



Fusion

MEDICAL STAFFING

2020
EMPLOYEE
BENEFITS GUIDE
(External)

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Welcome!

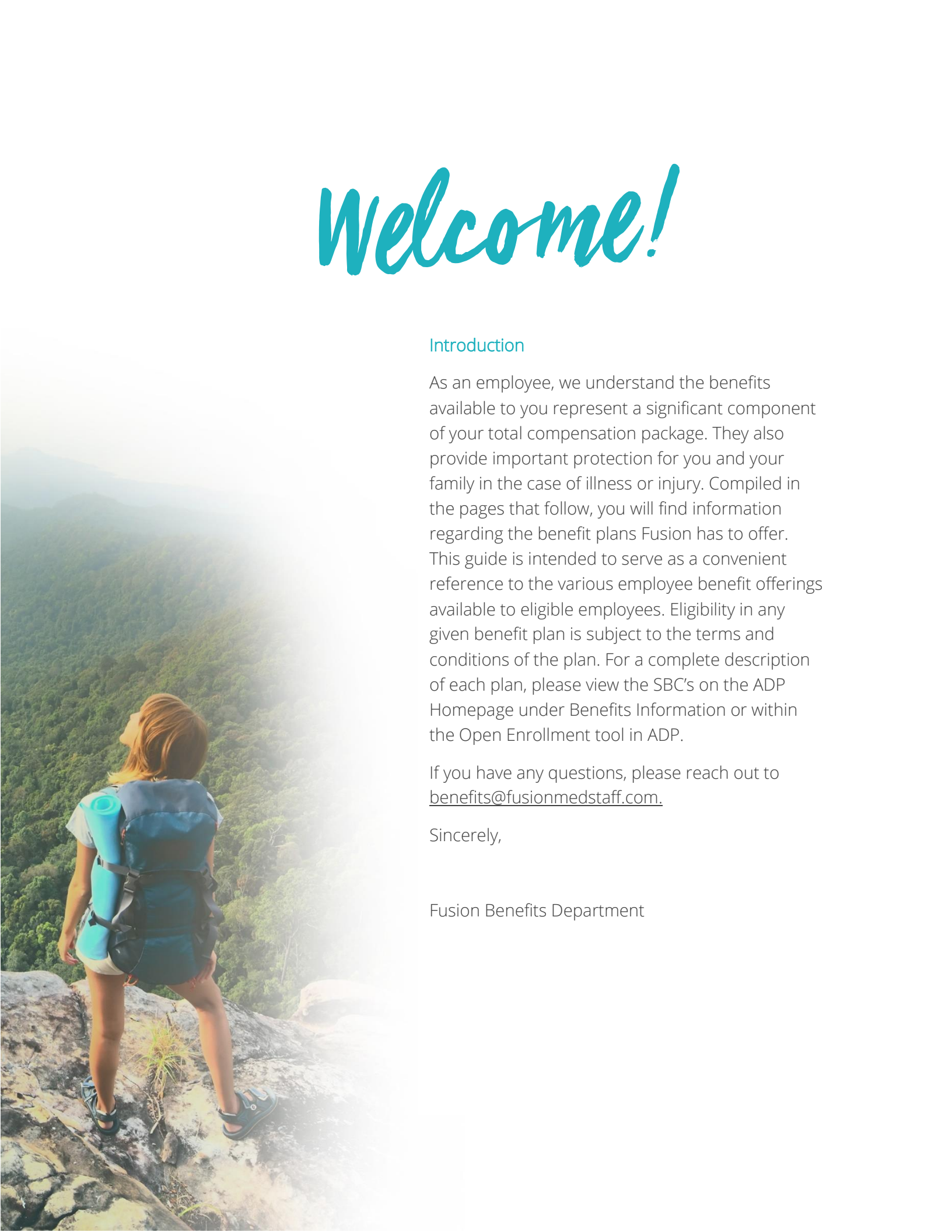
Introduction

As an employee, we understand the benefits available to you represent a significant component of your total compensation package. They also provide important protection for you and your family in the case of illness or injury. Compiled in the pages that follow, you will find information regarding the benefit plans Fusion has to offer. This guide is intended to serve as a convenient reference to the various employee benefit offerings available to eligible employees. Eligibility in any given benefit plan is subject to the terms and conditions of the plan. For a complete description of each plan, please view the SBC's on the ADP Homepage under Benefits Information or within the Open Enrollment tool in ADP.

If you have any questions, please reach out to benefits@fusionmedstaff.com.

Sincerely,

Fusion Benefits Department



TAX CONSIDERATIONS

PRE-TAX VS. POST-TAX PREMIUM DEDUCTIONS

Pre-Tax Premium Deductions – Coverage that is paid with pre-tax payroll deductions. The reduction in taxable salary for pre-tax premiums will not impact any other benefits that are based on your pay. All other benefits will continue to be based on your salary before any pre-tax premiums are deducted. Those premiums made pre-tax will be deducted from your paycheck before withholding taxes are calculated.

Post-Tax Premium Deductions – Coverage that is paid with post-tax payroll deductions. For post-tax deductions, insurance premiums will not impact other benefits or your payroll tax withholdings.

Coverage Paid via Pre-Tax Payroll Deductions	Coverage Paid via Post-Tax Payroll Deductions
<ul style="list-style-type: none">• Medical• Dental• Vision• Health Savings Account (HSA)• Traditional 401(k) Contributions	<ul style="list-style-type: none">• Life• Short-term disability• Roth 401k

ENROLLMENT REMINDERS

PLAN YEAR

January 1, 2020 through December 31, 2020

EMPLOYEE ELIGIBILITY

Full time employees working 30 hours or more per week. Coverage begins first of the month following your date of hire.

DEPENDENT ELIGIBILITY

Your legally married spouse or dependent children up to age 26 are eligible for coverage on Medical, Dental, and Vision.

TERMINATION OF COVERAGE

Coverage for Health, Dental and Vision Plans end the last day of the month in which you end employment. Life and Disability ends the same day employment ends.

PART-TIME/ PER DIEM

Employees who are working a contract that is *not* considered full time (30 hours a week or more), are not eligible for benefits.

26 DAY RULE FOR INSURANCE

Employees that are on assignment with Fusion may take up to 26 days off between assignments with no lapse in benefit coverage if meeting the following requirements:

- Employee has another contract in place at the end of the current contract.
- No more than a 26-day break occurs between last date of current assignment and start of new assignment.

Note: Any missed premium will be caught up when employee is back on contract.

5-WEEK DEDUCTIONS

5-week deductions are taken the 3rd week into the month which benefits start for the traveler. **4 weeks of deductions will be withheld, plus the normal weekly deduction.** If electing more than employee only coverage, the additional deduction, will be spread across two weeks. These deductions are taken to cover the employee's premiums



through the end of the month in which their contract ends, but the employee is no longer receiving a check from Fusion. This allows the employee to pay for coverage a month in advance. Coverage paid in January ends up being for the month of February.

Example: Employees contract end on 5th of the month, their benefits will continue through the end of the month.

Any unused deductions will be refunded to the traveler within 45 days of the end of their assignment.

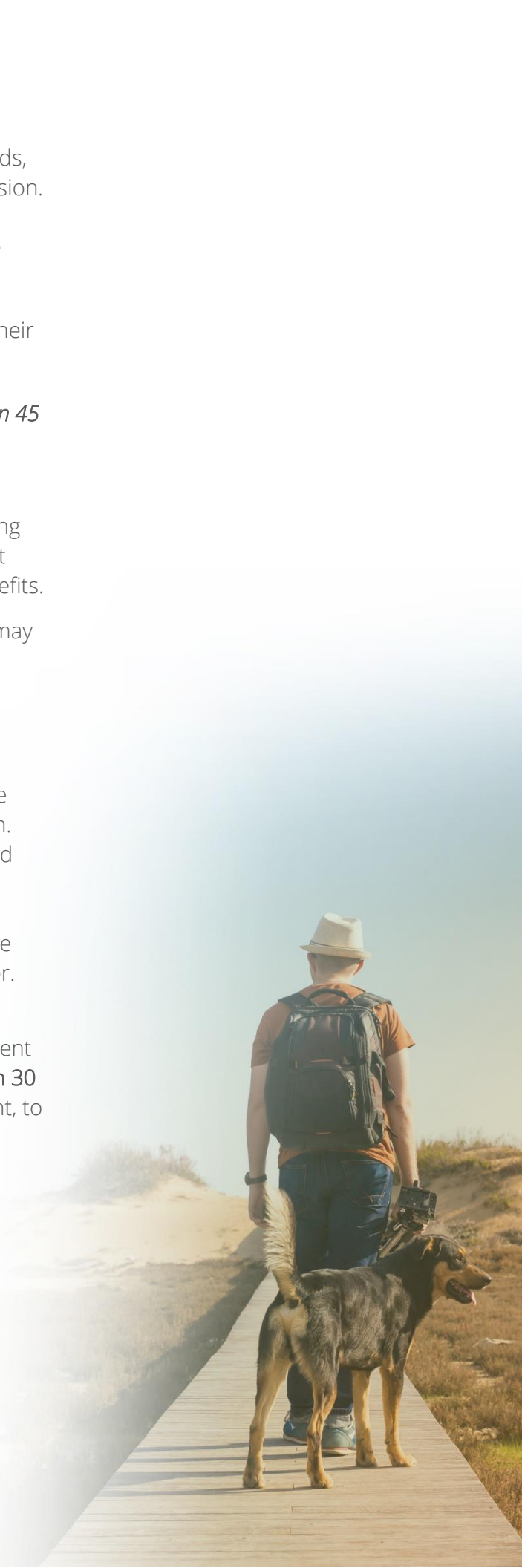
NEW HIRES AND QUALIFYING LIFE EVENTS

Employee may elect benefits when newly eligible or during Open Enrollment. Outside of Open Enrollment, you must have a qualifying life event to make changes to your benefits.

The following circumstances are the **ONLY** reasons you may change your benefits during the plan year:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Loss of spouse's job, change in work status where coverage is maintained through the spouse's plan.
- Gain or Loss of other coverage for your adult child
- Death of spouse or dependent
- Loss of dependent status
- Addition or loss of Medicare or Medicaid coverage
- Receiving a Qualified Medical Child Support Order.

These "Qualifying Life Events" will allow you to make plan changes when they occur and must follow the type of event you had. **You must notify the Benefits Department within 30 calendar days of the event** and provide proof of the event, to avoid a lapse of coverage.



MEDICAL PLAN OPTIONS

Fusion is pleased to offer three medical plan options with prescription drug coverage through Blue Cross and Blue Shield of Nebraska. Please take time to compare these options and find the right plan for you and your lifestyle by utilizing the Summary Benefit Coverages located in ADP.

BLUE CROSS BLUE SHIELD PPO PLAN

The PPO plan is a comprehensive medical plan in which employees are subject to copays for services and must meet their deductibles before coinsurance will begin.

BLUE CROSS BLUE SHIELD HIGH DEDUCTIBLE PLANS (HDHP)

The HDHP Plans offer employees a lower premium cost, with a higher deductible. There are no copays for services or prescriptions and the deductible must be satisfied before this plan will cost share with the employee.

Employees enrolled in an HDHP plan are eligible to deposit pre-tax funds into a Health Savings Account (HSA) to assist with the cost of healthcare related expenses. This account is set-up by the employee and is not a plan offered by Fusion Medical Staffing, LLC.



PPO MEDICAL PLAN OPTION

PPO PLAN SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
• Individual	\$1,500	\$3,000
• Family (Embedded)	\$3,000	\$6,000
Coinsurance	20%	40%
Out-Of-Pocket Limit		
• Individual	\$3,500	\$7,000
• Family	\$7,000	\$14,000

	IN-NETWORK	OUT-OF-NETWORK
Office Visits (Co-pays)		
• Primary	\$30	
• Specialist	\$45	
• Allergy Injections/ Telehealth	\$10	Deductible & Coinsurance
• Urgent Care	\$60	
• ER	\$150; Coins (Ded. Waived)	
Preventive Services	Plan Pays 100%	Deductible & Coinsurance
Prescription (30-day supply)		
• Generic	\$10	\$10 Copay + 25% Penalty
• Preferred Brand Name	\$30	\$30 Copay + 25% Penalty
• Non-preferred Brand Name	\$50	\$50 Copay +25% Penalty
• Specialty	\$75	Not covered

PPO PLAN WEEKLY PREMIUMS

COVERAGE LEVEL	WEEKLY PREMIUM AMOUNT
EMPLOYEE ONLY	\$51.12
EMPLOYEE + SPOUSE	\$118.22
EMPLOYEE + CHILD(REN)	\$99.05
EMPLOYEE + FAMILY	\$172.53

HIGH DEDUCTIBLE MEDICAL PLAN OPTION 1

HDHP PLAN 1 SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
• Individual	\$3,500	\$ 7,000
• Family (Embedded)	\$7,000	\$14,000
Coinsurance	0%	20%
Out-Of-Pocket Limit		
• Individual	\$3,500	\$11,000
• Family	\$7,000	\$22,000

	IN-NETWORK	OUT-OF-NETWORK
Office Visits (Co-pays)		
• Primary		
• Specialist		
• Allergy Injections/ Telehealth	Deductible & Coinsurance	Deductible & Coinsurance
• Urgent Care		
• ER		
Prescription (30-day supply)		
• Generic	Deductible & Coinsurance	Deductible & Coinsurance + 25% Penalty
• Preferred Brand Name	Deductible & Coinsurance	
• Non-preferred Brand Name	Not covered (Specialty)	Not covered (Specialty)
• Specialty	Not covered (Specialty)	Not covered (Specialty)

HDHP PLAN 1 WEEKLY PREMIUMS

COVERAGE LEVEL	WEEKLY PREMIUM AMOUNT
EMPLOYEE ONLY	\$33.39
EMPLOYEE + SPOUSE	\$91.83
EMPLOYEE + CHILD(REN)	\$75.13
EMPLOYEE + FAMILY	\$139.13

HIGH DEDUCTIBLE MEDICAL PLAN OPTION 2

HDHP PLAN 2 SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
Deductible		
• Individual	\$ 6,750	\$13,500
• Family (Embedded)	\$13,500	\$27,000
Coinsurance	0%	20%
Out-Of-Pocket Limit		
• Individual	\$ 6,750	\$13,500
• Family	\$13,500	\$27,000

	IN-NETWORK	OUT-OF-NETWORK
Office Visits (Co-pays)		
• Primary		
• Specialist		
• Allergy Injections/ Telehealth	Deductible & Coinsurance	Deductible & Coinsurance
• Urgent Care		
• ER		
Prescription (30-day supply)		
• Generic	Deductible & Coinsurance	Deductible & Coinsurance + 25% Penalty
• Preferred Brand Name		
• Non-preferred Brand Name	Not covered (Specialty)	Not covered (Specialty)
• Specialty	Not covered (Specialty)	Not covered (Specialty)

HDHP PLAN 2 WEEKLY PREMIUMS

COVERAGE LEVEL	WEEKLY PREMIUM AMOUNT
EMPLOYEE ONLY	\$20.00
EMPLOYEE + SPOUSE	\$72.71
EMPLOYEE + CHILD(REN)	\$57.65
EMPLOYEE + FAMILY	\$115.38

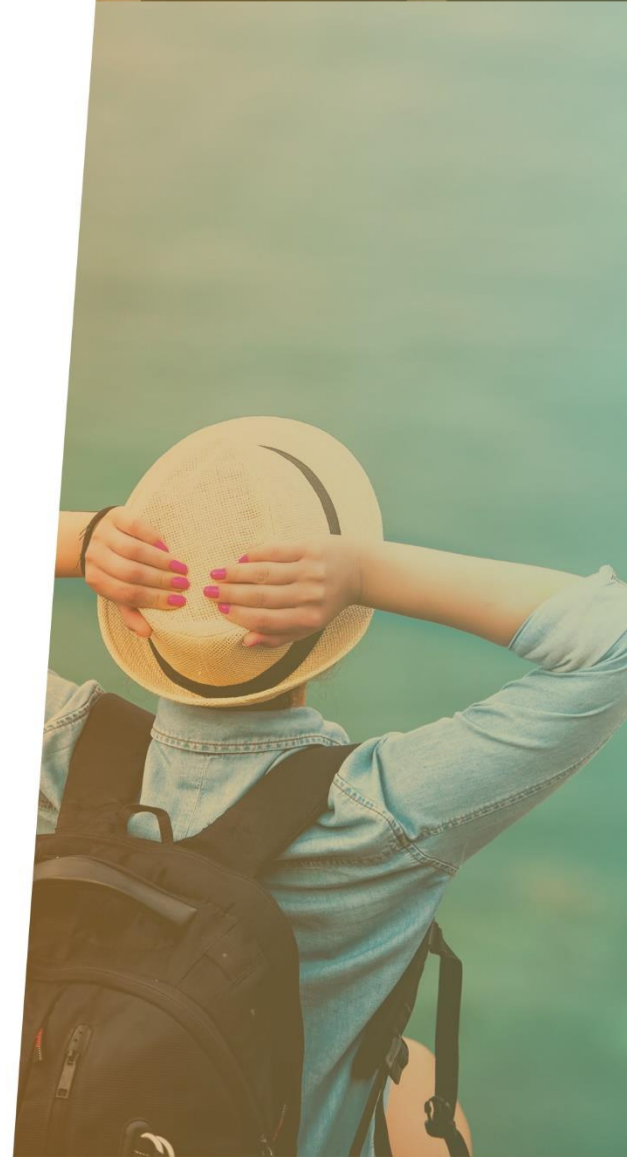
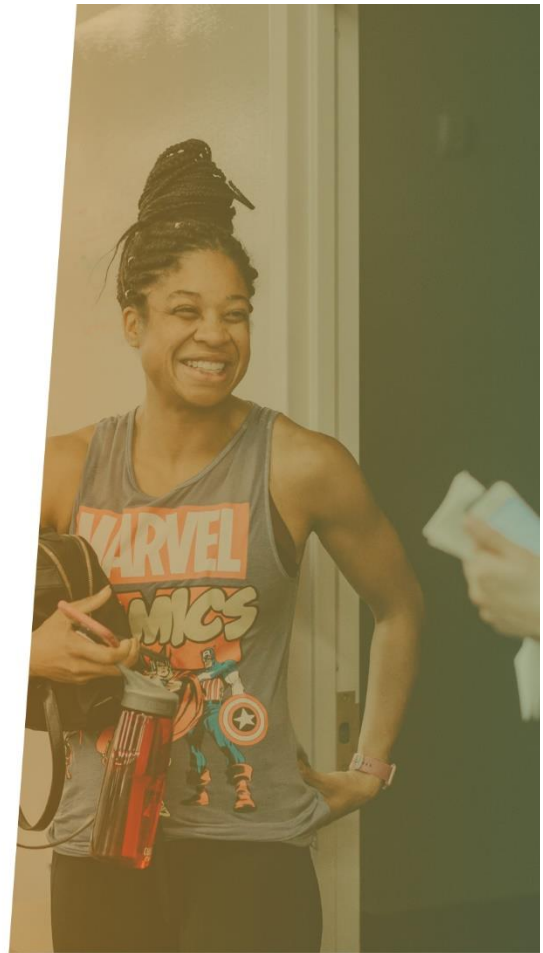
Additional Medical Plan Options

HEALTH SAVINGS ACCOUNT (HSA)

HDHP ONLY OPTION

Employees may set-up an HSA account with a bank of their choosing and deposit funds on a pre-tax basis towards their medical expenses. In order to be eligible to deposit funds pre-tax into your HSA account, you must be enrolled in one of the High Deductible plans offered by Fusion Medical Staffing.

In 2020, employees may deposit up to \$3,550 for single only coverage and up to \$7,100 for employee family coverage on an annual basis. You may elect this coverage in ADP but must submit an HSA Contribution Account Form to the Benefits Department in order to complete the enrollment in the plan. Fusion does not sponsor an HSA plan.



AMERITAS DENTAL PLAN

DENTAL

Fusion Medical Staffing is proud to offer Dental Benefits through Ameritas giving employees access to a strong dental provider network. Employees also may access online services such as electronic membership cards, provider directory, and a smartphone app, with the ability to view your claims, deductible amounts and remaining benefits. Your online account will work for ***BOTH*** your dental and vision plans, if enrolled in both plans. You will be able to access your ID cards, statements and much more!

DENTAL PLAN SUMMARY

PLAN BENEFIT

Deductible	\$50 (single)/\$150 (family)
Type 1 (routine exam, cleaning, x-rays, etc.)	100%
Type 2 (fillings, anesthesia, simple extractions, etc.)	50%
Type 3 (complex extractions, crowns, periodontics, etc.)	25%
Plan Maximum (per person per year)	\$500
Dental Rewards Program: Carryover up to \$175 annually with a max of \$500 if benefits do not exceed \$250 in calendar year	

DENTAL PLAN WEEKLY PREMIUMS

COVERAGE LEVEL	WEEKLY PREMIUM AMOUNT
EMPLOYEE ONLY	\$1.66
EMPLOYEE + SPOUSE	\$3.86
EMPLOYEE + CHILD(REN)	\$4.02
EMPLOYEE + FAMILY	\$6.09

AMERITAS VISION PLAN

VISION

Fusion Medical Staffing offers Vision Benefits through Ameritas VSP, giving employees access to a strong provider network, as well as to services such as electronic membership cards, the ability to locate providers via an online portal and a smartphone app, with the ability to view your claims, deductible amounts and remaining benefits.

VISION PLAN SUMMARY

PLAN BENEFIT	IN-NETWORK
Deductibles	
Vision exam	\$10
Eyeglass lenses or Frames	\$10
Annual Eye Exam	Covered in full after deductible
Frames or Contact Allowance	Up to \$130
Frequencies in months, based on date of service (Exams/Lens/Frame)	12/12/12

VISION PLAN WEEKLY PREMIUMS

COVERAGE LEVEL	WEEKLY PREMIUM AMOUNT
EMPLOYEE ONLY	\$.71
EMPLOYEE + ONE	\$1.45
EMPLOYEE + FAMILY	\$2.65

LIFE & DISABILITY COVERAGE

BASIC LIFE AND AD&D COVERAGE

Basic Life and Accidental Death & Dismemberment benefits are offered through Mutual of Omaha and would be payable to a beneficiary of your choice, in the event of death.

- Benefits amount is \$25,000.
- Benefits are reduced by 50% beginning at age 65 and would terminate at retirement.

Accidental Death and Dismemberment (AD&D)

- Benefits provided are for specified coverage of accidental bodily injury that directly causes death or dismemberment (e.g. the loss of a hand, foot or eye), this is subject to limitations.
- If you are electing Basic Life you are required to elect Basic AD&D.

BASIC LIFE & AD&D WEEKLY PREMIUMS

EMPLOYEE ONLY	\$0.28
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SHORT-TERM DISABILITY

Short-term Disability benefits are offered through Mutual of Omaha.

- Benefits begin on the 15th day after a 14-day elimination period. The 14-day elimination period is for both injury/accident and sickness.
- Benefit percentage is 60% of your basic gross taxable wages. (Tax-free per diems are not included)
- Maximum weekly Benefit, \$500
- Maximum period of short-term disability payment is 26 weeks.

Qualification for Short-Term Disability

- A short-term disability claim can be filed due to employee's own illness or injury that inhibits them from being able to perform at least one of the material duties of his or her regular occupation, and they are unable to generate current earnings which exceed 99% of their weekly earnings in his/her regular job.
- Employee's must be working on an active full-time contract at the time the claim is filed.

**Premium is calculated on annual base salary and can vary. Below listed premium is the maximum amount you would see. When you elect your coverage in ADP, it will calculate your weekly amount for you.*

SHORT-TERM DISABILITY WEEKLY PREMIUMS

EMPLOYEE ONLY	\$1.57
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401(K) PLAN

Fusion Medical Staffing offers a retirement plan through Empower Retirement. Employees are eligible to begin contributing to the plan after one month of employment with Fusion.

Employees will receive plan information from Empower Retirement to the W-2/Payroll address we have on file for you. You will utilize this information to gain access to your account and elect your contribution levels. After completing 1,000 hours of service, Fusion's Safe Harbor match will begin. The matching contributions are calculated as at 100% on the first 3% and 50% of the next 2% of employee contributions.

EMPLOYEE CONTRIBUTION	EMPLOYER SAFE HARBOR MATCH
1%	1%
2%	2%
3%	3%
4%	3.5%
5% +	4%

You are always vested in your contributions and once the Employer Safe Harbor Match begins, these contributions vest 100% immediately.

Additional Benefits

TELEHEALTH

Amwell Telehealth Services

Telehealth is an innovative patient consultation service that lets you connect with a U.S. board-certified, licensed and credentialed doctor quickly and easily. Rather than having to schedule a doctor's appointment and travel to and from the doctor's office, telehealth lets you interact with a doctor at your convenience. Telehealth also offers behavioral health and counseling services, known as teletherapy. Amwell's licensed therapists will provide treatment for many common conditions. You can access these services, if enrolled in a Blue Cross and Blue Shield plan, from your desktop. Visit amwell.com, call toll-free 844-SEE-DOCS (844-733-3627) or via the Amwell App. When prompted, enter service key **BCBSNE** to get the Blue Cross and Blue Shield of Nebraska member rate.

Telehealth can help you with a multitude of common conditions such as:

- Cold
- Rash
- Pink eye
- Flu
- Stomach pain
- Ear infection
- Fever
- Sinus infection
- Migraine

Teletherapy can help you with a multitude of common conditions such as:

- Bereavement
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Obsessive-compulsive disorder (OCD)
- Trauma/Post-traumatic stress disorder (PTSD)
- Stress
- Panic attacks
- And more.

Therapists are available by appointment from 7am to 11pm local time, 7 days per week.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Assistance with personal or job-related concerns

Mutual of Omaha Employee Assistance Program provides confidential support for you and your eligible dependents help regarding personal or job-related concerns including emotional wellbeing, family and relationships, legal and financial, healthy lifestyles and work life transitions. Mutual of Omaha offers 24/7 telephone access to EAP Professionals and if additional assistance is needed, they will help refer you. You can access a library of educational materials, handouts and resources via mutualofomaha.com/eap. You can also call 800-316-2796 for a confidential consultation.

PAID TIME OFF (PTO)

Fusion Medical Staffing believes that it is important for each employee to have time off from work when necessary and approved for personal situations requiring time away from work, such as vacation, illness, medical appointments, and other personal needs.

Travelers will earn 40 hours of paid time off (PTO) for every 1,560 hours worked.

REQUIRED NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Under the Federal Women's Health and Cancer Rights Act of 1998, you are entitled to the following:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment for physical complication during all stages of mastectomy, including swelling of the lymph glands (lymphedema).

Services are provided in a manner determined in consultation with the physician and patient. Coverage is provided on the same basis as any other illness; deductible and coinsurance will apply.

HIPAA

The Health Insurance Portability & Accountability Act of 1997 (HIPAA) imposes requirements on group health plans. HIPAA is intended to help protect families from losing their health insurance coverage when a family member changes or loses his/her job. It also restricts the use of provisions which limit coverage for pre-existing conditions. Please refer to your Summary Plan Descriptions for details.

Benefits Guide and Summaries

Employees may locate the Summary Plan Descriptions, Summary of Benefits Coverages and other required notices on the ADP homepage under Benefit Information. These documents will provide you with important information on how the plan works, claims procedures, etc. Please review these documents carefully.

CONTACTS

PROVIDER	PLAN	PHONE	ADDRESS (EMAIL, PHYSICAL, AND/OR WEB)
Fusion Benefits Department			benefits@fusionmedstaff.com
Ameritas	Dental and Vision	1-800-487-5553	www.Ameritas.com
Blue Cross and Blue Shield of Nebraska	Medical	1-844-201-0763	www.NebraskaBlue.com
American Well (Amwell)	Telehealth	1-800-733-3627	www.NebraskaBlue.com/telehealth www.Amwell.com
Empower Retirement	401(k)	1-800-338-4016	www.Empower-Retirement.com/participant
Mutual of Omaha	Life, STD	1-800-775-8805	www.MutualofOmaha.com Online EOI: https:// www3.mutualofomaha.com/eoi/#/home
Mutual of Omaha	EAP	844-733-3627	www.MutualofOmaha.com /eap Group Number: G000B4CV