



Axiom Staffing Group, Inc.

2020 Employee Benefits Guide

CHOOSING A HEALTH CARE COVERAGE OPTION IS AN IMPORTANT DECISION. To help you make an informed choice, you are entitled to a comprehensive description of your rights and obligations under the Axiom Staffing Group Health Plan. Please visit our website at www.axiomstaffing.com for a copy of the Summary Plan Description, "SPD," The Plan Document, The Medicare Part D Annual Notice, and Axiom's Notice of Privacy Practices, "NPP."

If you would like to receive a paper copy of these documents, please email: insurance@axiomstaffing.com to request a copy free of charge

Axiom Staffing Benefit Coverage Options

- Minimum Essential Coverage (MEC)
- Hospital Indemnity Plan (sickness and accident coverage)
- Dental
- Life Insurance



For Questions about your benefits please call 1.800.747.9446

2020 HEALTH BENEFITS OVERVIEW

MEC (MINIMUM ESSENTIAL COVERAGE)

All services in this plan are 100% covered when received in the Multiplan Network. This plan provides no coverage for sickness/hospitalization/surgical benefits.

MONTHLY PREMIUMS			
Employee	Employee+ Spouse	Employee+ Children	Family
\$53.43	\$77.11	\$97.95	\$128.63

TELADOC

This benefits is included with the MEC Plan.

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

GET THE CARE YOU NEED: Teladoc doctors can treat many medical conditions including: Cold & Flu symptoms, Allergies, Bronchitis, Skin Problems, Respiratory infection, and MORE!

HOSPITAL INDEMNITY INSURANCE

The HIP Plan:

- No deductible before your benefits kick in!
- Offers benefits for sickness, pharmacy, and hospitalization
- No Pre-existing Condition Restrictions

WEEKLY PREMIUMS			
Employee	Employee+ Spouse	Employee+ Children	Family
\$19.37	\$38.17	\$30.86	\$45.65

DENTAL INSURANCE

YOU MUST BE ENROLLED IN HOSPITAL INDEMNITY TO PURCHASE DENTAL INSURANCE.

For as little as \$4.85 per week, participants receive comprehensive coverage to control out-of-pocket expenses– MAX of \$1,000

WEEKLY PREMIUMS			
Employee	Employee+ Spouse	Employee+ Children	Family
\$4.85	\$9.44	\$10.25	\$15.84

LIFE INSURANCE

There is no way to know what will happen tomorrow. Prudent financial planning can help protect you and your family's future, offering peace of mind.

- Guaranteed Acceptance up to \$15,000
- Individual or Family coverage available

SAMPLE WEEKLY PREMIUMS FOR \$20,000 IN COVERAGE* (NON-SMOKER)				
AGE 25	AGE 30	AGE 35	AGE 40	AGE 45
\$1.40	\$1.60	\$1.95	\$2.67	\$3.58

Need to enroll? Call our service center at 1.800.747.9446

For individuals who reside in Massachusetts, Massachusetts has an “individual health insurance mandate” which requires most adults to carry health insurance if it is affordable to them and that meets certain coverage standards (referred to as “Minimum Creditable Coverage” (MCC)). The Massachusetts Health Connector sets the coverage and affordability standards, and the Massachusetts Department of Revenue (DOR) administers the requirement via the state tax filing process. These are specific to the Massachusetts health reform law and not the Affordable Care Act, the federal health reform law. Minimum Creditable Coverage (MCC) refers to the minimum level of benefits that adult tax filers need to carry in order to be considered insured and avoid tax penalties in Massachusetts.

100% COVERED SERVICES IN NETWORK

20 PREVENTIVE SERVICES COVERED FOR ADULTS (AGES 18 AND OLDER)

1	Abdominal Aortic Aneurysm one time screening for age 65-75	12	Hepatitis C screening
2	Alcohol Misuse screening and counseling	13	HIV screening
3	Aspirin use for men ages 45 - 79 and women ages 55-79 to prevent CVD when prescribed by a physician	14	Immunization vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella)screening
4	Blood Pressure screening	15	Lung cancer screening for adults age 55-80 who smoke 30 packs/year
5	Cholesterol screening for adults	16	Obesity screening and counseling
6	Colorectal Cancer screening for adults starting at age 50 limited to one every 5 years	17	Sexually Transmitted Infection (STI) prevention counseling
7	Depression screening	18	Skin cancer behavioral counseling for adults to age 24 with fair skin
8	Type 2 Diabetes screening	19	Tobacco Use screening, counseling and cessation interventions
9	Diet counseling	20	Syphilis screening
10	Fall prevention to include physical therapy and vitamin D supplementation to prevent fall in community dwellings age 65+		
11	Hepatitis B screening		

24 PREVENTIVE SERVICES COVERED FOR WOMEN (INCLUDING PREGNANT WOMEN)

1	Anemia screening on a routine basis for pregnant women	12	Folic acid supplements for women who may become pregnant when prescribed by a physician.
2	Aspirin for pregnant women at high risk for preeclampsia	13	Gestational diabetes screening
3	Bacteriuria Urinary Tract or other infection screening for pregnant women	14	Gonorrhea screening
4	BRCA counseling and genetic testing for women at higher risk	15	Hepatitis B screening for pregnant women
5	Breast Cancer Mammography screenings every year for women age 40 and over	16	Human Immunodeficiency Virus (HIV) screening and counseling
6	Breast Cancer Chemo Prevention counseling as well as breast cancer testing and medications for women with increased risk of breast cancer	17	Human Papillomavirus (HPV) DNA test: HPV DNA testing every three years for women with normal cytology results who are 30 or older.
7	Breastfeeding comprehensive support and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing women. Non-network services will be payable as network services.	18	Osteoporosis screening over age 60
8	Cervical Cancer screening	19	Routine prenatal visits for pregnant women
9	Chlamydia infection screening	20	Rh Incompatibility screening for all pregnant women and follow-up testing
10	Contraception: Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs	21	Tobacco Use screening and interventions for all women and expanded counseling for pregnant tobacco users
11	Domestic interpersonal violence screening and counseling for all women.	22	Sexually Transmitted Infections (STI) counseling
		23	Syphilis screening
		24	Well-woman visits to obtain recommended preventive services

29 PREVENTIVE SERVICES COVERED FOR CHILDREN

1	Alcohol and Drug Use assessments	17	HIV screening for adolescents
2	Autism screening for children limited to two screenings up to 24 months		
3	Behavioral assessments for children limited to five assessments up to age 17.	18	Immunization Vaccines for children from birth to age 18 - Doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Human Papillomavirus, Influenza (Flu Shot), Meningococcal, Rotavirus, Diphtheria, Tetanus, Pertussis, Hemophilus influenza type B, Inactivated Poliovirus, Measles, Mumps Rubella, Pneumococcal, Varicella
4	Blood Pressure Screening	19	Iron supplements for children up to 12 months when prescribed by a physician
5	Cervical Dysplasia screening	20	Lead screening for children
6	Congenital Hypothyroidism screening for newborns	21	Medical History for all children throughout development Ages: 0-11 months; 1-4 years; 5-10 years; 11-14 years; 15-17 years
7	Depression Screening for adolescents ages 12 and older	22	Obesity screening and counseling
8	Developmental Screening for children under age 3 and surveillance throughout childhood	23	Oral Health risk assessment for young children up to age 10
9	Dyslipidemia screening for children	24	Phenylketonuria (PKU) screening in newborns
10	Fluoride Chemoprevention supplements for children without fluoride in their water source when prescribed by a physician and fluoride varnish to primary teeth through age 5	25	Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
11	Gonorrhea preventive medication for the eyes of all newborns	26	Skin Cancer behavioral counseling for adolescents age 10 and up who have fair skin
12	Hearing screening for all newborns	27	Tobacco use screening, counseling and cessation interventions for children and adolescents
13	Height, weight and body mass index measurements for children	28	Tuberculin testing for children
14	Hematocrit or Hemoglobin screening for children	29	Vision screening for all children under the age of 5
15	Hemoglobinopathies or Sickle Cell screening for newborns		
16	Hepatitis B screening for adolescents		

MEC Monthly Rates



Employee Only	Employee + Spouse	Employee + Children	Family
\$53.43	\$77.11	\$97.95	\$128.63



This benefit is included with your MEC.


Talk to a  anytime

Teladoc[®] gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

ER OR URGENT CARE	TELADOC	
 <p>Drive to the nearest office while sick</p> <p>Wait hours before seeing a doctor</p> <p>Pay high ER and urgent care fees</p>	 <p>Request a consult from work or home</p> <p>A doctor calls you back in 16 min, on average</p> <p>Get the care you need at a price you can afford</p>	<p>GET THE CARE YOU NEED</p> <p>Teladoc doctors can treat many medical conditions, including:</p> <ul style="list-style-type: none">• Cold & flu symptoms• Allergies• Bronchitis• Skin problems• Respiratory infection• And more! <p>SHARE WITH YOUR PCP</p> <p>With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.</p>

Talk to a doctor anytime for Free

 Teladoc.com

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► HOSPITAL INDEMNITY INSURANCE

THE HIP PLAN

- No Deductible Before Your Benefits Kick In!
- Pays for Specified Amount of Doctor's Visits + More
- No Pre-existing Condition Restrictions



WEEKLY PREMIUMS				
PLAN 1	Employee	Employee + Spouse	Employee + Child(ren)	Family
		\$19.37	\$38.17	\$30.86

This coverage does not qualify for exemption under the Individual Mandate of the Affordable Care Act.

The amounts shown below are what the insurance company pays.

Daily In-Hospital Indemnity Benefit	Pays benefits per day of hospital confinement, up to the annual maximum per confinement.	\$100 31 days
Outpatient Physician Office Visit	Pays each day a covered person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness, up to the annual maximum days listed.	\$50 6 days
Emergency Room Sickness	Pays amount shown for each day of sickness visit to the emergency room for number of visits shown per calendar year per person. Emergency room visits for accidents are not covered under this benefit; they would be covered under the Off-the-Job Accident Benefit.	\$200 4 days
Outpatient Diagnostic Laboratory Test	Pays each day a covered person undergoes an outpatient lab test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. Does not include tests covered under any other rider.	\$20 2 days
Outpatient Select Diagnostic Test	Pays each day a covered person undergoes an outpatient X-ray, ultrasound, EEG or sleep study performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$100 1 day
Outpatient Advance Studies Diagnostic Test	Pays each day a covered person undergoes an outpatient CT Scan, MRI, myelogram, PET, angiogram, arteriogram or thallium stress test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$400 1 day
Surgical and Anesthesia	Pays each day a covered person undergoes surgery. The percentage listed is also paid if anesthesia is administered.	Inpatient surgery - 1 day maximum \$1,000
		Outpatient surgery - 1 day maximum \$500
		Minor outpatient surgery - 1 day maximum \$100
		Anesthesia percentage 20%
Prescription Drug Benefit	Pays each day a covered person fills a prescription as the result of a covered accident or sickness.	Generic Prescription \$15
		Name Brand Prescription \$30
		Monthly Maximum 2
Hospital Confinement Benefit	Pays each day over 23 hours a covered person is confined to a hospital (not emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness, maximum of 1 day per confinement, up to the annual maximum days listed.	\$500 1 day

NON-INSURANCE DISCOUNT PROGRAMS

Prescription Drug Discount Card	By presenting the prescription drug discount card to one of the participating providers, a covered person can receive a savings of at least 14% on retail pharmacy prices for brand name drugs and up to 60% for generic drugs.	Included
Member Discount Card - New Benefits, Ltd.	Provides access to a discount vision plan, counseling services and discounts for hearing aids.	Included
PPO Network offered by MultiPlan	Employee and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-ray and laboratory providers.	Included

ADDITIONAL COVERAGES

Group Term Life with Accidental Death and Dismemberment Rider	Employee \$10,000	Included
	Spouse \$5,000	Included
	Child(ren) \$2,500 Accidental Death and Dismemberment Rider not available to dependent children.	Included

► LIMITATIONS + EXCLUSIONS

LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE

No benefits will be payable as the result of:

- Suicide or any attempt thereof, while sane or insane.
- Intentionally self-inflicted injury.
- Rest care or rehabilitative care and treatment.
- Immunization shifts and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings (unless the Wellness Indemnity Benefit Rider is included).
- Any pregnancy of a dependent child including confinement rendered to her child after birth.
- Routine newborn care (unless the Wellness Indemnity Benefit Rider is included).
- A covered person's abortion, except for medically necessary abortions performed to save the mother's life.
- Treatment of mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included).
- Participation in a felony, riot, or insurrection.
- Any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred).
- Dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
- Sex change, reversal of tubal ligation or reversal of vasectomy.
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician's services, unless required by law.
- Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation.
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
- Any loss incurred while on active duty status in the armed forces. (If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.)
- An accident or sickness arising out of or in the course of any occupation for compensation, wage or profit or for
- which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made.
- Involvement in any war or act of war, whether declared or undeclared.

Termination of Insurance

The insurance terminates on the earliest of:

- The insured's death.
- The premium due date when we fail to receive a premium, subject to the grace period.
- The date of written notice to cancel coverage.
- The date the policy terminates, subject to the portability option.
- The date the insured ceases to be eligible for coverage. The insurance on a Dependent will cease on the earliest of:

Dependent coverage ends on the earliest of:

- The date the insured's coverage terminates for any of the reasons above.
- The date the dependent no longer meets the definition of a dependent.
- The premium due date when we fail to receive a premium, subject to the grace period.
- The date of written notice to cancel coverage.
- The date the policy is modified so as to exclude dependent coverage.

The insurance company has the right to terminate the coverage of any insured who submits a fraudulent claim.

Termination will not impact any claim which begins before the date of termination.

Off-the-Job Accidental Injury Indemnity Benefit Rider

Does not cover injuries which are caused by an accident that occurs while in the course of any legal or illegal occupation, activity, or employment for pay, benefit or profit.

Surgical and Anesthesia Indemnity Benefit Rider

As an exception to the dental care or treatment exclusion above, we will pay the following dental or oral surgery procedures under this rider: excision of impacted third molars.

- closed or open reduction of fractures or dislocation of the jaw.

Limitations and Exclusions for Group Term Life Policy with Accidental Death and Disemployment (AD&D) Rider

We will not pay a death benefit if a covered person dies by suicide, while sane within two years of the date his or her insurance starts. If an insured employee or insured spouse dies by suicide, we will refund the premiums paid for the insurance. If an insured child dies by suicide, we will refund the premiums paid for the dependent child insurance only if there are no surviving insured children. If any death benefit is increased, this suicide exclusion starts anew, but will only apply to the amount of the increase. The AD&D rider terminates on the employee's 70th birthday.

Age Reduction Schedule:

Death benefits automatically reduce to the following percentages, or flat amount, on the Group Master Policy Anniversary Date that follows the applicable birthday, as follows:

BIRTHDAY	DEATH BENEFIT PAYABLE
65	65% of pre-age 65 death benefit
70	50% of pre-age death benefit
75	25% of pre-age death benefit
80	The lesser of \$5,000 or 25% of pre-age 65 death benefit

MONTHLY

AD&D Rider

- We will not pay any benefits under the AD&D Rider if the loss, directly or indirectly results from any of the following, even if the means or cause of the loss is accidental:
 - suicide or intentionally self-inflicted injury, while sane or insane.
 - commission of or attempt to commit an assault or felony.
 - sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness, or disease.
 - injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the state where the accident occurs, except as prescribed by a doctor.
 - any poison or gas voluntarily taken, administered, absorbed, or inhaled, except in the course of employment.
 - any poison or gas voluntarily taken, administered, absorbed, or inhaled (except in the course of employment or as a result of accidental means.)
 - flight in any kind of aircraft, except as a fare paying passenger on a regularly scheduled commercial aircraft.
 - any bacterial or viral infection.
 - war or act of war, declared or undeclared, while serving in the military service or any auxiliary unit attached thereto.
- If more than one covered loss is sustained as a result of the same accidental bodily injury, payment shall be made for only the one loss for which the largest amount is payable.

► **DENTAL INSURANCE**
 ► **LIFE INSURANCE**



You must be enrolled in Hospital Indemnity to purchase dental insurance.



DENTAL INSURANCE	
Maximum Available Allowance	\$1,000
Coinsurance	Diagnostic and Preventative Services: 80% Basic Restorative Services: 50% Major Restorative Services: 50%
Deductible	\$50 Waived for Diagnostic and Preventative Services. No Family Maximum
Waiting Period	No waiting period for Diagnostic and Preventative and Basic Restorative Services; 12 months for Major Restorative Services.

WEEKLY PREMIUMS			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$4.85	\$9.44	\$10.25	\$15.84

Policy Description	VOLUNTARY 10 YEAR TERM LIFE INSURANCE
Benefit Levels	Guaranteed Acceptance up to \$20,000. (Not to exceed 5 times employee's salary.) Spouse Guaranteed Acceptance: up to \$15,000. Eligible dependent children acceptance is up to \$10,000
Evidence of Insurability	Guaranteed Acceptance
Portable	If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent ¹ life insurance upon termination of insurance.
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to the lesser of \$100,000 or 50% of the life insurance death benefit (to a maximum amount of \$100,000) if a covered person is diagnosed for the first time with a terminal illness. Terminal illness is an illness that, in the best medical judgment, will result in death within 12 months. The accelerated amount will be deducted from the death benefit and this rider will terminate. We will deduct an administrative fee of \$100 and 12 months interest from the accelerated amount. Any remaining death benefit will be paid to the beneficiary upon the covered person's death.
Accelerated Death Benefit for Long Term Care with Extension of Benefits Rider	Allows an insured to take an advance against the life insurance death benefit to help pay for long-term care. The percentage of death benefit available each month is 4% for up to 25 months when confined in a licensed nursing or assisted living facility, or 2% for 50 months when receiving home health or adult daycare. The Rider may not cover all costs associated with long term care incurred during the period of coverage. After 100% of the death benefit has been accelerated under the ADB-LTC rider and the covered person continues to be eligible for benefits, we will begin increasing the death benefit each month by 4% so that the ADB-LTC monthly accelerations can continue. We will also issue a paid-up certificate for 25% of the death benefit in effect when the ADB-LTC accelerations began, or earlier if the covered person is no longer eligible for benefits.
Waiver of Premium Due to Layoff Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.
Accidental Death and Dismemberment Rider	Pays accidental death and dismemberment benefits if a covered employee or spouse dies or suffers from dismemberment as the result of a covered accident. The accidental death benefit is equal to the amount of term insurance. The dismemberment benefits range from 25% to 100% of this amount, depending on the type of dismemberment. This rider is not available for children.

SAMPLE WEEKLY PREMIUMS FOR \$20,000 IN COVERAGE* (Non-smoker)					
Age 25	Age 30	Age 35	Age 40	Age 45	Age 50
\$1.40	\$1.60	\$1.95	\$2.67	\$3.58	\$4.73

Issue ages are 16-80 for member and 16-65 for spouse. *Rates are based upon age and tobacco usage. ¹ Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

► LIMITATIONS + EXCLUSIONS

DENTAL INSURANCE EXCLUSIONS & LIMITATIONS

Covered Dental Expenses do not include, and no benefits are provided, for the following:

1. Services which are not included in the List of Covered Dental Services; which are not necessary; or for which a charge would not have been made in the absence of insurance.
2. Any Service which may not reasonably be expected to successfully correct the Insured Person's dental condition for a period of at least 3 years, as determined by Us.
3. Any Service provided primarily for cosmetic purposes. [Facings on crowns or bridge units on molar teeth and] [composite] resin restorations on molar teeth will always be considered cosmetic.]
4. Implants; charges for the insertion of implants or related appliances; or the surgical removal of implants (unless the Policy includes the Implant Benefits Rider).
5. Athletic mouth guards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by a third party other than Transamerica; personal supplies (e.g., water pik, toothbrush floss holder, etc.); or replacement of lost or stolen appliances.
6. Charges for travel time; transportation costs; or professional advice given on the phone.
7. Orthodontic treatment (unless the Policy includes the Orthodontic Benefits Rider).
8. Services that are a covered expense under any other plan that is provided by the Policyholder and under which You are eligible for coverage.
9. Services performed by a Dentist who is member of the Insured Person's family. Insured Person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.
10. Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.
11. Any Service required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures (unless the Policy includes the TMJ Benefits Rider).
12. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per year per Insured Person.
13. Any charge for a Service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane.
14. Any charge for a Service for which benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if the Insured Person did not purchase the coverage that is available.
15. Any Service for which the Insured Person is not required to pay, unless the payment of benefits is mandated by law and then only to the extent required by law.
16. Benefits to correct congenital or developmental malformations.
17. Charges for services when a claim is received for payment more than 12 months after services are rendered.
18. Charges for complete occlusal guards, enamel microabrasion, odontoplasty, and bleaching.
19. For specialized techniques that entail procedure and process over and above that which is normally adequate, any additional fee is the Participant's responsibility.
20. Behavior management.

21. Charges for general anesthesia/intravenous sedation are not covered, except when administered in conjunction with covered oral surgery and unusual medical circumstances require the use of general anesthesia as determined by Our Administrator's dental consultants.

22. Charges for desensitizing medicines, home care medicines, premedications, stress breakers, coping, office visits before or after regularly scheduled hours, case presentations, and hospital related services.

23. Charges for treatment by other than a Dentist except that a licensed hygienist may perform services in accordance with applicable law. Services must be under the supervision and guidance of the Dentist in accordance with generally accepted dental standards.

24. Benefits for services or appliances Started prior to the date the Person became eligible under this plan, including, but not limited to, restorations, prosthodontics, and orthodontics.

25. Services for increasing the vertical dimension or for restoring tooth structure lost by attrition, for rebuilding or maintaining occlusal services, or for stabilizing the teeth.

26. Experimental and/or investigational services, supplies, care and treatment which do not constitute accepted medical practice within the range of appropriate medical practice under the standards of the case and under the standards of a qualified, responsible, relevant segment of the medical and dental community or government oversight agencies at the time services were rendered. Drugs are considered experimental if they are not commercially available for purchase or are not approved by the Food and Drug Administration for general use.

27. Services for the replacement of a Missing Tooth.

TERMINATION PROVISIONS

All of Your or Your Dependents' insurance under the Policy will terminate at 11:59 PM at the main office of the Policyholder on the earliest date shown below:

1. The [last day of the month in] [date on] which You cease to be Actively At Work as an Member of the Employer.
2. The [last day of the month in][date on] which You or Your Dependent, where applicable, cease to be eligible for coverage under the Policy.
3. The [last day of the month in] [date on] which the Policy is amended to terminate the coverage for the class of [Participant] [and Dependents] to which You or Your Dependent belong.
4. On the [last day of the month in] [date on] which You request, in writing, to have You and, if applicable, Your Dependent coverage terminated.
5. On the [last day of the month for] [last day of a period for] which the required Premium was paid to Us by the Policyholder.
6. On the [last day of the month for] [last day of a period for] which You made the required Premium payment.
7. On the last day of the month in which the Policy terminates or is terminated by either the Policyholder or Us.
8. On the last day of the month in which You, or Your Dependent, if applicable, enter full time military service.

If an event that is described above occurs, You must provide written notice of such event to Us at [our Home Office or our Administrator's Office] within 31 days. However, failure to give Us written notice within such 31 day period will not continue insurance in force beyond the time it would otherwise have been terminated as described above. In the event Premiums have been paid to Us on Your behalf after Your coverage should have terminated, We will refund the Premium for the period for which Premiums were paid in error up to a maximum of two months or to the last Policy Anniversary, whichever is less. If We are not notified that Your coverage has terminated and We pay any benefits for Covered Dental Expenses incurred after the date Your coverage terminated, the full amount of those benefits will be considered an overpayment which must be repaid to Us.

Axiom Staffing Group, Inc.

2020 Employee Benefits Guide

2020 HEALTH BENEFITS

- ▶ MINIMUM ESSENTIAL COVERAGE WITH TELEMEDICINE
- ▶ HOSPITAL INDEMNITY INSURANCE FOR SICKNESS AND HOSPITALIZATION
- ▶ DENTAL INSURANCE
- ▶ LIFE INSURANCE



Call us toll free at
1.800.747.9446



Enroll in Benefits
Online



Enroll Online at <http://bit.ly/AxiomNewHireEnrollment>



For Questions about your benefits please call 1.800.747.9446