



Benefit Summary Guide for Contract Employees
Effective December 1, 2016 – November 30, 2017

Contract Employee Eligibly:

A contract employee will be eligible to participate in the Medical Plan if he or she is a common law employee of BANK W Holdings, LLC dba BANK W Staffing (the “Company”), KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group and /or Sales Search Partners (together with the Company, the Companies”) and is considered to be “full-time”. We consider a contract employee to be full-time if he or she is regularly scheduled to work at least 30 hours of service per week for one or more of the Companies, determined on a monthly basis. If a contract employee is “full-time,” he or she will be eligible to participate in the Medical Plan on the 90th day following the first day of his or her full-time employment, so long as he or she is still a full-time employee at that time and has accepted his or her offer of coverage pursuant to the procedures described in our eligibility policy for Contract Employees. If a contract employee is not full-time he or she will be ineligible to participate in the Medical Plan. Annual Open Enrollment period is November. Plan year is December 1st to November 30th.

Medical Plan information:

Provider Name	Harvard Pilgrim Health Care of New England
Provider Contact Person	Customer Service
Provider Phone Number	1-888-333-4742
Provider Web Address	www.harvardpilgrim.org

Human Resources:

Mary LaMarca	mlamarca@bankwstaffing.com	603-637-4500
Elizabeth Eastman	eeastman@bankwstaffing.com	603-637-4500

Plan Feature	Harvard Pilgrim Best Buy HSA HMO (3974/Rx1337)
Are Referrals Required?	No
Preventative Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care	Deductible, then no charge
*ER copay waived if admitted	Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

<u>Coverage Enrollment Options:</u>	<u>Employee</u>	<u>EE&Spouse</u>	<u>EE&Child(ren)</u>	<u>Family</u>
Your Pay Rate \$12.99/hour or under	\$31.88	\$154.03	\$134.09	\$236.30
Your Pay Rate \$13-17.24/hour	\$37.67	\$159.83	\$139.89	\$242.10
Your Pay Rate \$17.25/hour & above	\$49.99	\$172.15	\$152.20	\$254.42