1st. In this case, CGS will use the employees hire date as their anniversary/annual accrual time.

- 9.3.1. An employee of CGS will earn (1) hour of earned sick leave for every thirty (30) hours worked by the employee with a yearly cap of 40 hours.
- 9.3.2. At the end of each accrual year, an employee can carry over any unused earned sick time hours up to 40 hours into the following year (for 12 months) but said employee cannot use more than 40 hours within that year. Employees are entitled to use accrued earned sick leave after the ninetieth (90) day of employment. Employees may use earned sick leave for all the reasons described in California Section 39.0106(a) and Arizona Section A.R.S. 23-373, which includes, but is not limited to, time for their own medical care or for the medical care of a family member.
- 9.3.3. An Employee may use Earned Sick Time for any of the following reasons:
  - Employee is physically or mentally unable to perform his or her duties due to illness, injury, or a medical condition of the Employee;
  - Purpose of obtaining professional diagnosis or treatment for a medical condition of the Employee;
  - For other medical reasons of the Employee, such as pregnancy or obtaining a physical examination;
  - Employee is providing care or assistance to a Family Member, with an illness, injury, or medical condition, including assistance in obtaining professional diagnosis or treatment of a medical condition;
  - Employee's absence if for the Employee's use of Safe Time (e.g., due to Domestic Violence, Sexual Assault, or Stalking);

- Employee's place of business is closed by order of a public official due to a Public Health Emergency, or the Employee is providing care or assistance to a Child, whose school or childcare provider is closed by order of a public official due to a Public Health Emergency.

**Employee can use Earned Sick time in a minimum (1) hour increment.**

**Note: An employee must miss scheduled work time in order to receive paid leave for the absence.**

- 9.3.4. Employees of CGS must (with-in 24 hours of missing a day) notify CGS if you are requesting the use of earned sick time for any of the reasons listed above. Furthermore, CGS will investigate if you were scheduled to work and/or if your assignment had come to an end. If assignment had come to an end, then the use of earned sick time will not be granted due to the fact that you were not scheduled to work.
- 9.3.5. When the use of earned sick time as defined under California Section 39.0106(a) and Arizona Section A.R.S. 23-373 is foreseeable, the employee shall make a good faith effort to provide notice of the need for such time to a representative of CGS in advance of the use of earned sick time, and shall make a reasonable effort to schedule the use of earned sick time in a manner that does not unduly disrupt the Company's operations.
- 9.3.6. For an absence of more than two consecutive workdays, an Employee of CGS must provide reasonable documentation that the use of earned sick time is and will be authorized under subsection (a) of this section as defined California Section 39.0106(a) and Arizona Section A.R.S. 23-373.
  - CGS must accept as reasonable, documentation signed by a licensed Health Care Provider indicating the need for the amount of earned sick time taken.
- 9.3.7. At the time employment ends for any reason, the employee's unused but accrued time will not be paid out upon separation of employment and cannot be "cashed out."
- 9.3.8. Under the company's Family and Medical Leave Act (FMLA) policy, all accrued earned sick time must be taken before the start of the unpaid FMLA time. In other words, employees must exhaust Earned Sick Time when using FMLA.

## **10. Policy Against Unlawful Harassment, Discrimination, and Retaliation**

CGS ("Company") is committed to providing a work environment that is free of unlawful harassment, discrimination, and retaliation. In furtherance of this commitment, the Company strictly prohibits all forms of unlawful discrimination and harassment, including: discrimination or harassment on the basis of race, ethnicity, religion, color, sex (including childbirth, breast feeding, and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability, or any other category protected by applicable state or federal law.

The Company's policy against unlawful harassment, discrimination, and retaliation applies to all employees, including supervisors and managers, as well as to all unpaid interns and volunteers. The Company prohibits managers, supervisors, and employees from harassing co-workers as well as the Company's customers, vendors, suppliers, independent contractors, and others doing business with the Company. Any such harassment will subject an employee to disciplinary action, up to and including immediate termination. The Company likewise prohibits its customers, vendors, suppliers, independent contractors, and others doing business with the Company from harassing our employees.

## 10.1. Examples of Prohibited Sexual Harassment:

Sexual harassment includes a broad spectrum of conduct including harassment based on sex, gender, gender transition, gender identity or expression, and sexual orientation. By way of illustration only, and not limitation, some examples of unlawful and unacceptable behavior include:

- 10.1.1. Unwanted sexual advances;
- 10.1.2. Offering an employment benefit (such as a raise, promotion, or career advancement) in exchange for sexual favors, or threatening an employment detriment (such as termination or demotion) for an employee's failure to engage in sexual activity;
- 10.1.3. Visual conduct, such as leering, making sexual gestures, and displaying or posting sexually suggestive objects or pictures, cartoons, or posters;
- 10.1.4. Verbal sexual advances, propositions, requests, or comments;
- 10.1.5. Sending or posting sexually related messages, videos or messages via text, instant messaging, or social media;
- 10.1.6. Verbal abuse of a sexual nature, graphic verbal comments about an individual's body, sexually degrading words used to describe an individual, and suggestive or obscene letters, notes, or invitations;
- 10.1.7. Physical conduct, such as touching, groping, assault, or blocking movement;
- 10.1.8. Physical or verbal abuse concerning an individual's gender, gender transition, gender identity, or gender expression; and
- 10.1.9. Verbal abuse concerning a person's characteristics such as pitch of voice, facial hair or the size or shape of a person's body, including remarks that a male is too feminine, or a woman is too masculine.

## 10.2. Other Examples of What Constitutes Prohibited Harassment:

In addition to the above listed conduct, the Company strictly prohibits harassment concerning any other protected characteristic. By way of illustration only, and not limitation, such prohibited harassment includes:

- 10.2.1. Racial or ethnic slurs, epithets, and any other offensive remarks;
- 10.2.2. Jokes, whether written, verbal, or electronic;
- 10.2.3. Threats, intimidation, and other menacing behavior;
- 10.2.4. Inappropriate verbal, graphic, or physical conduct;
- 10.2.5. Sending or posting harassing messages, videos or messages via text, instant messaging, or social media; and
- 10.2.6. Other harassing conduct based on one or more of the protected categories identified in this policy.

*If you have any questions about what constitutes harassing behavior, ask your supervisor or another member of management.*

### 10.3. Retaliation is Prohibited:

The Company is committed to prohibiting retaliation against those who themselves or whose family members report, oppose, or participate in an investigation of alleged unlawful harassment, discrimination, or other wrongdoing in the workplace. By way of example only, participating in such an investigation includes, but is not limited to:

- 10.3.1. Filing a complaint with a federal or state enforcement or administrative agency;
- 10.3.2. Participating in or cooperating with a federal or state enforcement agency conducting an investigation of the Company regarding alleged unlawful activity;
- 10.3.3. Testifying as a party, witness, or accused regarding alleged unlawful activity;
- 10.3.4. Making or filing an internal complaint with the Company regarding alleged unlawful activity;
- 10.3.5. Providing notice to the Company regarding alleged unlawful activity;
- 10.3.6. Assisting another employee who is engaged in any of these activities.

The Company is further committed to prohibiting retaliation against qualified employees who request a reasonable accommodation for any known physical or mental disability and employees who request a reasonable accommodation of their religious beliefs and observances. In addition, the Company will not penalize or retaliate against an employee who is a victim of domestic violence, sexual assault, or stalking for requesting leave time or changes in the workplace to ensure the employee's safety and well-being.



## 10.4. What You Should Do If You Feel You Are Being or Have Been Harassed, Discriminated Against, or Retaliated Against

- 10.4.1. If you feel that you are being or have been harassed, discriminated against, or retaliated against in violation of this policy by another employee, supervisor, manager, customer, vendor, independent contractor or third-party doing business with the Company, you should immediately contact the Human Resources Manager [or Other Management Position] at 1-833-CGS-CORP. In addition, if you observe harassment by another employee, supervisor, manager, or non-employee, please report the incident immediately to the individual(s) listed above.
- 10.4.2. Supervisors who receive any complaint of harassment, discrimination, or retaliation must promptly report such complaint to the Human Resources Manager [or Other Management Position] at 1-833-CGS-CORP.
- 10.4.3. Your notification of the problem is essential to us. We cannot help resolving a harassment problem unless we know about it. Therefore, it is your responsibility to bring your concerns and/or problems to our attention so we can take appropriate steps to address the situation. The Company takes all complaints of unlawful harassment seriously and will not penalize you or retaliate against you in any way for reporting a harassment problem in good faith.
- 10.4.4. All complaints of unlawful harassment which are reported to management will be investigated as promptly as possible by an impartial and qualified person and, upon conclusion of such investigation, appropriate corrective action will be taken where warranted. The Company prohibits employees from hindering internal investigations and the internal complaint procedure. All complaints of unlawful harassment reported to management will be treated as confidentially as possible, consistent with the Company's need to conduct an adequate investigation.

## 10.5. Violation of this policy will subject an employee to disciplinary action, up to and including immediate termination.

Moreover, any supervisor or manager who condones or ignores potential violations of this policy will be subject to appropriate disciplinary action, up to and including termination. Additionally, under California law, employees may be held personally liable for harassing conduct that violates the California Fair Employment and Housing Act.

## 11. Personal Appearance & Behavior

In addition to our Policy Against Harassment, CGS maintains a Personal Appearance and Behavior policy. This policy is directed toward conduct which may not otherwise fall within the legal definition of harassment, but nonetheless projects image problems for the Company.

### 11.1. We expect all employees to use good judgment with respect to their dress and appearance and to present a neat, well-groomed appearance, and a courteous disposition.

We feel that these qualities go further than any other factor in making a favorable impression on customers and your co-workers.

**11.2. Employees shall dress and present themselves in a businesslike manner that reflects a professional image.**

Flashy, ill-fitting, revealing, offensive, and other non-businesslike and distracting clothing are unacceptable. Employees who are provided with Company uniforms shall keep them in a neat and clean condition and must wear them at all times when on duty. Employees who report to work in unacceptable attire may be requested to leave work and return in acceptable attire. Such time away from work will be without pay.

**11.3. Employees are also expected to behave and conduct themselves in a professional manner at all times in the workplace.**

Unprofessional behavior in the workplace, such as inappropriate comments, jokes, practical jokes, gestures, sexually related conversations or text messages, inappropriate touching of another employee (such as kissing, hugging, massaging, sitting on laps), and any other behavior of a sexual nature is prohibited. Employees who fail to observe these standards will be subject to disciplinary action, up to and including termination.

**12. Contact Us: [click here](#)**

If you have any questions, please feel free to contact us.

**13. Limited Benefits Summary**

See following page

# LIMITED BENEFITS SUMMARY

## FIXED INDEMNITY MEDICAL BENEFIT

For more details, please see your Summary Plan Description.

The Fixed Indemnity Medical Plan pays a flat amount for a covered event caused by an accident or illness. If the covered event costs more, you pay the difference. But if the covered event costs less, you keep the difference.

Outpatient Benefits <sup>1</sup>		Inpatient Benefits	
Physician Office Visit	\$100 per day	Standard Care	\$300 per day
Diagnostic (Lab)	\$75 per day	Intensive Care Unit Maximum <sup>4</sup>	\$400 per day
Diagnostic (X-Ray)	\$200 per day	Inpatient Surgery	\$2,000 per day
Ambulance Services	\$300 per day	Anesthesiology	\$400 per day
Physical, Speech, or Occupational Therapy	\$50 per day	Skilled Nursing <sup>5</sup>	\$100 per day
Emergency Room Benefit - Sickness	\$200 per day	First Hospital Admission (1 per year)	\$250
Emergency Room Benefit - Accident <sup>2</sup>	\$500 per day	Annual Inpatient Maximum <sup>6</sup>	No Limit
Outpatient Surgery	\$500 per day	<b>Accidental Loss of Life, Limb &amp; Sight</b>	
Anesthesiology	\$200 per day	Employee/Spouse	\$20,000
Annual Outpatient Maximum	\$2,000	Dependent (6 months to 26 years)	\$5,000
<b>Prescription Drugs <sup>3</sup></b>		Dependent (15 days to 6 months)	\$2,500
Annual Maximum	\$600	<b>Wellness Care</b>	
Generic Copay / Brand Copay	\$10/\$50	Wellness Care (one per year)	\$100

<sup>1</sup> all outpatient benefits are subject to the outpatient maximum <sup>2</sup> covers treatment for off the job accidents only <sup>3</sup> not subject to outpatient maximum <sup>4</sup> pays in addition to standard care benefit <sup>5</sup> for stays in a skilled nursing facility after a hospital stay <sup>6</sup> Subject to internal limits of plan

DENTAL BENEFIT	Waiting Period/Coinsurance	Annual Maximum Benefit	\$750	Deductible	\$50
<b>Coverage A</b>	None / 80%	Exams, Cleanings, Intraoral Films, and Bitewings			
<b>Coverage B</b>	3 Months / 60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures			
<b>Coverage C</b>	12 Months / 50%	Periodontics, Crowns, Endodontics, Bridges and Dentures			

VISION BENEFIT <sup>1</sup>	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay <sup>4</sup>	Plan Pays
<b>Eye Exam <sup>2</sup></b> (including dilation)	\$10 Copay	100%	100%	\$35
<b>Standard Contact Lens Fit Exam</b> (includes follow up)	Up to \$55	\$0	100%	\$0
<b>Premium Contact Lens Fit Exam</b> (includes follow up)	100%, after 10% discount	\$0	100%	\$0
<b>Frames</b> (once every 24 months)	80%, after \$110 allowance	20% plus \$110 allowance	100%	\$55
<b>Standard Plastic Lenses</b> (single, bifocal, trifocal) <sup>2,3</sup>	\$25 Copay	100%	100%	\$25-\$55
<b>Contact Lenses (Conventional)</b> (materials only) <sup>2</sup>	85%, after \$110 allowance	15% plus \$110 allowance	100%	\$88
<b>Contact Lenses (Disposable)</b> (materials only) <sup>2</sup>	100%, after \$110 allowance	\$110 allowance	100%	\$88
<b>Contact Lenses (Medically Necessary)</b> (materials only) <sup>2</sup>	\$0 Copay	100%	100%	\$200

<sup>1</sup> For complete plan details, visit [www.essentialstaffcare.com/vision](http://www.essentialstaffcare.com/vision) <sup>2</sup> Once every 12 months <sup>3</sup> \$15 higher in AK, CA, HI, OR, WA <sup>4</sup> After plan payment

TERM LIFE BENEFIT			
<b>Employee Amount</b>	\$10,000 (reduces to \$7,500 at 65; \$5,000 at 70)	<b>Child Amount (6 mos to 26 yrs old)</b>	\$5,000
<b>Spouse Amount</b>	\$5,000 (terminates at age 70)	<b>Infant Amount (15 days to 6 mos)</b>	\$1,000

SHORT-TERM DISABILITY BENEFIT	
<b>Benefit Amount</b>	60% of base pay up to \$150 per week
<b>Waiting Period/Maximum Benefit Period</b>	7 days for injury or sickness/up to 26 weeks

## OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT <sup>1</sup>

Policy Number **82941200-M-AFU**

The optional MEC Wellness/Preventive Benefit **DOES NOT** cover medical services. This plan provides coverage for preventive services such as immunization and routine health screening. It does not cover conditions caused by accident or illness.

Benefit	In-Network	Non-Network	MONTHLY MEC PREMIUM	MEC
<b>15 Preventive Services for Adults</b>	100%	40%	<b>Employee Only</b>	\$58.19
<b>22 Preventive Services for Women</b>	100%	40%	<b>Employee + Child(ren)</b>	\$65.79
<b>26 Covered Preventive Services for Children</b>	100%	40%	<b>Employee + Spouse</b>	\$71.00
			<b>Employee + Family</b>	\$80.87

<sup>1</sup> For more information about preventive services, please visit [www.healthcare.gov](http://www.healthcare.gov).

WEEKLY LIMITED BENEFITS PREMIUM	Medical	Dental	Vision	Term Life	STD
<b>Employee Only</b>	\$22.76	\$5.40	\$2.42	\$0.60	\$4.20
<b>Employee + Child(ren)</b>	\$37.78	\$14.58	\$6.54	\$0.90	-
<b>Employee + Spouse</b>	\$43.24	\$10.80	\$4.84	\$0.90	-
<b>Employee + Family</b>	\$57.58	\$20.52	\$9.20	\$1.80	-

## LIMITED BENEFIT EXCLUSIONS AND LIMITATIONS

These are the standard limitations and exclusions. As they may vary by state, please see your summary plan description (SPD) for a more detailed listing.

### FIXED INDEMNITY MEDICAL AND ACCIDENTAL LOSS OF LIFE, LIMB OR SIGHT BENEFIT

#### No benefits will be paid for loss caused by or resulting from:

- Intentionally self-inflicted injuries, suicide or any attempt while sane or insane
- Declared or undeclared war
- Serving on full-time active duty in the armed forces
- The covered person's commission of a felony
- Work-related injury or sickness, whether or not benefits are payable under workers' compensation or similar law or
- With regard to the accidental loss of life, limb or sight benefit - sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

#### No benefits will be paid for:

- Eye examinations for glasses, any kind of eye glasses, or vision prescriptions
- Hearing examinations or hearing aids
- Dental care or treatment other than care of sound, natural teeth and gums required on account of injury to the covered person resulting from an accident that happens while such person is covered under the policy, and rendered within 6 months of the accident
- Services rendered in connection with cosmetic surgery, except cosmetic surgery that the covered person needs for breast reconstruction following a mastectomy or as a result of an accident that happens while such person is covered under the policy. Cosmetic surgery for an accidental injury must be performed within 90 days of the accident causing the injury and while such person's coverage is in force
- Services provided by a member of the covered person's immediate family.

The fixed indemnity medical plan is not available to residents of Hawaii, New Hampshire or Puerto Rico.

### PRESCRIPTION DRUGS

No benefits will be paid for over-the-counter products or medications or for drugs and medications dispensed while you are in a hospital.

## DENTAL

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the group policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on covered procedures or limitations, please see your summary plan description.

### VISION

No benefits will be paid for any materials, procedures or services provided under worker's compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

### SHORT-TERM DISABILITY

#### No benefits are payable under this coverage in the following instances:

- Attempted suicide or intentionally self-inflicted injury
- Voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, you or your spouse's child, sibling or parent, or a person who resides in your home
- Declared or undeclared war or act of war
- Your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony
- Your participation in a riot
- If you engage in an illegal occupation
- Release of nuclear energy
- Operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; or
- Work-related injury or sickness.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

### TERM LIFE

No Life Insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the policy became effective.

## Member Services:

**For frequently asked questions and network information for the Fixed Indemnity Medical Plan, visit [www.esc-enrollment.com/FAQIND](http://www.esc-enrollment.com/FAQIND). For questions and a full list of preventive services covered by the MEC Wellness/Preventive Plan, as well as the MEC SBC, please visit [www.esc-enrollment.com/FAQMEC](http://www.esc-enrollment.com/FAQMEC). A paper copy is also available, free of charge, by calling Essential StaffCARE Customer Service 1-866-798-0803.**

**PLEASE NOTE:** To make changes or cancel coverage by telephone call (800) 269-7783. Your pin code for enrolling/making changes is **400** + \_\_\_\_ (last four digits of your SSN). Your Company has chosen to take some/all of your payroll deductions on a **Pre-Tax** basis. Please contact Customer Service at 1-866-798-0803 and a Representative will assist you in identifying the deductions that are taken Pre-Tax.

### Essential StaffCARE Customer Service: 1-866-798-0803

- Once enrolled, members can call this number for questions regarding plan coverage, ID card, claim status, and policy booklets and to add, change, or cancel coverage.
- Customer Service Call Center hours are M - F, 8:30 a.m. to 8 p.m. Eastern Standard Time. Bilingual representatives are available.
- Members can also visit [www.paisc.com](http://www.paisc.com) and click on "Members" and enter your group number.