
Riley Staffing is continuing to offer healthcare in 2016!

Welcome to the enrollment process guide for plan year 2016.

We are currently offering a great choice in PPACA compliant benefits plans to our eligible employees at this time.

The following guide is here to help answer your questions on the open enrollment process, educate you on your options, and find the best coverage for you and your family.



Here are some frequently asked questions and answers to help your process:

Who is eligible for coverage?

- Full time equivalent employees working 30 hours or more per week and their dependents

What are the options?

- Several levels of coverage will be available for eligible employees

Can I be turned down for coverage because of my health?

- With the new PPACA laws in effect, you and your dependents cannot be turned down for pre-existing conditions.

What happens if I miss the open enrollment period?

- If you do not submit the enrollment form choosing a plan or waiving coverage, you will automatically be enrolled in the eMEC plan.

Will it be expensive?

- All of the plans offered will be ACA compliant, meaning they meet the federal government's definition for affordable based on income.

What other benefits will be offered?

- In addition to ACA compliant medical plans, Riley Staffing offers dental, and vision. See plan description below for rate examples.

When does coverage begin?

- Coverage is effective 1st of the month following 60 days of eligibility.

When do deductions begin?

- Deductions start 1 month in advance.

Choice is important, so we are offering three different ACA compliant health plans this year. The following is a sample of the offerings to help with your choice.

The Enhanced Minimum Essential Coverage (eMEC) and Minimum Value Plans (MVP) are cost effective answers to the PPACA.

The eMEC meets the requirements for preventative services and physicals under the ACA. This plan adds coverage in network for physician visits, office visits, and some lab tests that are not mandated and meets the mandate for coverage for individuals and families.

These plans are preferred because of their compliance and savings.

Enhanced Minimum Essential Coverage Plan	
Covered Benefits	eMEC
Network	PHCS
Out of Pocket Expenses	In Network (Only)
Deductible Employee	\$0
Family Deductible	\$0
Coinsurance	100%
Out of Pocket Max *	
Employee Only	
Family Max	
*includes copays, deductibles and coinsurance	
Physician Office Visits	
Primary Care Benefits	\$20 Copay
Preventive Services	100%
Immunizations	100%
Specialist Physician Visit	\$50 Copay
Diagnostic X-ray & Lab	\$50 Copay
Work In Office	
Urgent Care Centers	\$50 Copay
Emergency Room Care	Not Covered
Telephonic Primary Care	No Charge first 7 calls
Out-Patient Treatments	
Cat-Scan, CT, MRI, or testing	\$200 Copay
Out-Patient Surgery	
Prescription Drug Program	
Generic Prescriptions	\$10 Copay
Non-Generic Prescriptions	Discount Applies
Monthly Premiums	Actual
Employee Only	90.57
Employee + Spouse	197.17
Employee + Children	191.01
Employee + Family	279.91

Minimum Value Plans are also being offered as an additional value with more comprehensive coverage.

Minimum Value Plans				
Covered Benefits	Minimum Value		Minimum Value Copay	
Network	PHCS		PHCS	
Physician Office Visits				
Primary Care Benefits	\$25 Copay 5 visits then Ded & Coins	Ded & Coins	\$30 Copay	Ded & Coins
Preventive Services	100%		100%	
Immunizations	100%		100%	
Specialist Physician Visit	Ded & Coins	Ded & Coins	\$60 Copay	Ded & Coins
Diagnostic X-ray & Lab Work In Office	Ded & Coins	Ded & Coins	\$60 Copay	Ded & Coins
Urgent Care Centers	Ded & Coins	Ded & Coins	\$60 Copay	Ded & Coins
Emergency Room Care	Ded & Coins	Ded & Coins	\$400 Copay	Ded & Coins
Telephonic Primary Care	No Charge first 7 calls		No Charge first 7 calls	
Deductible and Coinsurance	In Network	Non-Network	In Network	Non-Network
Deductible Employee	\$6,350	\$13,700	\$6,350	\$13,700
Family Deductible	\$13,700	\$27,400	\$13,700	\$27,400
Coinsurance	100%	70%	100%	70%
Out of Pocket Max *				
Employee Only	\$6,350	\$13,700	\$6,350	\$13,700
Family Max	\$13,700	\$27,400	\$13,700	\$27,400
*includes copays, deductibles and coinsurance				
Out-Patient Treatments				
Cat-Scan, CT, MRI, etc.	Ded & Coins	Ded & Coins	\$200 Copay	Ded & Coins
Out-Patient Surgery	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
In-Patient Care				
Surgery	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Hospital Room	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Intensive Care	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Prescription Drug Program				
Generic Prescriptions	Ded & Coins		\$10 Copay	
Preferred Name Brands	Ded & Coins		\$40 Copay	
Non-Preferred Name Brands			\$75 Copay	
Specialty Medications	Ded & Coins		40%	
	Ded & Coins			
Monthly Premiums	Target		Target	
Employee Only	Under \$300		\$310 - \$345	
Employee + Spouse				
Employee + Children				
Employee + Family				

The Minimum Value Plans offer additional value while maintaining compliance with the PPACA.





In addition to medical benefits, Riley Staffing Solutions is offering voluntary dental and vision benefits to eligible employees and their dependents.



Benefits	Premier Dental (No Deductible)	Basic Dental
Preventive Care <i>Cleanings, X-Rays, Periodic Exams, Fluoride Treatments & Sealants (under age 19)</i>	100% Coverage No Deductible No Waiting Period	100% Coverage No Deductible No Waiting Period
Restorative Procedures <i>Simple Extractions, Fillings, Endo-dontics, Periodontics and Complex Oral Surgery</i>	80% Coverage No Deductible No Waiting Period	60% Coverage \$50 Deductible No Waiting Period
Major Restorative Procedures <i>Bridges, Crowns, Implants*, Dentures</i>	50% Coverage No Deductible 12 Month Waiting Period	40% Coverage \$50 Deductible 12 Month Waiting Period
Maximum Benefit Per Year <i>Per Family Member</i>	\$1,000 (1st year) \$1,500 (2nd year) \$2,000 (Thereafter)	\$750
Orthodontia Benefits <i>\$1,000 Lifetime Benefit per covered family member (under age 19)</i>	50% Coverage No Deductible 24 Month Waiting Period	No Coverage
Weekly Rates (Area 1):		
Employee	\$ 6.07	\$ 4.02
Employee + Spouse	\$12.14	\$ 8.04
Employee + Child(ren)	\$12.75	\$ 8.44
Employee + Family	\$20.03	\$13.27

VSP Vision Benefits	Voluntary Vision
Eye Exams Annually / Per Family Member	\$15 Co-Pay
Materials <i>Frames, Lenses, Contacts (in lieu of eye glass lenses)</i>	\$25 Co-Pay , Lenses every 12 months, Frames every 24 months, Contacts every 12 months (in lieu of eye glass lenses)
Laser Vision Surgery Non Insured Discount Benefit	15% Discount off laser center's usual and customary charges
Weekly Rates*:	
Employee	\$2.06
Employee + Spouse	\$4.12
Employee + Child(ren)	\$4.33
Employee + Family	\$6.80

The information provided in this guide is for the use of Riley Staffing Solution employees.

For additional information and questions, feel free to contact Riley Staffing Solutions at:



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PHCS PPO Network Provider

Provider Lookup (Click Logo)



Choice Benefits Group

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*This guide was created as by Riley Staffing Solutions and Choice Benefits Group. Please see your HR department for enrollment, eligibility information, summary of benefits information and deductions. This is for illustrative purposes only. Every effort has been made to make this guide an accurate reflection of benefit offering, but in the case of a discrepancy, please see summary of plan coverage (SBC) for the information subject to ACA regulations. Coverage begins at the first of the following month after enrollment and deductions begin unless otherwise noted. This information is not an offer of coverage.