



Group Benefits Program For You and Your Dependents

Your choice of these payroll-deducted insurance benefits...



Medical Coverage



In-Hospital Cash Benefit



Vision Care Coverage



Dental Coverage



Short Term Disability (STD)



Term Life with Accidental Death Benefit



Medical Coverage

A Limited Benefit Accident and Sickness Medical Plan.

Combines Non-occupational Medical Coverage with the value of a Discounted PPO Network to stretch your benefit dollars.

- **The Provider Referral Service** gives you access to the names of in-network PPO providers.
- **\$15 Co-Pay** on Office Visits for in-network Doctors' Fees. (Does not include tests, lab fees, x-rays, injections, etc., which are covered under the outpatient benefits.)
- **Your enrolled dependents** receive the same coverage.

Additional Benefit:

- **Prescription Drug Card** with co-pays as low as \$10 and discounts on all prescription drugs at participating pharmacies. The Plan pays up to a monthly maximum benefit of \$35. That's as much as \$420 in prescription drug benefits each coverage year. Note that unused monthly benefits do not carry forward to the next month.

This table will give you a quick overview of the Medical Coverage. Exclusions and limitations are on the back panel of this brochure.

Benefit	In-Network Provider ⁸	Out-of-Network Provider ⁸
Hospital Inpatient		
Base Medical Maximum Benefit ¹	\$7,500 in- or out-of-network	
Subject to these limits in- or out-of-network:		
• Hospital Room & Board.....	\$ 250	per day
• Surgeons' Fees	\$1,500	per year
• Anesthesiologists' Fees	\$ 250	per year
• Other Hospital Services.....	\$1,000	per year
Base Benefit Percentage paid by plan ⁵	50% in- or out-of-network	
Base Benefit Deductible ^{1,2,3}	\$200	\$300
Supplemental Medical Maximum Benefit ⁴	\$45,000 in- or out-of-network	
Supplemental Benefit Percentage paid by plan ⁵	80%	60%
Outpatient		
Maximum Benefit ¹	\$1,000 in- or out-of-network	
Deductible ^{1,2,3}	\$100	\$300
Outpatient Benefit Percentage paid by plan ⁵	70%	50%
Office Visit Doctors' Fees	\$15 Co-Pay ^{6,7,8}	50% ^{5,7}
Prescription Drug Benefit		
Prescription Drug Card ^{6,9}	\$35 in- or out-of-network	
Monthly Maximum	\$35 in- or out-of-network	
Generic Drugs	\$10 Co-Pay	50% ⁵
Branded Drugs	\$20 Co-Pay	50% ⁵

1. Per coverage year.
2. The maximum per person deductible on combined eligible inpatient and outpatient charges from in-network providers is \$300 each coverage year (out-of-network is \$600).
3. You will have met your "family deductible" when two covered family members have each paid their own deductibles in a coverage year.
4. Maximum Lifetime Benefit. Each year the hospital inpatient base benefit must be exhausted before the supplemental benefit begins. Other Hospital Services are not covered under this benefit.
5. Where benefit is expressed as a percentage, the lower of U&C fee levels or the discounted PPO charges will be the basis of payment.
6. Not subject to a deductible.
7. Subject to the Maximum Benefit for covered outpatient expenses.
8. If you live in an area that is not served by the PPO network, and you use a non-participating provider that is also located outside a network area, your covered expenses would be reimbursed according to the in-network provisions of the plan. An exception to this is the Office Visit Doctors' Fees, for which there is no co-pay and the provisions of the in-network outpatient benefit would apply (70% of eligible charges after a \$100 deductible).
9. Covers only medical prescriptions, except for dental prescriptions issued in connection with treatment resulting from a covered accident.

Este folleto contiene un resumen en inglés de su Programa Grupal de Beneficios. Si usted tiene dificultad en entender cualquier parte de este folleto llame al número gratuito 1-800-800-8121. Nuestros representantes de consulta están disponibles de 8:00 a.m. a 8:00 p.m., de lunes a viernes (hora del Este) para darle asistencia en español.

For More Benefit Descriptions ↘



In Hospital Cash Benefit

- If confined in the hospital as an inpatient and charged for room, board, and general nursing services for private, semi-private, or intensive care accommodations, then this benefit pays the following:
 - Lump Sum In-Hospital Cash Benefit: \$1,000 for one confinement per year; plus, a
 - Daily In-Hospital Cash Benefit: \$100 per day of hospital confinement for up to 100 days per year.



Vision Care Coverage

- Reimbursements of \$25 for an eye examination once every 12 months. Simply file an Eye Exam Claim Form.
- Eye Care Plan of America Eyewear Discount Card provides savings for the whole family, up to 60% off on eyewear purchases and 10% on contact lenses and other optical items at participating ECPA centers (including popular chains).
- Eye exam benefits and discount eyewear purchases apply to each covered person.

Fees for other services must be paid by you. The benefit period is 12 consecutive months beginning on the later of your effective date or your most recent eye exam that was covered under this Plan.



Dental Coverage

- Use any dentist you want.
- \$500 Coverage Year Maximum after a \$50 Deductible.
- Enrolled dependents receive the same coverage.
- Covers most common services.

Types of Charges Covered By the Plan	Percent of Usual & Customary Charges the Schedule Pays	Waiting Period of Continuous Enrollment Before Plan Pays
Checkups & Cleaning	80%	None
Fillings	60%	3 Months
Oral Surgery	60%	3 Months
Crown & Bridge Repair	60%	3 Months
Denture Repair	60%	3 Months
Perio & Endodontic	50%	12 Months
Crown & Bridge	50%	12 Months
Dentures	50%	12 Months



Short Term Disability (STD)

- Weekly benefits for up to 6 months while you are disabled.
- 50% of base pay received from the employer that sponsors this program (plus reported tips, but no overtime) up to \$125 maximum weekly benefit.
- Benefits begin after a 14-day waiting period (unless hospitalized, in which case Plan begins paying immediately).

Some states require employers to provide STD benefits. If you work in one of those states, this plan is not available to you. See the Enrollment Form for those states. Only you can be covered under STD. Premiums double at age 65.



Term Life with Accidental Death Benefit

- \$20,000 of term life coverage for yourself.
- \$20,000 matching accidental death benefit.
- Benefits will be paid to the beneficiary of your choice.
- If you sign up for term life for yourself, you can enroll your eligible dependents for:
 - \$2,500 in term life (only) for dependents over 6 months of age.
 - \$500 for children 6 months of age or younger.
- Your benefits are reduced by 50% when you reach age 70.



CornerStone
Staffing

Questions & Answers

Q Who can I enroll?

A In addition to you, dependent coverage is offered in the medical, in-hospital cash, vision care, dental, and term life plans. Your eligible dependents are your lawful spouse and your unmarried children from birth through age 24, or through any age if handicapped and unable to earn a living.

Q When does coverage begin?

A Your coverage is effective on the first day of the pay period following the pay period in which a deduction occurs. Your dependents' coverage begins when yours does unless you enroll them later. If you enroll dependents at a later date, their coverage will become effective after the written enrollment is approved and the premiums have been paid.

Q If I elect not to participate now and need to later, what are my enrollment rights?

A You can enroll yourself and/or your eligible dependents at the next annual open enrollment. If you declined health coverage because you and/or your dependents were already covered under another plan and that other health coverage is lost, you can request a special enrollment within 31 days of the loss of other coverage.

In addition, if you have a new dependent, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of getting the new dependent.

Q What happens if I miss a premium payment?

A For any given pay period, if you haven't worked enough hours for your payroll deduction to cover your premium, you can ensure your continued coverage by sending the full premium payment directly to Strategic Resource Company. The Summary Plan Description that you receive once you enroll includes complete instructions on how to submit a missed premium payment and also includes a *Missed Premium Payment Form*.

Q Which doctors, dentists, and hospitals may I use?

A You are free to use any licensed doctor or dentist, or any certified hospital. However, under the Medical Coverage you can save money by using an in-network provider.

Q Does the medical plan cover maternity?

A Yes. Maternity is a covered expense, subject to the same limits and exclusions as any other eligible expense.

Q Are chiropractic services covered under the medical plan?

A Yes.

Q When can I begin using my Prescription Drug Card?

A Your card may not be used until your enrollment has been set up on the Medco Health Prescription Solutions, Inc. system. Your prescription drug card benefits begin the same day as your other medical coverage benefits. However, it may take a few weeks for your prescription drug card to be activated.

Q What is a beneficiary?

A Your beneficiary is the person you name to receive the benefits of any term life or accidental death coverage you may have in the event of your death. You can name anyone you want to be your beneficiary!

Q What is a Deductible? A Co-pay?

A A Deductible is the amount of money you must pay for eligible expenses before the Plan begins to pay benefits. A Co-pay is similar to a Deductible, but it is the amount you pay each time that you incur certain charges. When you pay a Co-pay, there is normally no Deductible.

Q When will I receive my Summary Plan Description (SPD)?

A You will receive your SPD when you enroll.

Q What if I have more questions?

A Call the SRC Customer Service Center, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time. Spanish-speaking representatives are available. The toll-free SRC Customer Service Center phone number is:

1-800-800-8121

EXCLUSIONS & LIMITATIONS

The following is just a summary. Please see your Summary Plan Description for a more complete description of these items.

What is not covered under all plans:

- suicide or attempted suicide or any intentionally self-inflicted injuries, while sane or insane;
- acts of war (declared or undeclared);
- your commission of a felony;
- your operating, riding in, or descending from any aircraft, other than while a fare-paying passenger on a licensed, commercial, non-military aircraft; and
- services by an immediate family member or by your employer.

What else is not covered under the Medical Coverage:

- mental or nervous disorders, except serious mental illnesses;
- full-time military duty;
- illnesses and injuries related to your work;
- routine check-ups, eye or ear examinations, glasses or hearing aids;
- treatment in a government facility or other facility not unconditionally requiring payment (this does not apply to charges billed by Veterans Administration hospitals);
- dental treatment;
- inpatient doctors' visits and inpatient private duty nursing charges;
- expenses used toward deductibles, or in excess of co-insurance or U&C charges; and
- cosmetic surgery. This does not apply to:
 - reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part;
 - reconstructive surgery because of a congenital disease or anomaly of an insured; or
 - reconstructive surgery on a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy.

Medical Pre-existing Conditions Limitation

A pre-existing condition is any injury or illness for which you have received medical advice, treatment, or care within 6 months before being insured under this plan. Pre-existing conditions are covered after you have been insured under this plan for 12 continuous months, or after 6 continuous months of receiving no advice, treatment, or care for the condition. No pre-existing limitation will be applied to pregnancy or newly born and adopted children under age 18, added to this plan within 31 days of birth or petition for adoption.

These periods may be reduced by any creditable coverage you may have had with a previous employer-sponsored or individual insurance plan. Upon presentation of an acceptable certification of creditable coverage, your pre-existing limitation waiting periods will be reduced. Please see "Filing a Claim" in your Summary Plan Description for instructions on how to submit your creditable coverage certificate. If you have lost your certificate, you can obtain another from your previous employer.

What else is not covered under the In Hospital Cash Benefit:

The same limitations and exclusions apply as those listed for the Medical Coverage.

Policy Issuance

Benefits will be provided under policies issued by Continental Assurance Company, Continental Casualty Company, and Fidelity Security Life directly to Smith Temporaries, Inc. d.b.a. CornerStone Staffing. Continental Assurance Company and Continental Casualty Company reserve the right to change their Plans' premiums.

What else is not covered under the Vision Care Coverage:

- services related to orthoptic vision training;
- subnormal vision aids;
- medical/surgical treatment of the eyes;
- examinations required as a condition of employment;
- services provided under Workers' Compensation or similar laws; and
- services required by any governmental agency.

What else is not covered under the Dental Coverage:

- procedures begun before you are covered;
- elective or cosmetic treatment;
- correction of congenital malformations;
- replacement of lost or stolen appliances;
- initial placement of prosthesis or fixed bridge;
- replacement of serviceable bridges;
- replacement of serviceable dentures less than 5 years old;
- replacement of crowns, inlays, and onlays less than 7 years old;
- procedures involving vertical dimension, correction of attrition or abrasion, occlusion, splinting, or bite analysis;
- services in any way related to TMJ or myofascial pain;
- orthognathic surgery;
- prescribed drugs, analgesics, or anesthetics;
- instruction for diet, plaque control, and oral hygiene;
- charges for implants or their removal and other customized services or attachments;
- cast restorations and crowns for healthy teeth that can be restored by other means;
- treatment of malignancies, cysts, and neoplasms;
- orthodontic treatment;
- charges for forms or missed appointments;
- treatment that is unnecessary, experimental, or does not offer a favorable prognosis;
- expenses covered under another group plan or coverage required by law;
- expenses which you are not legally obligated to pay; and
- any procedure begun after coverage ends or any prosthetic dental appliance finally installed more than 30 days after coverage ends.

Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. The plan will pay only for the procedures specified on the Schedule of Benefits in the SPD. Usual, reasonable, and customary limitations are based on the 90th percentile of the Medicode MDR tables.

What else is not covered under Short Term Disability and Accidental Death benefits:

- voluntarily taking poison, gas, drugs, or chemicals not prescribed by a physician;
- release of nuclear energy;
- participation in a riot or an illegal occupation;
- Short Term Disability benefits are not paid for an injury or sickness related to your work; and
- Accidental Death benefits are not paid for death resulting from sickness of any kind.

Every effort has been made to ensure the accuracy of this benefit plan brochure. The exclusions and limitations described above apply to the residents of most states; however, state laws do vary. The laws of your state may affect this benefit plan, but these differences in laws generally do not reduce your benefits. This brochure is not a legal document. In the event of a discrepancy, the policies would be the determining factor.



Medical, In-Hospital Cash, Dental and Term Life Plans underwritten by Continental Assurance Company, a CNA Company, Chicago, Illinois.

Short Term Disability Plan underwritten by Continental Casualty Company, a CNA Company, Chicago, Illinois.



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Record keeping by Strategic Resource Company, Columbia, South Carolina; SRC Insurance Services, Inc.; SRC Services, Inc



Vision Care Plan underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri



Eyewear Discount Card from Eye Care Plan of America



Prescription Drug Card from Medco Health Prescription Solutions, Inc., a subsidiary of Medco Health Solutions, Inc.

Florida Registered Agent: Gerald D. Peterson

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