

# Procom Consulting

## Employee Benefits

Plan Year Ending April 30, 2017



Procom is pleased to provide our full-time employees with the following portfolio of employee benefits. In order to be eligible for our employee benefits you must be a full-time employee working 30 hours per week. Given timely enrollment the effective date of your coverage is the first of the month following your date of hire.

Our benefits include:

- Medical (Base and Buy-Up options)
- Dental
- Vision
- Long-term disability
- Voluntary Life insurance
- Vitality Wellness Program
- Employee Assistance Program (EAP)
- Humana Dr. On Demand (telemedicine)

All summaries, electronic enrollment forms and rates are available on Procom's employee web portal:

<https://www.withbenefits.com/amibs/deborah/procom>

Login: [employee@procom-consulting.com](mailto:employee@procom-consulting.com)

Password: benefits

### Questions?

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678-393-8610 x120

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770-300-0001 x103

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[dcounts@angusmrae.com](mailto:dcounts@angusmrae.com)  
770-300-0001 x104

### 24/7 NurseLine

[1-888-724-2583](tel:1-888-724-2583)

### EAP/Work-Life

Online resources for every day challenges including:

- 24-hour grief counseling
- Stress, addiction, depression
- Parenting
- Legal services
- Home finances
- Work-life balance

**(800) 588-8412**

Important note: This is an incomplete summary. Refer to the certificate of insurance for plan details. If there is any difference between this summary and the certificate of insurance, the certificate of insurance language shall rule. Premium rates are subject to insurer approval.

# Humana Medical - 5/1/16 – 4/30/17

Humana	Medical Plan Opt. 1 – BASE National POS - \$3,000 80/60		Medical Plan Opt. 2 – Buy-Up National POS - \$1,000 80/60	
	In-Network	Non-Network	In-Network	Non-Network
<b>Physician office visit copay:</b> • Primary Care / Specialist	\$40 / \$60 / \$50	Deductible & Coinsurance	\$40 / \$60 / \$50	Deductible & Coinsurance
<b>Calendar year deductible:</b> • Individual • Family	3,000 \$6,000	\$9,000 \$18,000	\$1,000 \$2,000	\$3,000 \$6,000
<b>You pay coinsurance after deductible:</b>	20%	40%	20%	40%
<b>Calendar year out-of-pocket max:</b> • Individual (includes deductible) • Family (includes deductible)	\$5,000 \$10,000	\$15,000 \$30,000	\$3,000 \$6,000	\$9,000 \$18,000
In-Patient / out-patient facility copay	Emergency Room Visit \$150		Emergency Room Visit \$150	
<b>Prescription drug card</b> • Tier 1 • Tier 2 • Tier 3 • Tier 4	\$10 \$45 \$70 25%		\$10 \$35 \$55 25%	
Vitality Wellness Program REWARDS PROGRAM	Incentives to have a healthy and active lifestyle: Vitality Bucks and 10% premium discount if you reach Silver status		Incentives to have a healthy and active lifestyle: Vitality Bucks and 10% premium discount if you reach Silver status	
<b>DocFind:</b> <a href="http://www.humana.com">www.humana.com</a>	Humana National POS (Open Access)		Humana National POS (Open Access)	
<b>Your cost per pay month:</b> • Employee only • Employee & spouse • Employee & child(ren) • Employee & family	\$257.35 \$772.03 \$694.83 \$1209.52		\$372.87 \$1,003.07 \$908.54 \$1,538.74	

Important note: This is an incomplete summary. Refer to the certificate of insurance for plan details. If there is any difference between this summary and the certificate of insurance, the certificate of insurance language shall rule.

# Principal Voluntary Dental & Vision – 6/1/16 – 5/31/17

Principal	Dental PPO		VSP Vision	
	In-Network	Non-Network	www.vsp.com	In-Network
<b>Plan pays:</b>	Contracted amount	Up to 90% Percentile of UCR	<b>Plan pays:</b> (see summary for non-network reimbursement amounts)	Contracted amount
<b>Calendar Year Deductible:</b> • Individual • Family	\$50 \$150	\$50 \$150	<b>Exams:</b> (1 per 12 mos.) <b>Contact Lens Exam:</b>	\$10 Copay Up to \$60 copay for fitting/evaluation
<b>Coinsurance (you pay):</b> • Preventive procedures • Basic procedures • Major procedures • Orthodontia	0% 20% 50% N/A	0% 20% 50% N/A	<b>Frames:</b> (1 per 24 mos.) <b>Lenses:</b> (1 per 12 mos.) • Single vision • Bifocal • Trifocal • Lenticular	\$150 allowance \$25 Copay  (20-25% discount on lens enhancement)
<b>Maximum benefit:</b>	\$2,500/calendar year/per member		<b>Elective contacts:</b>	\$150 allowance
<b>Waiting periods:</b>	Late entrant only		<b>Waiting period:</b>	Late entrant only
<b>Provider network:</b>	<a href="http://www.principal.com">www.principal.com</a> Principal Plan PPO		<b>Provider network:</b>	<a href="http://www.vsp.com">www.vsp.com</a> VSP Choice Network
<b>Your cost per month:</b> • Employee only • Employee & spouse • Employee & child(ren) • Employee & family	\$55.49 \$108.00 \$115.01 \$174.66		<b>Cost per pay period (12):</b> • Employee only • Employee & spouse • Employee & child(ren) • Employee & family	\$8.26 \$16.28 \$17.12 \$27.38

# Principal Voluntary Life & Long-Term Disability

Voluntary Life Insurance			Long-Term Disability Insurance	
www.principal.com	Employee	Spouse		
<b>Voluntary Life:</b> <b>Benefit election:</b> <ul style="list-style-type: none"> <li>• Minimum</li> <li>• Maximum</li> </ul>	In Increments of \$10,000  \$10,000 \$300,000	In increments of \$5,000  \$5,000 \$150,000	<b>Elimination period:</b>	90 days
<b>Child benefit:</b> <ul style="list-style-type: none"> <li>• If under age 14</li> <li>• If age 14 or older</li> </ul>	\$1,000 \$5,000 or \$10,000		<b>Benefit percentage</b>	60% of pre-disability earnings
<b>Guarantee issue: No Medical Questions Asked</b> <ul style="list-style-type: none"> <li>• If under age 70</li> <li>• If age 70 or older</li> </ul>	Up to:  \$100,000  \$10,000	Up to:  \$30,000  \$10,000	<b>Maximum benefit:</b>	\$5,000 per month
<b>Portability:</b>	Included		<b>Maximum benefit duration:</b>	Up to SSNRA: Social Security Normal Retirement Age
<b>Conversion:</b>	Included		<b>Own occupation definition:</b>	Two Years
<b>Evidence of Insurability Form:</b>	May be required on amounts of Guarantee Issue amounts		<b>Pre-existing conditions:</b>	3 months prior / 12 months insured
<b>Your cost per month:</b>	Voluntary Life Age-Banded rates found on voluntary life summary on employee portal*		<b>Cost:</b>	Employer Paid

# Find a Doctor: www.humana.com

## Provider Networks:

- POS Plan: Search the “National POS – OpenAccess” network

<p><b>Step 1:</b> Go to: <a href="http://www.humana.com">www.humana.com</a> Scroll to the bottom of the page click on “Find a Doctor.”</p>	<p>→ <a href="#">Membership Benefits</a> <a href="#">Health Rewards</a> <a href="#">RightSource Mail Order Rx</a> <a href="#">Find a Doctor</a> ← <a href="#">Accessibility Resources</a> <a href="#">Customer Support</a></p>	<p><b>Step 2:</b> Click on “Insurance through your employer,” enter the provider’s zip code, select your network (Refer to your quote or contact your agent if you are unsure of the network to select) and enter the doctor’s name.</p>	<p>2. * ZIP code <sup>?</sup> <input type="text" value="30305"/></p> <p>3. * Network <sup>?</sup> <input type="text" value="National POS - OpenAccess"/></p> <p>4. * Search <sup>?</sup> <input type="text" value="Name"/> <input type="text" value="Smith"/> Enter a name</p>								
<p><b>Step 3:</b> Review the results of your search. Click on a doctor’s name to learn more about the practice.</p>	<p>* ZIP code <input type="text" value="30305"/> <a href="#">Find a ZIP code</a></p> <p>Radius <input type="text" value="15 Miles"/></p> <p>→ <a href="#">Refine Location</a></p> <p>☰ <a href="#">Narrow your results</a> <sup>?</sup></p> <p>→ <a href="#">Refine Results</a></p>	<p>Select "Name" or "Distance" below to sort your results.</p> <table border="1"><thead><tr><th>Name</th><th>Distance ▲</th><th>Details</th></tr></thead><tbody><tr><td><a href="#">Smiths Medical MD Inc</a> <input type="checkbox"/> Add to compare</td><td>1265 Grey Fox Rd Saint Paul, MN 55112 Ramsey (800) 826 - 9703 <a href="#">Send contact information</a> <a href="#">Report updated information</a></td><td>✓ Accepting new patients • HMO <b>Specialties</b> Durable Medical Equipment <b>Languages Spoken</b> English</td></tr><tr><td><a href="#">Summit Medical Supply</a></td><td>(501) 327 - 5426 <a href="#">Send contact information</a></td><td>✓ Accepting new patients • PPO</td></tr></tbody></table> <p>Servicing county: Fulton</p>	Name	Distance ▲	Details	<a href="#">Smiths Medical MD Inc</a> <input type="checkbox"/> Add to compare	1265 Grey Fox Rd Saint Paul, MN 55112 Ramsey (800) 826 - 9703 <a href="#">Send contact information</a> <a href="#">Report updated information</a>	✓ Accepting new patients • HMO <b>Specialties</b> Durable Medical Equipment <b>Languages Spoken</b> English	<a href="#">Summit Medical Supply</a>	(501) 327 - 5426 <a href="#">Send contact information</a>	✓ Accepting new patients • PPO
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# Employee Action Items

## Complete the following forms:

- If making changes to your current Humana medical elections (plan election, dependent election or demographic changes) please complete and return the Humana Change form
- ALL: Complete and return the Principal enrollment form electing or declining coverage.
- If you are electing Voluntary Life Insurance, please complete the Principal Evidence of Insurability Form.

Return Forms To	Insurance Questions
<p data-bbox="266 882 852 1076">Michelle Smith Procom Consulting Phone: 678-393-8610 ext 120 <a href="mailto:msmith@procom-consulting.com">msmith@procom-consulting.com</a></p> <p data-bbox="382 1086 726 1125">*Benefit Web Page:</p>	<p data-bbox="1097 758 1702 996">Deborah Michael-770-300-0001 Angus McRae Insurance Brokerage Services Fax: 770-456-5059 <a href="mailto:dmichael@angusmcrac.com">dmichael@angusmcrac.com</a></p> <p data-bbox="1097 1062 1702 1250">*Kristel Calvert for Humana Vitality Questions 404-565-5335 <a href="mailto:kcalvert@humana.com">kcalvert@humana.com</a></p>

**DEADLINE:** Please return the completed forms within 30 days of your date of hire.