



2024

# Benefits Guide



Health • Financial • Work-Life

January 1 - December 31, 2024

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** Coverage is effective immediately following date of hire. You must complete the enrollment process within 30 days of your date of hire.
- ▶ Insurance deductions will begin on your first paycheck following enrollment. If elections are not submitted prior to your first paycheck with Triage, any arrears accumulated will be deducted once benefit elections have been submitted.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

## When Coverage Ends

- ▶ Coverage ends on your last day of employment. Triage does offer a continuation of coverage under COBRA.

## Benefit Coverage and Time off Between Assignments

- 1) If you have a new assignment booked in the system before the current assignment ends and the new assignment begins within 26 days of the end of the current assignment, benefits will continue with no break in coverage. However, back premiums will come out of the first few paychecks of the new assignment.
- 2) If you are off work for more than 26 days for any reason, insurance coverage ends the last day worked prior to the time off. This applies to breaks in assignments, extensions and planned/unplanned time off.
- 3) If you end a current assignment and start a new one after 27 days, but before 90 days, your medical, dental, vision and life insurance elections will automatically reinstate on Day One of the new assignment. If you did not previously have Triage benefits, this will be considered a declination.
- 4) If your new assignment begins more than 90 days after your previous assignment, you will be considered a new hire. You will need to elect your benefits again and coverage will be effective on Day One of your new assignment.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Medical

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Blue Cross Blue Shield of Nebraska PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield of Nebraska network. The calendar-year deductible must be met before certain services are covered.

## Blue Cross Blue Shield of Nebraska HDHP

A High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBS network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses.

For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.

- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

**Important:** Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.



# Medical

Following is a high-level overview of the coverage available through Blue Cross Blue Shield of Nebraska. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	\$3,000 PPO		\$7,050 HSA	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$3,000 / \$6,000	\$3,500 / \$7,000	\$7,050 / \$14,100	\$12,000 / \$24,000
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$7,050 / \$14,100	\$14,100 / \$28,200	\$7,050 / \$14,100	\$14,100 / \$28,200
<b>Covered Services</b>				
Office Visits (physician/specialist)	30%*	50%*	0%*	30%*
Routine Preventive Care	No charge	50%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	30%*	50%*	0%*	30%*
Complex Imaging	30%*	50%*	0%*	30%*
Chiropractic	30%*	50%*	0%*	30%*
Ambulance	30%*		0%*	
Emergency Room	30%*		0%*	
Urgent Care Facility	30%*	50%*	0%*	30%*
Inpatient Hospital Stay	30%*	50%*	0%*	30%*
Outpatient Surgery	30%*	50%*	0%*	30%*
<b>Prescription Drugs**</b>	<b>(Generic / Brand / Non-Formulary / Specialty)</b>		<b>(Generic / Brand / Non-Formulary / Specialty)</b>	
Retail Pharmacy (30-day supply)	\$15 / \$45 / \$80	50%*	\$15* / \$45* / \$80 <sup>2</sup>	50%*
Mail Order (90-day supply)	\$45 / \$135 / \$240	Not covered	\$45* / \$135* / \$240*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

\*\*Triage offers Rx Savings Solutions, HighTouchRx, and FlexAccess to help you and others on your health plan save money on prescription drugs if eligible. See Valuable Extras section for more details.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. Specialty Rx - Same as Retail.

# Dental

We are proud to offer you a choice between two dental plans.

## MetLife DPPO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network¹	In-Network	Out-of-Network¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150		\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$2,000		\$1,000	
Covered Services				
Preventive Services	No charge		No charge	
Basic Services	20%*		50%*	
Major Services	50%*		50%*	
Orthodontia (Child Only)	50%*		50%*	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. Blue Cross Blue Shield of Nebraska

# Vision

We are proud to offer you a vision plan.

The MetLife vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the MetLife network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$45
<b>Materials Copay</b>	\$25	N/A
<b>Lenses</b> (once every 12 months) Single Vision Bifocal Trifocal	No charge after materials copay	Up to \$30
		Up to \$50
		Up to \$65
<b>Frames</b> (once every 24 months)	Covered up to \$130 (\$70 at Costco, Sam's or Walmart)	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105



# Supplemental Life and AD&D Insurance

## (Employee-paid)

You may purchase supplemental life & AD&D coverage through Mutual of Omaha for yourself and your eligible family members.

Benefit Option		Guaranteed Issue*
Employee	\$10,000 increments, minimum of \$20,000 up to \$500,000	\$200,000
Spouse/DP	\$5,000 increments, up to \$250,000	\$50,000
Child(ren)	\$5,000 increments, up to \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Mutual of Omaha.

## The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Child and eldercare
- ▶ Grief and loss
- ▶ Relationships or marital conflicts
- ▶ Substance abuse
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Valuable Extras

## We also offer the following additional benefits:

### ▶ 401(k) - Fidelity Investments:

- ▶ You're eligible for 401(k) immediately upon receiving your first paycheck, as long as you're at least 21 years of age.
- ▶ Triage matches 100% up to the first 3% and 50% on the next 2% of all eligible compensation.
- ▶ Contribute 5% and you will receive the full 4% match.
- ▶ Employees are eligible for match after 12 months and 1,000 hours of service.
- ▶ Employer match contributions are 100% vested immediately.
- ▶ For more information, visit [netbenefits.com](https://netbenefits.com) or call Fidelity at 800-421-3844.

- ▶ **HighTouchRx:** HighTouchRx works behind the scenes of your medical/prescription drug plan to identify high-cost medications that have cost efficient alternatives. Dedicated pharmacists will work with your prescribing physician to better your care and lower your costs.

- ▶ **FlexAccess:** FlexAccess provides greater savings opportunities and expanded pharmacy options. By leveraging more pharmacies and treatments the program expands the savings by maximizing pharmaceutical assistance programs which reduces the cost-burden of specialty and HIV medications.

- ▶ **Second Opinion Program:** Blue Cross and Blue Shield of Nebraska (BCBSNE) offers virtual second medical opinion services powered by 2nd.MD. Members can count on 2nd.MD to provide secure and confidential virtual consultations with expert medical specialists to confirm a diagnosis and affirm treatment options – resulting in lower costs and better health outcomes.

- ▶ **Rx Savings Solutions:** Service offered to help those on Triage's health plan find the lowest-price prescription drugs. The service is linked to your health plan, so everything is personalized for your medications and insurance.





# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

## Medical Coverage

Coverage Tier	Employee Contribution (Weekly)	
	\$3,000 PPO	\$7,050 HSA
Employee Only	\$61.68	\$27.05
Employee + Spouse/DP	\$170.34	\$116.51
Employee + Child(ren)	\$141.09	\$92.43
Family	\$238.60	\$172.71

**Domestic Partner (DP) Contributions:** Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a DP must be taken on an after-tax basis.

## Dental Coverage

Coverage Tier	Employee Contribution (Weekly)	
	High Plan	Low Plan
Employee Only	\$7.60	\$5.66
Employee + Spouse/DP	\$15.40	\$11.13
Employee + Child(ren)	\$16.41	\$11.53
Family	\$25.59	\$18.56

## Vision Coverage

Coverage Tier	Employee Contribution (Weekly)
Employee Only	\$1.47
Employee + Spouse/DP	\$2.47
Employee + Child(ren)	\$2.52
Family	\$3.99

## Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available online during enrollment.

# Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Nebraska	103556	402-390-1820	<a href="http://www.nebraskablue.com">www.nebraskablue.com</a>
Health Savings Account (HSA)	Fidelity	-	800-544-3716	<a href="https://nb.fidelity.com/public/nb/default/home">https://nb.fidelity.com/public/nb/default/home</a>
Rx Savings	Rx Savings Solutions	-	800-268-4476	<a href="http://myrxss.com">myrxss.com</a>
Dental	MetLife	05948516	800-275-4638	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
Vision	MetLife	05948516	855-638-3931	<a href="http://www.metlife.com/vision">www.metlife.com/vision</a>
Supplemental Life	Mutual of Omaha	G000BV8F	800-775-8805	-
Employee Assistance Program (EAP)	Mutual of Omaha	G000BV8F	800-316-2796	<a href="http://mutualofomaha.com/eap">mutualofomaha.com/eap</a>
401(k)	Fidelity	-	800-421-3844	<a href="https://nb.fidelity.com/public/nb/default/home">https://nb.fidelity.com/public/nb/default/home</a>

## Benefits Website

Our benefits website

<https://info.triagestaff.com/traveler-benefits> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

[benefits@triagestaff.com](mailto:benefits@triagestaff.com)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.  
**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

