

# Worldwide Travel Staffing, Limited

Affordable Supplemental Medical Insurance



## Benefits Include

Doctor's Office Visits

Outpatient Diagnostic X-ray & Lab

Preventive Care

Accident Coverage

In-Patient Hospital Indemnity and more

This product is not a substitute for minimum essential health coverage under the Affordable Care Act (ACA) and does not qualify as minimum essential coverage under the Affordable Care Act.

**Important Notices:** This program is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits for the medical indemnity plan are offered by Standard Security Life Insurance Company of New York. Additional information will be provided upon enrollment in the program.



**Framework**<sup>SM</sup>

To ask questions about your plan, contact Member Services at  
**1-800-822-3906**

Worldwide Travel Staffing, Limited is proud to offer this supplemental insurance program to our employees. Because we value you and your family, we designed a program offering you valuable and affordable benefits.

Benefits	
Doctor's Office Visit	\$60 per visit \$360 calendar year max
Outpatient Diagnostic Laboratory Tests and X-rays	\$60 per day \$360 calendar year max
Advanced Studies	\$350 per day \$1,050 calendar year max
Preventive Care	\$100 per visit \$300 calendar year max
Accident Coverage	\$500 per occurrence
Emergency Room Indemnity Benefit for Illness Only	\$75 per visit \$300 calendar year max
Daily In-patient Hospital Benefit - Intensive Care Unit - Substance Abuse - Mental Illness Disorder - In-patient Skilled Nursing Facility	\$500 per day \$1,000 per day \$250 per day \$250 per day \$250 per day
Surgical Benefit - Inpatient - Outpatient - Outpatient Minor / Venipuncture	\$1,000 lump sum \$500 lump sum \$75 / \$25 lump sum
Anesthesiology	25% of surgical
Ambulance Benefit	\$150
Vision Care	80% to \$300 calendar year max
Life/AD&D Insurance	\$10,000
Dependent Life Insurance	\$2,500 (spouse)
*First Health Network	Doctors and Hospitals
*Discount Prescription Program	Included
*Discount Health Savings Program	Included
Monthly Rates	
Composite Rate (includes family coverage)	\$140.61 (Unless Employer Paid)

\*These benefits are not underwritten by Standard Security Life Insurance Company of New York.



The First Health Network provides access to one of the nation's largest and most respected networks. By going to a First Health provider you can reduce out of pocket expenses and stretch your benefit dollars.

- Access to more than 490,000 provider locations across all 50 states and the District of Columbia
- First Health logo on medical ID card for fast and easy recognition by the provider
- Re-priced claims will be assigned directly to the provider to simplify the claims process

To find a provider online, visit [www.yourmedbenefits.com](http://www.yourmedbenefits.com). You can still choose any doctor you wish and have those claims assigned. All benefits will pay as specified in the benefit provisions of the policy regardless of the provider chosen.





## Medical Insurance Benefit Descriptions

### Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

Benefit payable per visit per covered person. Routine exams, immunizations and preventive care are not covered under this benefit.

### Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

Benefit is payable per day per covered person, when hospital confinement is not required. Routine and preventive lab tests and x-rays are not covered under this benefit.

### Advanced Studies Indemnity Benefit

Benefit payable per day of testing per covered person, when a hospital confinement is not required. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit. Routine advanced studies are not covered.

### Preventive Care Indemnity Benefit

Benefit payable per visit per covered person. Routine exams, immunizations and other preventive care as defined in the coverage, are covered under this benefit.

### Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an accidental bodily injury. Benefit is per accident.

### Emergency Room Visit

Benefit is paid for a covered person who has an ER visit as a result of a non-occupational illness which does not result in a hospital admission.

### Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit

**Daily In-Hospital Benefit** is payable per day. Up to a lifetime maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).

**Intensive Care Unit** Double the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per calendar year.

**Mental Illness Disorder** 50% of the Daily In-Hospital Benefit will be paid, up to a maximum \$5,000 per calendar year. Lifetime maximum \$30,000.

**Substance Abuse** 50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year. Lifetime maximum \$30,000.

**In-patient Skilled Nursing Facility** 50% of the Daily In-Hospital Benefit will be paid. Maximum benefit per covered person per period of confinement is 60 days. The confinement is covered only if it follows a covered hospital stay of at least 3 days.

### Ambulance Benefit

Benefit is payable for 1 conveyance in an ambulance per calendar year per covered person. Benefit maximum is \$150.

### Vision Care Benefit

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year. 1 exam every 12 months. 1 pair of glasses / contacts every 24 months.

### Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

*No benefit will be paid for dentistry or oral surgery.*

**Inpatient** benefit is payable for one procedure per year or two or more within the same surgical session.

**Outpatient** benefit is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient venipuncture.

**Outpatient Minor** benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

**Outpatient Venipuncture** benefit is payable at a flat benefit level for one procedure per year.

### Anesthesiology Indemnity Benefit

An amount equal to 25% of the surgical benefit will be paid for anesthesiology.

### Life Insurance/Accidental Death and Dismemberment Benefit

The Life Insurance benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

### Dependent Life Insurance

Spouse and child (less than 25 years of age).





## Discount Health Savings Program

Discount benefits administered by New Benefits, Ltd.

### Teladoc

Teladoc provides 24/7 all day access to a national network of U.S. board-certified physicians who can diagnose and treat many medical issues over the telephone. Teladoc physicians can even prescribe routing medication if warranted. Issues including cold and flu symptoms, allergies, bronchitis, sinus problems, urinary tract infection, respiratory infection, pink eye, ear infection and more.

### Vision

Coast to Coast Vision™ (CTC) has over 12,000 eye care locations nationwide. Members save on eyeglasses, contacts and laser surgery. The CTC provider network is the most thorough in the U.S. It includes ophthalmologists, optometrists, independent optical centers and most national chains.

### Lab and Imaging

#### Lab

With DirectLabs, members save 10% to 80% off typical lab costs for blood, urine, saliva, hair and fecal tests. The lab tests promote early detection of possible serious medical conditions such as heart disease, prostate cancer, diabetes, and thyroid disease. *The lab network portion is not available in MA, MD, ND, NJ, NY, RI or SD residents.*

#### Imaging

Members receive discounts of 10% to 60%\* off usual charges for MRI and CT procedures while utilizing credentialed radiology providers. These radiologists deliver tests and test interpretations which lead to appropriate diagnosis and effective treatment.

### Health Advocate Services

#### Medical Bill Saver™

Medical Bill Saver™ benefit can lower out-of-pocket costs on medical bills not covered by insurance. Advocates will work with providers to lower the balance on uncovered medical or dental bills over \$400.

#### Medical Health Advisor

Personal Health Advocates are typically registered nurses supported by a team of medical directors and can assist members with clinical, insurance and administrative issues for medical, hospital, dental, pharmacy and other needs. *Health Advocate does not replace health insurance, provide medical care or recommend treatment.*

#### Nurseline™

Offers toll-free access to experienced registered nurses, 24 hours a day, 365 days per year. Nurses are an immediate, reliable and caring source of health information, education and support. Nurses help members based on doctor-approved guidelines.

### Chiropractic Care

Members may choose from more than 3,000 participating Chiropractors. Members enjoy a variety of savings and services including a free consultation, 50% savings on diagnostic services, 50% savings on x-rays performed on-site and 30% savings on treatment and other services.

### Additional Benefits Include

Vitamins and Diabetic Supplies  
Telephonic Counseling  
Durable Medical Equipment  
Hearing



## Neighborhood Pharmacy Program

Discount pharmacy benefit administered by New Benefits, Ltd.

The neighborhood pharmacy program assures members the lowest price on prescription drugs, saving 10% to 85% on most short-term, acute care prescriptions such as antibiotics and painkillers. Long-term prescriptions may be purchased at the local pharmacy.

**It's simple to use.** The member simply presents the membership card to the pharmacist with the prescription. The pharmacist calculates the discount and the member pays the discounted price. No other forms required.

- 10% to 85% savings on most short-term and acute care medications
- Online Drug Price Check Utility ([www.rxpricequotes.com](http://www.rxpricequotes.com)) provides members the ability to find the price of their prescriptions at participating locations in their zip code
- Over 60,000 participating locations, including independent, national and regional chain pharmacies nationwide

Pharmacy discounts are Not Insurance, and are Not Intended as a Substitute for Insurance. **The discount is only available at participating pharmacies.**



## Commonly Asked Questions

Member Services is available Monday—Friday from 7:00 am to 7:00 pm central time at 1-800-822-3906

### How does this plan work?

This plan is designed to provide coverage for everyday health care needs. While the coverage does not provide benefits that are unlimited in nature and would not cover catastrophic health needs it does provide basic, valuable benefits. You're allowed to use any licensed doctor or hospital and there are no networks or doctor directories you are required use. There are no deductibles that have to be paid before the insurance covers an eligible expense.

### Is this plan considered to be creditable coverage under HIPAA?

No. These plans are not considered to be continuous creditable coverage under The Health Insurance Portability and Accountability Act (HIPAA). There are certain qualifications a health plan must meet in order to be considered credible coverage. This plan is considered a supplemental health plan therefore, letters of creditable coverage are not issued.

### Will I receive an ID card?

Yes. Upon enrollment, you will receive a fulfillment kit including your id card, and information on your medical and discount benefits.

### Are there any Pre-Existing Condition Limitations under this policy?

There are no Pre-Existing Condition Limitations under the policy. There are no medical questions to answer when enrolling.

### Do I have to use a network doctor or hospital to receive benefits?

No, you are free to use any doctor or hospital (as defined by the plan policy). However, if you choose to use an approved First Health Network provider, you will receive a negotiated discount rate.

### Do I have to use a network pharmacy?

Yes, you will receive a booklet listing participating pharmacies.

Residents of New Hampshire, Vermont and Washington are not eligible for this plan.

This coverage is not considered creditable coverage under Massachusetts state regulations.

## Disclosures

**This plan is NOT insurance.** This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. Pharmacy discounts range from 10% to 85% on most medications. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. **This discount card program contains a 30 day cancellation period.** The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area. Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367 -1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com.

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## Standard Security Life Insurance Company of New York—EXCLUSIONS AND LIMITATIONS FROM COVERAGE

The Policy does not provide any Benefits for the following confinements, visits, charges, treatment, services or supplies for or related to:

1. Preventive Services which are not Medically Necessary for the treatment of Illness or Injury, except as specified in the Preventive Care Indemnity Benefit, if shown in the Schedule of Benefits; or
2. Any treatment, service or supply which is not due to an Illness or Injury; or
3. Any treatment, service or supply which is not recommended by a Doctor; or
4. Any treatment, service or supply which is not Medically Necessary; or
5. Treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
6. Any treatment, service or supply provided by a government owned or operated facility or by government employed health care providers, unless the Covered Person is legally required to pay the charges incurred; or
7. Hospital and Doctor charges for weekend Hospital admissions occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless Medically Necessary or unless surgery is scheduled for the next day; or
8. An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which the Covered Person has or had a right to recovery under any Workers' Compensation or Occupational Disease Law; or
9. Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes; or
10. An Illness or Injury incurred while on active duty with the military of any country or international organization; or
11. An Illness or Injury resulting from war or any act of war (declared or undeclared) or the participation in a riot or insurrection; or
12. An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned; or
13. Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a Covered Person (a) being intoxicated; or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Doctor and taken in accordance with the prescribed dosage. A Covered Person is conclusively determined to be intoxicated by drug or alcohol if a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction; or
14. Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment; or
15. Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to surgery performed as reconstructive surgery due to a Sickness; and (c) breast reduction surgery unless Medically Necessary due to a Sickness; or
16. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
17. Routine eye exams, glasses, visual therapy, or contact lenses; except as specified in the Vision Benefit Rider, if shown in the Schedule of Benefits; or
18. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
19. Penile implants and fertility and sterility studies; or
20. Treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; or
21. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including but not limited to: artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all charges related to such in vitro fertilization; or
22. Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, or except for complications of a voluntary abortion; or
23. Mental Illness Disorders and Substance Abuse except as specified in the Hospital Inpatient and Skilled Nursing Facility Daily Indemnity Benefit; or
24. Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnosis; and goal oriented behavioral modification; or
25. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
26. Sexual reassignments or sexual dysfunctions or inadequacies; or
27. Meridian therapy (acupuncture); or
28. Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots); or
29. Treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies; or
30. Orthotics; or
31. Treatment, services or supplies for obesity or weight reduction, including wiring of the teeth and all forms of intestinal bypass surgery and complications resulting from such surgery; or
32. Treatment, services or supplies received from a Doctor or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your immediate family or (c) the Policyholder; or
33. Custodial Care, regardless of who prescribes or renders such care; or
34. Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States; or
35. Telephone consultations, missed appointment fees and fees for completing claim forms; or
36. Treatment, services or supplies for complications of conditions that are not covered under the Policy except for complications of a voluntary abortion; or
37. Prescription Medications, except as specified in the Outpatient Prescription Medication Indemnity Benefit, if shown in the Schedule of Benefits; or
38. Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; except as specified in the Dental Benefit Rider, if shown in the Schedule of Benefits; or
39. Treatment, services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw) mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury; or
40. Treatment, services or supplies provided for temporomandibular joint (TMJ) dysfunction; or
41. Physical, speech and occupational therapy; or
42. Hospice Care; or
43. Home Health Care.

### Brief Statement of Policy Provisions Relating to Premiums, Renewability and Termination

The policy is renewable at the option of the Company or the insurer. The insurer reserves the right (subject to state specific requirements) to change the premiums upon 31 days prior written notice.

Coverage may be terminated by the Policyholder or the Insurance Company upon 31 days written notice to the other party, and for other reasons stated in the group policy, such as: failure by the Policyholder to pay the required premium; if you are no longer eligible for this insurance; or you are no longer in an eligible class.

Underwritten by:



Group Policy: SSL LMB POL 0106

All policies described herein, except the First Health Network, Prescription Program and the Discount Health Savings Program, are offered by Standard Security Life Insurance Company of New York.

WWSL2.14tp



- Initial Enrollment/Employee
- Newly Hired Employee
- Contract Staff
- Retiree
- Special Enrollment

**STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK**

**Enrollment Application  
Group Limited Benefit Health Insurance**

<b>Please Print or Type</b>						
Name (Last)		(First)	(MI)	Gender	Date of Birth MM/DD/YY	Social Security No.
				<input type="checkbox"/> M <input type="checkbox"/> F	/ /	- -
Address			City	State	Zip	Home Phone
						( ) -
Plan Sponsor Name		Group Number		Eligibility Status	Date of Hire/Retirement	Business Phone
Worldwide Travel Staffing, Limited				<input type="checkbox"/> Salaried Employee <input type="checkbox"/> Hourly Employee <input type="checkbox"/> Contract Staff <input type="checkbox"/> Retiree	/ /	( ) -
Avg Weekly Hours	Earnings		Job Title		Dept. or Branch	
	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual					
<input type="checkbox"/> YES, I want the following Plan offered by the Plan Sponsor.			Select Type of Coverage: <input type="checkbox"/> Eligible Person <input type="checkbox"/> Eligible Person + Spouse [or Domestic Partner] [or Domestic Same Sex Partner] <input type="checkbox"/> Eligible Person + Child/Children <input type="checkbox"/> Eligible Person + Family			
<input type="checkbox"/> No, I do not want any coverage. <i>I understand that if I want coverage, at a later date, I may be required to provide evidence of insurability to Standard Security Life Insurance Company of New York.</i> Is the reason you are declining coverage because you currently have other health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Signature, if declining all coverages				Date		
If Life or Accidental Death benefits are offered, Your beneficiary will be the first of the following living persons: 1. Your spouse; 2. Your natural and adopted children, equally; 3. Your parents, equally; or 4. Your brothers and sisters, equally. If none of the above persons are living, then We will pay the benefit to Your estate. Beneficiary and relationship; if You wish to have any other beneficiary _____. You may designate or change Your Beneficiary at any time by filing a Change of Beneficiary Form. This designation or change must be made on forms or by means of a process We provide.						
<b>LIST ALL DEPENDENTS TO BE COVERED. DOCUMENTATION IS NEEDED FOR ADOPTED/FOSTER/STEP CHILDREN OR SPOUSES [OR DOMESTIC PARTNERS] [OR DOMESTIC SAME SEX PARTNERS] WITHOUT THE SAME SURNAME.</b>						
Name (Last, First, MI)		Date of Birth MM/DD/YY		Gender	Social Security No.	Relationship
		/ /			- -	Spouse
		/ /			- -	[Domestic Partner] [Domestic Same Sex Partner]
		/ /			- -	Child
		/ /			- -	Child
		/ /			- -	Child
Are any of the children age 19 or over a full-time student? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, <input type="checkbox"/> proof of school enrollment attached <input type="checkbox"/> proof to be provided						
I hereby declare that I am in an Eligible Class of the Plan Sponsor indicated above and that I work at or from the employment location indicated. All information given by me on this form at Standard Security Life Insurance Company of New York's request is true and complete and is offered to Standard Security Life Insurance Company of New York as inducement to grant insurance.						
Applicant Signature				Date		