



Your Benefits

External Staff

Effective March – December 2024

Getting started

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status

[Enroll now](#)

Enrolling in coverage

Your benefit plans are in effect March 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

① When you're first eligible

Your benefits begin on the first day of the month following 30 days of employment; this is your **effective date**. Be sure to submit your selections within your first 30 days of employment. Your benefit selections will be in effect through December 31.

② At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from March – December of the following year unless you have a qualifying life event.

③ If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility). Documentation may be required.



Helpful terms & resources



We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include – but are not limited to – cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of GTN Technical Staffing.

You can request a paper copy at no charge from:

Enid Silva
1-214-996-9400 Ext 238
hr@teamgtn.com



How to handle
medical bills (4:46)



[Download now](#)

Getting started

Contact information

Your advocate, Karen Bagley, is here to help you with claims, ID cards, coverage questions, and more!

1-214-420-9949

karen.bagley@onedigital.com

Monday - Friday, 8am-5pm CST

Bilingual (Spanish) assistance is available



Medical Insurance	HealthPlans Inc. Group: 006 R2454	1-877-734-6692
Pharmacy	TrueScripts	Member Services: 1-844-257-1955 Pharmacy Help Desk: 1-855-326-2159 www.truescripts.com
Telehealth	Doctors On Demand	1-800-997-6196 support@doctorondemand.com
Employee Assistance Program (EAP)	UNUM	1-800-854-1446 unum.com/lifebalance
Dental Insurance	UNUM	1-800-400-9304 unumdentalcare.com
Vision Insurance	UNUM/EYEMED	1-855-652-8686 www.eyemedvisioncare.com/unum
Life and AD&D Insurance	UNUM	1-800-4445-0402 www.Unum.com/Employees
Disability Insurance	UNUM	1-888-673-9940 www.Unum.com/Employees

Medical insurance

[Mental health support](#)[Find a provider online](#)[Manage your plan online](#)

Select from three medical options through HealthPlans Inc.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



In-network care	\$4,150 HDHP Plan			\$4,150 Co-Pay Plan			\$1,250 Co-Pay Plan		
	See plan details			See plan details			See plan details		
Network name:	United HealthCare Choice Plus			United HealthCare Choice Plus			United HealthCare Choice Plus		
Annual Deductible (DED)	\$4,150 per person \$8,300 family max			\$4,150 per person \$8,300 family max			\$1,250 per person \$2,500 family max		
Out-of-pocket maximum	\$4,150 per person \$8,300 family max			\$4,150 per person \$8,300 family max			\$3,000 per person \$6,000 family max		
Preventive care	100% covered			100% covered			100% covered		
Primary care visit	DED then you pay 0%			\$25 copay			\$25 copay		
Specialist visit	DED then you pay 0%			\$25 copay			\$25 copay		
Virtual visit	\$1 copay (Telephonic Primary Care)			\$1 copay (Telephonic Primary Care)			\$1 copay (Telephonic Primary Care)		
Urgent care	DED then you pay 0%			\$75 copay			\$75 copay		
Emergency room	DED then you pay 0%			DED then you pay 0%			DED then you pay 20%		
Inpatient hospital care	DED then you pay 0%			DED then you pay 0%			DED then you pay 20%		
Prescription drugs	(Retail Mail)			(Retail Mail)			(Retail Mail)		
Generic	DED then you pay 0%			\$15 copay			\$15 copay		
Preferred brand	DED then you pay 0%			\$35 copay			\$35 copay		
Non-preferred brand	DED then you pay 0%			\$55 copay			\$55 copay		
Specialty	DED then you pay 0%			You pay 20% up to \$250			You pay 20% up to \$250		
Out-of-network care	Balance billing applies			Balance billing applies			Balance billing applies		
Annual deductible	\$8,300 / \$16,600			\$8,300 / \$16,600			\$2,500 / \$5,000		
Out-of-pocket maximum	\$11,000 / \$22,000			\$11,000 / \$22,000			\$5,500 / \$11,500		
Your cost for coverage	Semi-monthly	Bi-weekly	Weekly	Semi-monthly	Bi-weekly	Weekly	Semi-monthly	Bi-weekly	Weekly
Employee only	\$46.11	\$42.56	\$21.28	\$67.31	\$62.13	\$31.06	\$117.50	\$108.46	\$54.23
Employee + Spouse	\$239.66	\$221.22	\$110.61	\$276.45	\$255.18	\$127.59	\$355.00	\$327.69	\$163.85
Employee + Child(ren)	\$214.03	\$197.56	\$98.78	\$248.49	\$229.37	\$114.69	\$307.50	\$283.85	\$141.92
Employee + Family	\$461.60	\$426.09	\$213.04	\$518.56	\$478.67	\$239.33	\$665.00	\$613.85	\$306.92

See your plan documents for out-of-network benefits.

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Total wellbeing: caring for all of you

Support for your health, finances, and life.

Telehealth: virtual health care that fits your schedule

[How to register](#)

[See plan detail](#)

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth through Doctors On Demand is here when you need it. Connect with a board-certified physician 24 hours a day, 7 days a week. 1-800-997-6196 support@doctorondemand.com

Your cost per visit is only **\$1**.

The recipe to living well

There are **five** ingredients to wellbeing — each is just as important as the others:



Social & Emotional

Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges



Physical

Having good health and the energy to perform your job life outside of work, such as spending time with family and friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!



Financial

The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members



Purpose

Connection to your passion, the reason you get out of bed every day.



Community

Feeling connected to where you live, work and play through activities such as volunteering and mentoring.



Mental health care is essential health care.

Managing work, family, relationships, and finances can be tough.

Our Employee Assistance Program (EAP) provides you and your family with no-cost, confidential assistance with all things related to your life. 24/7/365.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Employee Assistance Program (EAP)

Care for your mind – and your life – with support through UNUM.

Confidential care designed for all that life brings.

[See plan detail](#)

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online or over the phone. 24/7/365.



24/7/365 access to care.

1-800-854-1446

unum.com/lifebalance

EAP features:

- **Confidential.** No one at GTN Technical Staffing will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Face-to-face visits.** When needed, each person can receive up to **3** face-to-face (or virtual) visits with a licensed counselor per issue per year. **At no cost.** Additional visits – if needed – will go through your health insurance.

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Dental insurance

[See plan details](#)[PPO dental network](#)

Select from two dental options through UNUM.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount UNUM will pay each year for dental care (**annual maximum benefit**), and
- whether **orthodontic** care is covered.

[Learn about dental care categories](#)

In-network care

Dental Passive MAC

Dental Passive PPO

Network name:	UNUM Dental Care			UNUM Dental Care		
Annual Deductible (DED)	\$50 per person \$150 family max			\$50 per person \$150 family max		
Annual maximum benefit	\$1,000 per person			\$1,500 per person		
Preventive care	100% covered			100% covered		
Basic care	DED then you pay 50%			DED then you pay 20%		
Major care	DED then you pay 70%			DED then you pay 50%		
Orthodontic care						
Coverage	Not covered			50% covered (children to age 19)		
Lifetime maximum benefit	N/A			\$1,500 lifetime max benefit		
Your cost for coverage	Semi-monthly	Bi-weekly	Weekly	Semi-monthly	Bi-weekly	Weekly
Employee only	\$7.19	\$6.64	\$3.32	\$16.61	\$15.33	\$7.67
Employee + Spouse	\$15.21	\$14.04	\$7.02	\$33.72	\$31.13	\$15.56
Employee + Child(ren)	\$16.45	\$15.18	\$7.59	\$47.63	\$43.96	\$21.98
Employee + Family	\$21.57	\$19.91	\$9.95	\$69.51	\$64.16	\$32.08



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

[EyeMed vision insurance network](#)

Your vision coverage is through UNUM/EYEMED.

You'll get an annual exam with coverage for lenses and frames, or **contacts in lieu of glasses**.



UNUM Vision Powered by EYEMED

[See plan details](#)

	In-network	Non-network (reimbursement)	
Annual eye exam (every 12 months)	\$10 copay	Up to \$40	
Materials copay (lenses & frames)	\$25 copay	N/A	
Lenses (every 12 months)	Included in materials copay	Up to \$30 / \$50 / \$70 / \$70	
Frames (every 24 months)	\$150 allowance	Up to \$105	
Contact lenses (every 12 months)	Elective: \$150 allowance Med. nec: Covered	Up to \$150	
Your cost for coverage	Semi-monthly	Bi-weekly	Weekly
Employee only	\$2.65	\$2.44	\$1.22
Employee + Spouse	\$5.29	\$4.88	\$2.44
Employee + Child(ren)	\$5.94	\$5.48	\$2.74
Employee + Family	\$9.27	\$8.55	\$4.28

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D insurance

[How to file a claim or leave request](#)



Financial peace of mind through UNUM.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance

[See plan details](#)

GTN Technical Staffing provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
GTN Technical Staffing provides	\$15,000	\$15,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

[Vol Life 24 pay periods](#)

[Vol Life 26 pay periods](#)

[Vol Life 52 pay periods](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$2,000
Coverage maximum	5x your annual earnings to \$500,000	Your (employee) coverage amount to \$500,000	\$10,000 (live birth to 6 months: \$1,000)
Medical question limit	\$100,000	\$25,000	Does not apply

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

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Disability insurance

Protect your paycheck with disability insurance through UNUM.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Voluntary Short-term disability

[STD 24 pay periods](#)

[STD 26 pay periods](#)

[STD 52 pay periods](#)

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time. This coverage is available for purchase.

Benefits begin	After 7 days of inability to work
Coverage amount	60% of your income up to \$500 per week
Payments may continue	Up to 12 weeks if you're unable to return to work

Voluntary Long-term disability

[LTD 24 pay periods](#)

[LTD 26 pay periods](#)

[LTD 52 pay periods](#)

Long-term disability coverage can provide lasting income protection if you remain unable to work. This coverage is available for purchase.

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$6,000 per month
Payments may continue	Until your Social Security Normal Retirement Age if you remain unable to work.



Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.



Wish you knew more about finances? Now you can – at no cost!



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2024 benefits