

ATTENTION

EMPLOYEES!



TeamGlobal

YOUR BENEFITS ROAD MAP IS HERE

Choose Your 2018 Health Benefits

ENROLL NOW!

Call today and get coverage for you and your family!

866-816-6786

Medical Coverage

Life Insurance

Critical Illness

Accident

Dental

Vision





WE ARE YOUR BENEFITS ROADMAP.

JUST LIKE YOUR CAR REQUIRES PREVENTATIVE MAINTENANCE TO GET YOU TO WORK, SO DOES YOUR HEALTH.

As a member of the staffing community, you know that having a reliable mode of transportation makes it possible for you to show up for work ready and on time. The power of discovering and preventing mechanical failures before they occur is undeniable; instead of having to shell out a huge amount of money that you didn't budget for to fix your vehicle, you can make sure your vehicle remains reliable. The same goes for your health.

Review the benefits available to you in this guide and enroll today!



By becoming a member of **NAWP** for only **\$1.39 a week**, you gain access to valuable health benefits and discounts designed to help you control costs. Becoming a member of the **National Association of Workplace Programs** provides you with access to the following and much more:

★ \$10,000 Life Insurance

★ Sleep Apnea Testing

★ 401K(i) Retirement Planning

★ Identity Theft Protection

★ Discounts on Diabetic Supplies

★ Discounts on Prescriptions



CALL TODAY
to **ENROLL!**

DON'T MISS OUT!

866-816-6786

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Hospital Indemnity Insurance

| POLICY BENEFITS | | Gold |
|--|---|-------------------------|
| Daily In-Hospital Indemnity Benefit | Pays benefits per day of hospital confinement, up to the annual maximum per confinement. | \$400 31 days |
| ADDITIONAL INDEMNITY BENEFITS | | Gold |
| Wellness Benefit | Pays each day a covered person undergoes a physical exam or stress test or specific health screening tests as defined in the policy, up to the annual maximum days listed. | \$100 1 day |
| Outpatient Physician Office Visit | Pays each day a covered person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness, up to the annual maximum days listed. | \$60 6 days |
| Outpatient Diagnostic Laboratory Test | Pays each day a covered person undergoes an outpatient lab test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. Does not include tests covered under any other rider. | \$20 2 days |
| Outpatient Select Diagnostic Test | Pays each day a covered person undergoes an outpatient X-ray, ultrasound, EEG or sleep study performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. | \$100 2 day |
| Outpatient Advance Studies Diagnostic Test | Pays each day a covered person undergoes an outpatient CT Scan, MRI, myelogram, PET, angiogram, arteriogram or thallium stress test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. | \$400 1 day |
| Inpatient Hospital Admission Benefit | This benefit pays an additional \$500 per covered person when confined to a hospital as an inpatient as a result of a covered accident or sickness, up to the annual max days listed. | \$500 1 day |
| Surgical and Anesthesia | Inpatient surgery | \$1000 1 day |
| | Outpatient surgery | \$500 1 day |
| | Outpatient minor surgery | \$100 1 day |
| | Anesthesia percentage | 20% |
| Off-the-Job Accidental Injury | Pays amount listed for one day of each covered accident for X-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician's office, clinic, urgent care facility, or hospital emergency room per covered person per calendar year. Treatment must be received within 96 hours of the accident to be payable. | \$400 5 days |
| Critical Illness | When a covered person is first positively diagnosed with a covered critical illness, the amount listed is paid on first-time occurrence of condition. 50% dependent. | \$2500 |
| Intensive Care | Pays each day of confinement in an intensive care unit as the result of a covered accident or sickness, up to the annual maximum days listed. | \$500 30 days |
| Emergency Room Sickness Benefit | Pays amount shown for each day of sickness visit to the emergency room for number of visits shown per calendar year per person. Emergency room visits for accidents are not covered under this benefit; they would be covered under the Off-the-Job Accident Benefit. | \$50 2 day |
| Prescription Drug Benefit | Generic prescription | \$30 |
| | Name brand prescription | \$60 |
| | Annual maximum per year | 12 days |

| | | | | |
|-------------------------------------|---|-----------------|-----------------|-----------------|
| \$10,000 Additional Group Term Life | Includes Accidental Death & Dismemberment; Employee \$10,000, Spouse \$5,000, Child \$2,500 | Included | Included | Included |
|-------------------------------------|---|-----------------|-----------------|-----------------|

WEEKLY PREMIUMS

| | Member | Member + Spouse | Member + Child(ren) | Family |
|-------------|---------|-----------------|---------------------|---------|
| Gold | \$28.42 | \$57.87 | \$48.11 | \$70.71 |



Group Term 10 Life Insurance

Your membership in the **National Association of Workplace Programs (NAWP)** provides you with access to many valuable benefits, including this group term life insurance.



WHAT IS IT?

Life insurance helps provide **immediate and future financial security for your family** following your death. Term life insurance gives you coverage for a specified period of time, or “term” such as 10 years.

**GUARANTEED
ACCEPTANCE**
UP TO \$50,000!

| Policy Description | Voluntary Term Life Insurance |
|---|--|
| Benefit Levels | - Guaranteed issue up to \$50,000 not to exceed 5 times salary. - Spouse guaranteed issue up to \$15,000. - Eligible dependent children issue is up to \$10,000; minimum is \$5,000 |
| Evidence of Insurability | Guaranteed Issue |
| Portable | If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis. |
| Convertible to Whole Life Policy | Opportunity to convert to permanent ¹ life insurance upon termination of insurance. |
| Accelerated Death Benefit for Terminal Illness Rider | Accelerates up to 50% of the life insurance death benefit (to a maximum amount of \$100,000) if a covered person is diagnosed for the first time with a terminal illness. Terminal illness is an illness that, in the best medical judgment, will result in death within 12 months. The accelerated amount will be deducted from the death benefit and this rider will terminate. We will deduct an administrative fee of \$100 and 12 months interest from the accelerated amount. Any remaining death benefit will be paid to the beneficiary upon the covered person’s death. |
| Waiver of Premium Due to Layoff or Strike Rider | Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals. |
| Accelerated Death Benefit for Long Term Care | Allows an insured to take an advance against the life insurance death benefit to help pay for long-term care. The percentage of death benefit available each month is 4% for up to 25 months when confined in a licensed nursing or assisted living facility, or 2% for 50 months when receiving home health or adult daycare. The Rider may not cover all costs associated with long term care incurred during the period of coverage. |
| Extension of Benefits for Long Term Care | If the insured’s entire death benefit under the Accelerated Death Benefit for Long Term Care Rider has been paid and the insured continues to be chronically ill, the Extension of Benefits Rider allows an insured to have extended benefits. The benefit will be for 4% for confinement in a licensed nursing or assisted living facility, or 2% for home health care or adult day care service on a month-to-month basis, for up to an additional 25 months or 50 months respectively. |
| Accelerated Death Benefit for Critical Care Condition | Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke. |

Sample Premiums for \$50,000 in Coverage* - Non-Smoker

| AGE | PREMIUM |
|--------|---------|
| Age 25 | \$2.70 |
| Age 30 | \$3.20 |
| Age 35 | \$4.07 |
| Age 40 | \$5.87 |
| Age 45 | \$8.14 |
| Age 50 | \$11.02 |

WEEKLY



Issue ages are 16-75 for member and 16-65 for spouse.
*Rates are based upon age and tobacco usage.
¹ Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.



WHAT IS IT?

The eyes are the windows to your overall health. This vision policy provides benefits for early intervention to detect and manage eye disease through coverage for comprehensive eye exams and vision correction materials.

- ▶ One out of four children between the ages of 5 and 12 has some form of vision problem.
- ▶ In the first twelve years of life, 80 percent of all learning takes place visually.
- ▶ Without insurance, the cost of glasses is roughly \$285; with an exam, it totals to well over \$400.

VISION INSURANCE

| | |
|---|---|
| Examination | Once every 12 months |
| Lenses | Once every 12 months |
| Frames | Once every 24 months |
| Examination Deductible | \$0 |
| Materials Deductible | \$0 |
| Benefits | Participating Provider |
| Examination | 100% |
| Single / Bifocal / Trifocal Lens (Standard Plastic) | 100% |
| Polycarbonate Lenses | 20% discount |
| Standard Progressive Lenses | 20% discount |
| Standard Photochromic Lenses | 20% discount |
| Frames** | \$130 frame allowance |
| Contact Lenses-Medically Necessary*** | Covered in full |
| Contact Lenses-Elective**** | \$130 allowance |
| Laser Eye Surgery | Access to discounted refractive eye surgery procedures. |

WEEKLY PREMIUMS

| | Member | Member + One (Spouse or Child) | Family |
|--|--------|--------------------------------|--------|
| | \$2.70 | \$4.02 | \$6.78 |

What is not covered by this policy: 1. Eye exam more than once in any 12-month period. 2. Lenses more than once in any 12-month period. 3. Frames more than once in any 24-month period. 4. Elective contact lenses more than once in any 12-month period. Contact lenses and associated expenses are in lieu of any other lenses or frames benefit. 5. medically necessary contact lenses more than once in any 12-month period. The treating provider determines if an insured meets the coverage criteria for this benefit. This benefit is in lieu of elective contact lenses. 6. Services and/or materials not specifically included in this Schedule as covered Plan Benefits. 7. Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter). 8. Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses. 9. Two pairs of glasses in lieu of bifocals. 10. Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available. 11. Orthoptics or vision training and any associated supplemental testing. 12. Medical or surgical treatment of the eyes. 13. Contact lens modification, polishing or cleaning. 14. the refitting of contact lenses after the initial 90-day filing period. 15. Contact lens insurance policies or service contracts. 16. additional office visits associated with contact lens pathology. 17. local, state and/or federal taxes, except where law requires us to pay. 18. Claims filed more than 180 days after completion of the service. An exception is if the insured shows it was not possible to submit the proof of loss within this period. 19. membership fees for any retail center in which an affiliate or open access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing plan benefits.



Dental Insurance



DID YOU KNOW?

When it's time to head to the dentist, without insurance the services can take a real bite out of your wallet. A crown may cost \$1,500, and a root canal might run you \$300 to \$1,000. Even a simple cleaning will likely come in at more than \$100. Dentists aren't cheap and that's why dental insurance makes staying healthy easier for you.

DENTAL INSURANCE

| | |
|------------------------------------|---|
| Maximum Available Allowance | \$1,000 |
| Coinsurance | Diagnostic and Preventative Services: 100% (<i>fluoride*, x-rays, cleanings, periodic exams</i>) Basic Restorative Services: 80% (<i>simple extractions, fillings</i>) Major Restorative Services: Not covered for new enrollees -- but covers 50% in second year and thereafter. (<i>removal of impacted teeth, bridges, crowns (including crowns on partials), dentures, partials, root canals, periodontics</i>) |
| Deductible | \$50 for Basic Procedures and \$50 for Major Procedures for Benefit plan year 2 and thereafter. |
| Waiting Period | No waiting period for Diagnostic and Preventative and Basic Restorative Services; 12 months for Major Restorative Services. |

WEEKLY PREMIUMS

| | Member | Member + One (Spouse or Child) | Family |
|--|--------|--------------------------------|---------|
| | \$6.12 | \$11.49 | \$16.89 |

What is not covered by this policy: 1. For Type 3 Procedures in the first 12 months the person is insured. 2. For any treatment which is for cosmetic purposes. 3. To replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a Covered Expense. 4. For initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the Insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth. 5. For any procedure begun before the insured person was covered under this contract. 6. For any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates. 7. To replace lost or stolen appliances. 8. For appliances, restorations, or procedures to: a. alter vertical dimension; b. restore or maintain occlusion; or c. splint or replace tooth structure lost as a result of abrasion or attrition. 9. For any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy or certificate.) 10. For orthodontic treatment under the following provisions: a. for treatment begun on or after the Insured's 19th birthday; b. for treatment begun before the Insured became covered under this section; c. before the Insured has been insured under this section for at least 24 consecutive months. 11. For which the Insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit. 12. For charges for which the Insured person is not liable or which would not have been made had no insurance been in force. 13. For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care. 14. because of war or any act of war, declared or not. 15. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure.



Critical Illness

Your membership in the **National Association of Workplace Programs (NAWP)** provides you with access to many valuable benefits, including this critical illness insurance.

WHAT IS IT? **Concentrate on your recovery, not your finances.** Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car / mortgage payments, groceries or utility bills. While you, or a covered family member, are being treated for or are recovering from a critical illness, there's a good chance you'll be facing out-of-pocket medical expenses and possibly costs for travel and lodging.

Critical Illness

| | |
|--------------------------------------|---|
| Policy Features | <ul style="list-style-type: none"> • Lump-sum benefits paid directly to the insured following the diagnosis of each covered critical illness • Insurance may be continued until benefits have been paid in full for each covered critical illness • Benefit amount available from \$5,000 up to \$50,000 for participants and \$25,000 for spouses • Annual health screening benefits |
| First Occurrence Benefit | An insured may receive up to 100% of the benefit selected upon the first ever diagnosis of each covered critical illness |
| Additional Occurrence Benefit | If an insured collects full benefits for a critical illness under the policy and later has one of the remaining covered illnesses in a separate category, we will pay the full benefit amount for any additional illness |
| Re-Occurrence Benefit | If an insured receives the full benefit for a covered condition and is later diagnosed with the same condition, we will pay 50% of the full benefit. The two dates of diagnosis must be separated by at least 12 months or 12 month treatment free for internal cancer |

Covered Critical Illnesses

| Illness covered under policy | Percentage of benefit amount | Additional Benefit |
|--------------------------------|------------------------------|---|
| Heart Attack | 100% | Heart Transplant Surgery 100% |
| Stroke | 100% | Paralysis not due to stroke - all 4 limbs - 100% |
| Major Organ Transplant | 100% | Burns - 3rd degree and 50% coverage - 100% |
| Renal Failure (end stage) | 100% | Angioplasty/Stent - 5% |
| Invasive Cancer | 100% | Prostate Cancer with TNM Classification of T1 - 25% |
| Carcinoma in Situ* | 25% | Skin Cancer - 5% |
| Coronary Artery Bypass Surgery | 25% | |

* Payment of the partial benefit for Carcinoma in Situ will reduce the benefit for invasive cancer. Payment of the partial benefit for coronary artery bypass surgery will reduce the benefit for a heart attack.



Sample Premiums - Non-Tobacco Rates



| Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 |
|-------|---------|----------|----------|----------|----------|----------|-------|---------|----------|----------|----------|----------|----------|
| 18-35 | \$1.21 | \$1.96 | \$2.71 | \$3.46 | \$4.21 | \$4.96 | 56-60 | \$4.66 | \$8.86 | \$13.06 | \$17.26 | \$21.46 | \$25.66 |
| 36-45 | \$1.98 | \$3.51 | \$5.03 | \$6.55 | \$8.08 | \$9.60 | 61-65 | \$6.90 | \$13.34 | \$19.78 | \$26.22 | \$32.65 | \$39.09 |
| 46-55 | \$3.27 | \$6.07 | \$8.87 | \$11.68 | \$14.48 | \$17.28 | 66+ | \$7.71 | \$14.95 | \$22.20 | \$29.45 | \$36.69 | \$43.94 |

WEEKLY

WEEKLY

Critical Illness - Limitations and Exclusions

WE DO NOT COVER LOSSES CAUSED BY, OR AS A RESULT OF, THE FOLLOWING:

1. Conditions other than those due to a covered Critical Illness.
2. The Covered Person participating or attempting to participate in an illegal activity.
3. The Covered Person intentionally causing self-inflicted injury.
4. The Covered Person committing or attempting to commit suicide, whether sane or insane.
5. The Covered Person's involvement in any period of armed conflict.
6. Surgeries performed outside the United States or its Territories.

Under no condition will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

We may reduce or deny a claim or void the Certificate for loss incurred by a Covered Person:

1. During the first 2 years from the Effective Date of such coverage for any misstatements in the Application which would have materially affected Our acceptance of the risk; or
2. At any time for fraudulent misstatements in the Application.

Pre-Existing Condition Limitation - No benefits are provided during the first 12 months for any Critical Illness that has been diagnosed, treated, or for which the Covered Person has incurred expense or has taken medication within 12 months prior to the Effective Date of such person's coverage.

TERMINATION OF INSURANCE

Subject to the Portability Option, Your insurance will cease on the earliest of:

1. The last day of the payroll deduction period during which You cease to be eligible for coverage;
2. The end of the last period for which premium payment has been made to Us;
3. The last day of the payroll deduction period during which You terminate employment;
4. The date the Policy terminates; or
5. The date You send Us a written notice that You want to cancel coverage.

The insurance on a Dependent will cease on the earliest of:

1. The date Your coverage terminates;
2. The end of the last period for which premium payment has been made to Us;
3. The date the Dependent no longer meets the definition of Dependent;
4. The date the Policy is modified to exclude Dependent coverage; or
5. The date You send Us a written notice that You want to cancel Your Dependent's coverage.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.



Accident Insurance

Your membership in the **National Association of Workplace Programs (NAWP)** provides you with access to many valuable benefits, including this off-the-job accident insurance.



PROTECTION AGAINST "WHAT IF"

Accidents are a part of life, but are you prepared for the added financial burden? If you have a serious accident, you'll want extra cash to cover your increased expenses. This accident insurance policy pays in addition to any other insurance. No medical questions asked. You cannot be denied due to past medical history.

Accident Insurance

| | |
|------------------------------------|---|
| zAccident Insurance | Accident insurance is a way to help stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - emergency treatment, hospital stays, medical exams, and other expenses you may face, such as transportation and lodging needs. |
| Understanding Accident Advance | AccidentAdvance is a group voluntary off-the-job accident only insurance policy. |
| Evidence of Insurability | Guarantee Issue |
| Coverage | Individual and family coverage available |
| Pays Cash Benefits | <ul style="list-style-type: none"> When you have a covered accident, we'll send cash benefits directly to you (unless you tell us otherwise) and you decide the best way to spend them. Pays in addition to any other coverage. |
| Base Coverage Offers Benefits For: | <ul style="list-style-type: none"> Accident Emergency Treatment Follow-Up Visit and Physical Therapy Initial Accident Hospitalization |



Premiums for Off-the-Job Base Plan

| PLAN TYPE | PREMIUM |
|---------------------|---------------|
| Member | \$4.23 |
| Member + Spouse | \$6.57 |
| Member + Child(ren) | \$5.67 |
| Family | \$8.21 |
| | WEEKLY |

Accident - Limitations and Exclusions

We will not pay benefits for losses caused by or as a result of a covered person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a far paying passenger in an aircraft operate by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception;
- Injuries that occur in the workplace or during the course of any employment for pay, benefit or profit.

Other limitations may apply. See Policy, certificate and riders for complete information.

Termination of Insurance

Subject to the Portability Option, insurance coverage on the employee / member will end the earliest of:

- The date of his or her death;
- The date he or she ceases to be eligible for coverage;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date he or she terminates employment/membership;
- The date the group master policy terminates;
- The date he or she sends us a written notice to cancel coverage.

The insurance coverage on a dependent will cease the earliest of:

- The date of the employee/member's death;
- The date the employee/member's coverage terminates;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date the dependent no longer meets the definition of dependent;
- The date the certificate is modified so as to exclude dependent coverage;
- The date the employee/member sends us written notice to cancel coverage on a dependent.

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of employment/membership, such termination will be without prejudice to:

- Any hospital confinement which began while coverage was in force; or
- Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the covered person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- The date on which the covered person is no longer hospitalized or receiving treatment.

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

CUSTOMER SERVICE CENTER
P.O. BOX 11528
KNOXVILLE, TN 37939



TeamGlobal

IT'S TIME *to* CHOOSE YOUR 2018 HEALTH INSURANCE



ENROLL TODAY!

Control costs and get coverage that helps keep you healthy!



GET COVERAGE

Medical, Life, Vision, Dental, Accident and Critical Illness!

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