

# 2024 BENEFITS GUIDE

**A fresh approach  
to wellbeing**

ADVOCATING FOR YOU



# See your 2024 benefits from a **fresh perspective**

At Kelly, we design our benefits with **YOU** in mind. That's why we're thrilled to introduce Quantum Health as a new 2024 resource for you. Quantum Health is your problem-solving, frustration-fighting resource who will support all of your unique healthcare needs. They will do **whatever it takes** to make your healthcare simpler.

Read through this guide and discover how the Kelly benefit programs can help you achieve **total health**. Your total health includes: emotional, mental, spiritual, financial, social, occupational, environmental, and physical. We work hard to ensure our programs can help you focus on you and your total health!

Don't forget to look at the many **free programs** and resources that our vendors provide. Many of these can help you achieve better physical, emotional, financial, and mental health. With just a few clicks or taps on a smartphone, you can have instant access to information that can help you.

Use this guide and the videos provided to really learn about what you have available! Save this guide and use it for the entire 2024 plan year.

If you would like coverage in 2024, you must take action and enroll. If you do not, you will have to wait until the next Annual Enrollment period.



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# Benefit Basics

## Plan Year

The benefits you elect during Annual Enrollment will be in effect from **January 1, 2024 to December 31, 2024**.

As a new hire, the benefits you elect will be in effect the first of the month following 30 days on an eligible assignment and run through December 31, 2024.

## Eligibility

### EMPLOYEES

You can participate in the Kelly benefits program if you:

- Are a contract employee of Kelly Services, Inc. or one of its U.S. participating employers;
- Work at a location and customer where Kelly offers benefits; and
- Are regularly scheduled to work at least 30 hours a week on an assignment lasting at least six months

### DEPENDENTS

You can cover the following eligible family members (residing in the United States):

- Your legal spouse
- Your eligible domestic partner
- Your children up to age 26
- The children of your domestic partner (provided you elect coverage for your partner) up to age 26
- Your disabled dependents

## Adding New Dependents To Your Plans?

After you complete your enrollment through Alight Worklife, you will be able to upload your dependent verification documents right away. If you decide not to upload your documentation immediately after enrollment, you will receive a packet at the address you have on file after your enrollment window ends.

This packet contains important information to verify the eligibility of your dependents. Failure to respond to the packet in a timely manner will result in your dependents losing coverage, so make sure to respond timely.



## Annual Notices

Regulatory notices, such as the Women's Cancer Rights Act, Medicare Part D, Children's Health Insurance Program, Summary Plan Descriptions and Summaries of Benefits & Coverage, can be found on Alight Worklife®.



# Qualifying Life Events

## When You Can Change Benefits

The only time you can change coverage for yourself or add/drop dependents during the year is if you experience a family status change, also known as a qualified life event (QLE). Examples of QLE include:



Marriage or divorce



Birth, adoption, or change in the custody of your child



Death of your dependent child or spouse



Change in your or your spouse's employment status that results in a loss or gain of coverage

## Processing Your Change

If you experience a QLE during the year, **you have 31 days from the date of the event**. If you do not complete this process, you will have to wait until the next Annual Enrollment period to make changes.

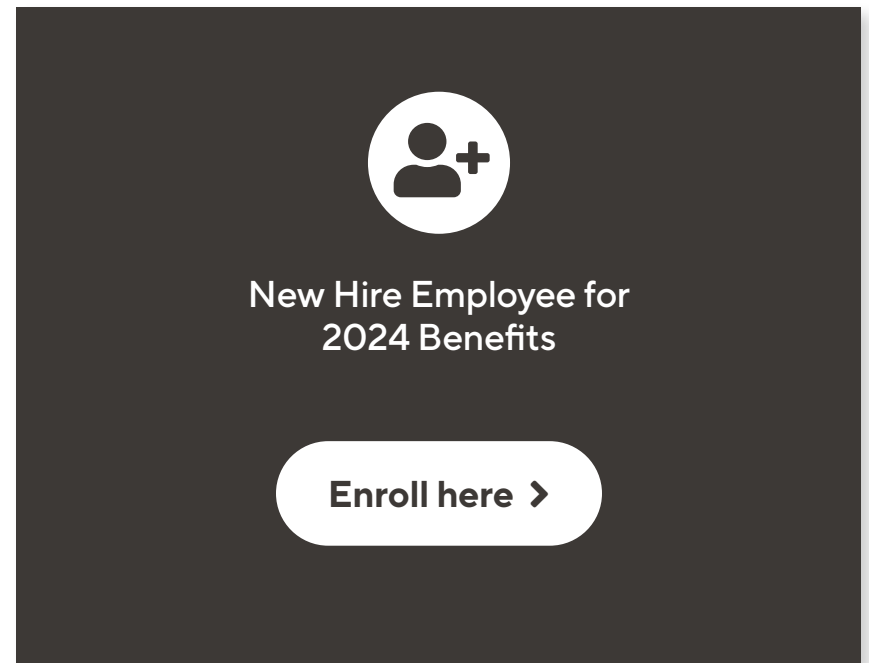
To submit your QLE and add a new dependent, you can either go online to Aight Worklife, use the Aight Mobile app, or call Kelly Benefits Enrollment Center.


To process the change through Aight Worklife, go to [digital.alight.com/kelly](https://digital.alight.com/kelly).

- Log in using your credentials ([click here](#) for more about logging in).
- Select **"Change your coverage"** in the main navigation.
- Select the event type and the specific life event. Enter the date of the life event, certify your information, and click **"Continue"** to proceed to the enrollment.
- Follow the online process and make any necessary changes to your benefits and certify the information is true and correct.



# How to Enroll





New Hire Employee for  
2024 Benefits

**Enroll here >**

A dark grey rectangular card with a white icon of a person with a plus sign, the text "New Hire Employee for 2024 Benefits", and a white button with the text "Enroll here >".

# New Hire Enrollment

## You need to take action!

Even if you want to waive benefits, you must log in to the system and take action. It's important that you review all your options (including beneficiary designations) and evaluate what is best for your life situation.

Enroll now through Alight Worklife.



## Alight Worklife

Log in to the Alight Worklife system and enroll yourself; the system is available to you 24/7. The Smart Recommendation tool is available to help you make confident benefit decisions. It will ask you a series of confidential, health-related questions about you and your dependents and provide recommended benefit plans that may best meet your needs. See instructions [here](#).

# Enrolling in Aight Worklife

## Let's get you enrolled! Follow these steps:

- **Step 1:** Visit the Benefits at Kelly portal via single sign-on (SSO) through Kellyweb or at [digital.alight.com/kelly](https://digital.alight.com/kelly) from any internet browser.
  - At the log-in screen, first-time users will need to select **New User?** to create a user ID and password.
  - Then, you'll set up additional security measures to access your benefits information. You will use the same user ID and password to access the Aight Mobile app.
- **Step 2:** Review your options, use tools, and make your benefits elections.
  - The system will walk you through the decisions you need to make and the resources available to help you.
  - You can also enroll through the Aight Mobile app (get it from the Apple App Store or Google Play).

## Need help?

- Once logged in to the Benefits at Kelly portal at [digital.alight.com/kelly](https://digital.alight.com/kelly), look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have.
- You can also call the Kelly Benefits Enrollment Center at **1-844-623-2199, Monday through Friday from 9 a.m. to 6 p.m. ET.**





# Benefits 101 – Know the Terms

It's important you understand these terms before you review the information about your benefit plans. If you don't want to read these definitions, you can watch the video linked below to learn too!

## PREMIUM

The amount you pay out of your paycheck when you enroll in coverage.

## ANNUAL DEDUCTIBLE

Each year, you have a deductible, which is the amount that you pay out of your pocket before the plan starts paying benefits for your non-preventive doctor's visits and any other medical services.

## PREVENTIVE CARE

Preventive care includes specific tests, certain health screenings, and most immunizations. Many of these services take place during an annual exam. You and your health care provider will decide what preventive services are right for you, based on your age, gender, health history, and current health. With the Kelly medical plans, you pay nothing for eligible in-network preventive care services.

## COINSURANCE

Once your annual deductible has been met, you and the plan split a percentage of the cost of your medical care. This is called coinsurance. Helpful tip: the plan will pay a higher percentage of the cost of care if you choose in-network providers and facilities.

## OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most you will pay out of your own pocket toward covered medical costs in one year. Once you reach this amount, the plan pays 100% of any additional coverage costs during the rest of the year. Deductibles, coinsurance, and all copays count toward the out-of-pocket maximum.

## IN-NETWORK

This is your insurance company's approved list of doctors, providers, and facilities. They've negotiated lower costs, so if you use them, your care is considered "In-Network" and you pay less than you would if you received care outside the network.

## OUT-OF-NETWORK

These are doctors or providers that aren't on your insurance company's approved list. If you choose to see someone out of network, there are no negotiated prices, so you'll pay more and the plans will pay less.



**Spend some quality time with these key terms by watching this video. It'll just take a couple minutes, and we promise you'll learn something that helps you!**

# Quantum Health

## Healthcare Navigation

Are you ready for VIP treatment? Kelly is excited to partner with Quantum Health to make your healthcare work for you. **Think of Quantum Health as your personal team of nurses, benefits experts and claims specialists who will do all they can to support your unique healthcare needs.**

Need to find a provider? **Call Quantum Health!** Need to schedule an appointment? **Call Quantum Health!** Have questions about a bill? **Call Quantum Health!**

From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your Care Coordinators. They are your one-stop resource to contact whenever you need help with your medical or pharmacy benefits.

**When you don't know where to begin, start with Quantum Health and your Care Coordinators.**

### Care Coordinators do things for you like:

- Advocate for your care
- Provide health education resources
- Help manage chronic conditions
- Find in-network providers
- Replace ID cards
- Contact providers to discuss and coordinate treatment
- Review your care options
- Answer claims, billing and benefits questions
- Help reduce unnecessary out-of-pocket costs

*\*Quantum Health is not available for Kaiser participants.*

## No request is too big or small for Quantum Health. There are several ways to contact them:

1. **Chat live** with a Care Coordinator through your online account during business hours.
2. **Schedule a call** at the date and time that is convenient for you and Quantum Health will call you at the scheduled time – no holding, no waiting.
3. **Send a secure message 24/7** through your online account when you need help after hours.
4. **Call to speak with a Care Coordinator.** There are Spanish-speaking Care Coordinators available and additional translation services if needed.



### Contact Quantum Health (starting 12/1/23)



Online: [Kelly.Quantum-Health.com](https://www.kelly.quantum-health.com)



Phone: **866-920-1929**  
(Mon-Fri. 8:30am -10:00pm ET)

# Quantum Health



## Frequently Asked Questions

### Q: CAN SOMEONE EXPLAIN MY MEDICAL BILL?

**A:** Your Care Coordinators are experts at explaining Kelly medical plans and helping you understand the most complex medical bills.

### Q: HOW DO I REPLACE MY MEDICAL ID CARD?

**A:** Just give Quantum Health a call or visit your member website to request a new one, and we will get a replacement in the mail to you right away. You can also request a replacement and download one to your phone with the Quantum Health-Care Coordinators app.

### Q: IS MY DOCTOR IN THE NETWORK?

**A:** A great way to avoid surprise fees is to verify that your doctor is in your plan's network prior to your appointment. Quantum Health can help you find out with just a tap, click or call via your mobile app, member portal or toll-free Care Coordinator phone number.

### Q: WHAT IF I HAVE QUESTIONS ABOUT MY TREATMENT PLAN?

**A:** It's okay to have questions about your diagnosis or treatment plan. Get help and guidance from a Quantum Health Nurse Care Coordinator whenever you are uncertain about your care.

### Q: CAN ANYONE HELP ME MANAGE MY CHRONIC CONDITION?

**A:** Quantum will work with you and your doctor to manage your chronic condition. Contact Quantum Health for help with your prescriptions, referrals, insurance eligibility and claims, and for useful resources for nutrition, exercise and more.

### Q: HOW DO I KNOW IF MY MRI IS COVERED?

**A:** Many procedures and services require precertification to verify coverage. Contact Quantum Health to ensure in-network coverage from your health plan prior to your appointment.

### Q: HOW CAN I SAVE ON PRESCRIPTIONS?

**A:** Quantum Health can help you find lower prices on your prescriptions by investigating alternatives, utilizing savings programs, and engaging their in-house pharmacy team, if necessary.

*\*Quantum Health is not available for Kaiser participants.*

## Contact Quantum Health (starting 12/1/23)



Online: [Kelly.Quantum-Health.com](https://www.Kelly.Quantum-Health.com)



Phone: 866-920-1929  
(Mon-Fri. 8:30am -10:00pm ET)



# Medical and Prescription Drug

When choosing a medical plan, it is important to understand how each option works, your healthcare utilization, and how it will impact your budget. Take the time to review the plans and determine which plan best meets your needs and provides you the best financial protection in the long run.

We partner with Meritain to administer our self-insured medical plans. You can choose between three medical plans options:

- **Enhanced Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)**
- **ACA Plan with HSA**
- **PPO Plan**

The plans use the same Aetna network, cover in-network preventive care at 100%. **The plans cover the same services and procedures, but vary in the premiums, deductibles, and out-of-pocket maximums.**

**Go to [kelly.Quantum-Health.com](https://kelly.quantum-health.com) to find a provider in the Aetna network.**

## Prescription Drug Coverage

No matter what health plan you enroll in, prescription drug coverage is included. Through the CVS Caremark network, you have access to thousands of independent pharmacies and large retail chains.



If you are enrolled in the **CDHP or ACA** plan, you must **first meet your deductible** before your plan will cover your prescription cost. You pay the full cost of any prescriptions out of pocket until you meet your deductible, and after that you pay just the coinsurance amount. The only exception is if your prescription is on the 100% covered preventive list, in which case you will not have to first meet your deductible. **Check out here** how Kelly contributes to your HSA to help cover costs before you meet your deductible.



Those enrolled in the **PPO** Plan do not have to first meet the deductible; members automatically pay the copay associated with the prescription tier when filling prescriptions.

You can fill a 30-day or less prescription at a retail location or a 90-day supply of maintenance medications either through the mail order program or pick up at a retail location. It's easy to set up mail order:

### ONLINE



- Visit [Caremark.com](https://www.caremark.com).
- Register and log in to your Caremark Dashboard.
- Under *Prescriptions*, click *Start Rx Delivery by Mail*.

### BY PHONE

- Call Quantum at **866-920-1929**.

# Enhanced CDHP and ACA Plans

The CDHP offers you lower-priced premiums with potentially initial higher out-of-pocket costs at the time of service. Here's how it works:

Here's How the CDHPs work with the HSA:	
 <p>You pay nothing for eligible in-network preventive care services. Preventive care does not apply toward your deductible.</p>	
<p>You pay your non-preventive medical and prescription expenses out-of-pocket until you reach your annual deductible. This would be the ideal time to use money in your HSA. Please note, on any in-network claims or prescription drugs, you will receive the benefit of the Aetna Network discount.</p> 	
<p><b>CDHP:</b> If you have Employee + Children, Employee + Spouse, or Family coverage, you have to meet the family deductible before the plan starts paying 80% coinsurance.</p>	<p><b>ACA:</b> If you have Employee + Children, Employee + Spouse, or Family coverage, you have to meet the plan maximum of \$6,350 for single coverage before the plan starts paying coinsurance.</p>
<p><b>CDHP:</b> Once the deductible is met, you pay 20% coinsurance for non-preventive medical and prescription expenses. If you wish, you can use your HSA to pay for these expenses.</p>	<p><b>ACA:</b> Once the deductible is met, you pay 30% coinsurance for non-preventive medical and prescription expenses. If you wish, you can use your HSA to pay for these expenses.</p>
<p>If your out-of-pocket costs reach the in-network annual maximum, the plan pays 100% for eligible expenses the remainder of the plan year.</p>	

# Enhanced CDHP and ACA Plan Comparison

	ENHANCED CDHP		ACA PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual/ \$4,000 Family	\$5,000 Individual/ \$10,000 Family	\$4,500 Individual/ \$9,000 Family	\$6,350 Individual/ \$12,700 Family
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	\$4,000 Individual/ \$8,000 Family	Not applicable	\$6,350 Individual/ \$12,700 Family	Not applicable
Coinsurance (after deductible is met)	20%	40%	30%	50%
<b>THE AMOUNTS SHOWN BELOW ARE WHAT YOU PAY FOR SERVICES</b>				
Preventive Care	100% covered, no deductible	Not covered	100% covered, no deductible	Not covered
Teladoc 24/7 Acute Care	\$55 until deductible is met	Not covered	\$55 until deductible is met	Not covered
Primary Care Office Visits	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Specialist Office Visits	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Urgent Care	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Lab and X-ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible
MRI and Complex Imaging	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Inpatient Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Prescription Drugs – 30-day retail supply <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred</li> <li>• Non-preferred</li> </ul>	20% after deductible	20% after deductible plus an additional 25% of approved amount for the drug	30% after deductible	30% after deductible plus an additional 25% of approved amount for the drug
Prescription Drugs – Mail order – 90-day supply <ul style="list-style-type: none"> <li>• Generic</li> <li>• Preferred</li> <li>• Non-preferred</li> </ul>	20% after deductible	20% after deductible plus an additional 25% of approved amount for the drug	30% after deductible	30% after deductible plus an additional 25% of approved amount for the drug

**Looking for your 2024 premiums?** Check out the rates in the “Rates & Benefit Guide” section on **Alight Worklife** or view them during the enrollment process.



# Health Savings Account (HSA)

## If Enrolled in the CDHP or ACA

You can set aside pre-tax dollars from your paycheck into an HSA to help pay for your deductible and out-of-pocket medical expenses. The HSA provides you with more control over how you spend your healthcare dollars.

With this savings tool, you can take the money you would have paid for a higher health insurance premium and put it in the HSA to use now or in the future.

Some common eligible expenses may include:

- Deductibles, copays, and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

Visit Publication 969 for more details on eligible expenses:

<https://www.irs.gov/publications/p969>.

## 2024 Kelly HSA Contribution and Limits

If you enroll in the Enhanced CDHP, Kelly automatically contributes funds to your HSA on your behalf. The contribution is made on a per pay period basis throughout the year. The IRS updates annual maximum contributions each year.

Coverage Tier	Kelly Contribution	Employee Maximum Contribution	Total IRS Limit
Employee	\$750	\$3,400	\$4,150
Employee + Spouse, Employee + Children, and Family	\$1,500	\$6,800	\$8,300

*Age 55 and older, an additional \$1,000 per year for catch-up contributions.*

WATCH HOW THE HSA WORKS!

<https://healthequity.com/learn/webinars/harness-hsa>



# Health Savings Account (HSA)

## 3 Simple Ways to Save With Triple Tax Savings

1

### Contributions

Contributions are **TAX-FREE**

2

### Growth

Once you have a \$1,000 balance, earnings and interest invested in mutual funds grow **TAX-FREE**

3

### Health

Withdrawals for eligible medical expenses are **TAX-FREE**

Eligible medical expenses include medical, vision, dental, and prescriptions



## REASONS TO MOVE TO AN HSA



### LOWER PREMIUMS

Savings from lower premiums by enrolling in a CDHP can be deposited into the Health Savings Account. Make sure you do the math to see how much money you can save.



### REMAINING BALANCE

The balance rolls over year-to-year and can continue to grow.



### PORTABLE

An HSA stays with you when you change jobs, change insurance, or retire. It can pay your insurance premiums in retirement.



### RETIREMENT PLANNING

Savings invested in mutual funds can supplement other retirement plans, like traveling.

# Health Savings Account (HSA)

## HealthEquity

HSAs are administered by HealthEquity. Access their website at [www.myhealthequity.com](http://www.myhealthequity.com). Check out their mobile app to access your HSA information anytime. Click to get the app in the [App Store](#) or [Google Play](#).

Use the HealthEquity member portal to check your balance, review transactions, view insurance claims, invest in mutual funds, pay providers, and submit requests for reimbursement. Visit [www.myhealthequity.com](http://www.myhealthequity.com). To register the first time, you will need the last four digits of your HealthEquity debit card and the last four digits of your Social Security number. You will then set up your unique username and password.



See how you can personally benefit from an HSA: [HealthEquity.com/Me](http://HealthEquity.com/Me)

## Questions and Answers – What You Need to Know

### WHAT WILL I RECEIVE ONCE I ENROLL IN AN HSA-QUALIFIED PLAN?

You will receive a member welcome kit including a HealthEquity Visa® Health Account Card. Activation instructions are included in the envelope. If you have questions, contact HealthEquity at **877-284-9840**.

### HOW DO I MAKE DEPOSITS TO MY ACCOUNT?

- Deposits to your HSA can be made through pre-tax payroll deductions.
- You can also make post-tax contributions by mail or by automatic monthly transfers from your checking account and deduct them from your income when you file your taxes.

### CAN I MAKE MID-YEAR CHANGES TO MY CONTRIBUTION AMOUNT?

Yes. You can change your payroll deductions once per month (effective on the first of the month following the request) during the year on Alight Worklife.

### SHOULD I SPEND OR SAVE MY HSA FUNDS?

The choice to spend or save your HSA funds is yours. As long as you are enrolled in an HSA-eligible health insurance plan and meet eligibility requirements ([found here](#)), you can contribute to your HSA. If you enroll in a non-HSA eligible health plan, you cannot make contributions to your HSA, but you can use your HSA to pay for eligible healthcare expenses on a tax-free basis. If you have a balance that reaches \$1,000, you can invest your funds by contacting HealthEquity.

### WHO VERIFIES THAT MY HSA WAS USED FOR QUALIFIED EXPENSES?

The IRS. If you have questions, please visit Publication 969 at <https://www.irs.gov/publications/p969>.

Save your receipts – in the event of an IRS audit, you are responsible for providing documentation to verify your eligible expenses.



# Health Savings Account (HSA)

## SHOULD I PAY A PROVIDER AT THE TIME OF SERVICE IF I HAVE A CONSUMER DRIVEN HEALTH PLAN WITH HSA?

No, tell the provider you have a Consumer Driven Health Plan with HSA and will pay the claim after it is submitted to Meritain. Please note that pharmacies will request payment at the time you pick up your prescription.

## WHAT HAPPENS TO MY HSA IF I NEVER WITHDRAW FUNDS? WHAT IF I CHANGE JOBS OR RETIRE?

These funds are yours, even if you change employers or retire. Under IRS guidelines, HSAs are never taxed or penalized if they are used for qualified medical expenses, and they can be withdrawn for any reason once you reach age 65.

## HOW DO I PAY PROVIDERS USING MY HSA FUNDS?

You can use your Visa® Health Account Card to make payments to your providers. In order for your card to work:

- **You must have a balance available in your HSA;** no overdraft is available.
- The card will not work at ATMs and will only work at appropriate medical facilities and providers.
- The card should always be run as 'credit' and no PIN is required (unless you request to have one).

Be sure to keep all receipts as documentation of your purchases or upload them to the documentation library in your HealthEquity member portal.

- Pay providers out of your own pocket and then get reimbursed. After you have received an invoice from your provider and matched it with an Explanation of Benefits, you are ready to make a payment.
- Use the HealthEquity member portal to set up a direct payment using the online payment tool. HealthEquity will send the payment to the provider and include the information necessary to apply the payment to your bill.



Let's see how much in taxes you could save by contributing to your HSA.

Use this handy online calculator:  
<https://healthequity.com/calculator/hsa-contribution>

Be sure to select the 2024 plan year.

# PPO Plan

The PPO is a traditional plan in which you pay more out of your paycheck and less at the time of service.

## Here's How the PPO Plan Works:

 <p>You pay nothing for eligible in-network preventive care and telemedicine. Preventive care doesn't apply toward the deductible.</p>	 <p>For certain in-network health care services you pay only a copay and that's it! The copay applies toward your out-of-pocket maximum, but does not apply toward your deductible.</p>
 <p>For in-network services, once you meet the deductible, the plan will pay 80% coinsurance.</p>	 <p>If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.</p>

PPO Plan		
	Network	Out-of-Network
Annual Deductible	\$2,000 Individual/\$4,000 Family	\$2,000 Individual/\$4,000 Family
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	\$4,000 Individual/\$8,000 Family	No maximum
Coinsurance (after deductible is met)	20%	50%
<b>THE AMOUNTS SHOWN BELOW ARE WHAT YOU PAY FOR SERVICES</b>		
Preventive Care	100% covered, no deductible	50% after deductible
Teladoc 24/7 Acute Care	\$0 copay	Not covered
Primary Care Office Visits	\$25 copay	50% after deductible
Specialist Office Visits	\$40 copay	50% after deductible
Urgent Care	\$25 copay	50% after deductible
Emergency Room	Emergency: \$150 copay Non-emergency: \$500 copay	Emergency: \$150 copay Non-emergency: \$500 copay
Lab and X-ray	20% after deductible	50% after deductible
MRI and Complex Imaging	20% after deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Prescription Drugs – 30-day retail supply / 90-day mail order supply	<b><a href="#">Click here to learn more about PrudentRx.</a></b>	
Generic	\$10 copay / \$20 copay	
Preferred	\$50 copay / \$100 copay	
Non-preferred	\$100 copay / \$200 copay	
Specialty	20% up to \$200 Preferred, 20% up to \$300 Non-preferred / Not available	

# Having Trouble Deciding Between the Enhanced CDHP and PPO Plans?

As you evaluate the medical plan options for 2024, we encourage you to enroll in a plan that provides the coverage you need, while at the same time, potentially saving you money. Our Enhanced CDHP and PPO Plan cover the same services, provide 100% coverage for preventive care, and have 80% coinsurance after your deductible has been met.

No one likes to waste money, and we want to show you how the Enhanced CDHP can help you manage your healthcare dollars and avoid giving money away.

When you look at the premiums, ask yourself this — if you are willing to spend money on the PPO premium, wouldn't you prefer the opportunity to save it in the HSA? That way you still have the financial protection against unforeseen expenses.



Didn't need to visit the doctor or fill prescriptions during the year? **All of that HSA money rolls over to next year.** If you elect the PPO and didn't use the plan, **ALL** of that money would be gone.



The CDHP lets you be in control of your healthcare dollars and how they are spent — or saved.



Once you have a \$1,000 balance in your HSA, earnings and interest invested in mutual funds grow **TAX-FREE**.





# Teladoc – Convenient Care When You Need It!

## CONNECT

Call Teladoc at  
**800-835-2362**



## INTERACT

Real-time  
consultation with  
board-certified doctor



## DIAGNOSE

Prescribe medications  
sent to select pharmacy  
of your choice (when  
appropriate)



Sign up and create a  
login for Telehealth, and  
be prepared for when  
you need to see a doctor  
or therapist.

## Online Visits – Teladoc

Teladoc is added healthcare convenience for you and your family. Online doctors are available for virtual consultations without an appointment...great for when you can't get to your primary care doctor's office or when you need care after hours. If necessary and for your convenience, online doctors are able to call in prescriptions to your local pharmacy to help with your care. Teladoc also serves the following needs:

- General medicine
- Dermatology
- Behavioral health
- Nutrition specialist

## Primary360

The Teladoc Health Primary360 benefit is primary care, simplified. It lets you have doctor appointments by phone or video on your schedule and from the comfort of your home. You get an annual checkup without having to pay anything and then your ongoing care is subject to your medical plan design. You can get prescriptions and lab orders, coordination of specialty care, and the support you may need so you can become your healthiest self.

### HERE'S HOW TO CONNECT:

- Mobile: Download the Teladoc app
- Web: Visit [www.teladochealth.com](http://www.teladochealth.com)
- Phone: Call **800-835-2362**
- Email: [help@teladochealth.com](mailto:help@teladochealth.com)

## Mental Health Visits Available

Teladoc also gives you more choices for visiting with a therapist or psychiatrist. From the comfort of home, everyone covered under your plan can make an appointment and talk through difficult challenges you may be facing such as anxiety, depression, or grief.

See other options for coping with your mental health [here](#).



# Mental Health Matters

If you're struggling and need support, you have choices. A good first step would be to talk with your primary care doctor, so he or she can guide you toward the right care. Your medical plan offers a wide array of behavioral health, mental health, and substance abuse services. The Employee Assistance Program is also an excellent option. You can use the private and confidential resources below:

	<b>WELLBEING PROGRAM</b> <small>(ULLIANCE EMPLOYEE ASSISTANCE PROGRAM)</small>	<b>QUANTUM HEALTH</b>	<b>IN-PERSON BEHAVIORAL HEALTH PROVIDER</b>
	\$0	\$0	\$*
<b>What is it?</b>	Your employer provides this Wellbeing Program that offers help and support for many of life's changes and difficult situations.	Quantum Health's tools and services help you get the right care at the right place.	Meet in person with licensed therapists and psychiatrists near you.
<b>How does it help?</b>	Supplies you with guidance to find and get care for stress, grief and relationship struggles. Financial counseling and legal advice are also available.	Provides support for understanding your behavioral health benefits and treatment options, and connects you with behavioral health providers.	Work through difficult challenges face to face with a behavioral health professional.
<b>Where do I start?</b>	Ulliance counselors are available in person or over the phone. Call <b>800-448-8326</b> or visit <a href="https://kelly.lifeadvisorwell-being.com">kelly.lifeadvisorwell-being.com</a> .	Quantum Health Care Coordinators are available Mon-Fri. 8:30am -10:00pm ET. To reach them, call <b>866-920-1929</b> or visit <a href="https://kelly.quantum-health.com">kelly.quantum-health.com</a>	<ol style="list-style-type: none"> <li>1. Log in to Quantum Health at <a href="https://kelly.quantum-health.com">kelly.quantum-health.com</a></li> <li>2. Click on Find a Doctor.</li> <li>3. Search by specialty or service type.</li> </ol>

\*Subject to your health care plan's In-Network cost sharing; see the medical plan charts.

# Livongo360 for CDHP and PPO Members

If you are enrolled in a Kelly CDHP, PPO, or ACA plan, you have access to Livongo360 – all for free!

## Livongo360 – Prediabetes, Diabetes, and Hypertension Management

Our partners at Livongo360 focus on your total health, not just the key points to help manage diabetes. This program supports members in prediabetes, diabetes, and hypertension management. Personalized, actionable, and timely support is available for these conditions through behavior change tools, medication optimization, expert health coaching, personalized health plans, and provider coordination. See below for what you receive for free from the program.

Take the short survey to see if you are eligible today at [join.livongo.com/kellyservices/register](https://join.livongo.com/kellyservices/register) or call **800-945-4355** and use registration code: kellyservices.



### LIVONGO FOR DIABETES

Connected blood glucose meter, unlimited testing strips, personalized insights, 24/7 expert support and custom alerts.



### LIVONGO FOR HYPERTENSION

Connected blood pressure monitor, personalized insights, shareable reports and access to expert health coaches.



### LIVONGO FOR WEIGHT MANAGEMENT AND DIABETES PREVENTION

Connected smart scale, automatic weight and steps tracking, food logging, lessons approved by the Centers for Disease Control and Prevention (CDC), and access to expert health coaches.



### LIVONGO FOR MENTAL HEALTH

Evidenced-based interactive programs, tracking tools and access to dedicated coaches.

Kelly members experienced a 1.7% decrease in A1c among members who started uncontrolled and enrolled for at least 6 months.



Click to learn how Livongo changed Manny, our VP of Procurement's, life.

# Kaiser Medical Plans — CALIFORNIA EMPLOYEES ONLY

The Kaiser HMO Plans are only available to eligible employees who live in California. With an HMO, you need to obtain referrals from your primary care physician for specialist care. There is no out-of-network coverage.

These plans also provide prescription coverage that allows you to have prescriptions filled at discounted rates through retail or mail order pharmacies. Under the retail program, you can get up to a 30-day supply. With the mail order program, you can receive up to a 90-day supply of medication delivered right to your door.

HMO		
	Kaiser Northern CA	Kaiser Southern CA
Annual Deductible	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family
<b>THE AMOUNTS SHOWN BELOW ARE WHAT YOU PAY FOR SERVICES</b>		
Preventive Care Services	No charge	No charge
Primary Care Office Visits	\$20 per visit	\$20 per visit
Specialist Office Visits	\$20 per visit	\$20 per visit
Telemedicine	No charge	No charge
Urgent Care	\$20 per visit	\$20 per visit
Emergency Room	20% coinsurance after deductible	20% coinsurance after deductible
Diagnostic Test (X-ray and bloodwork)	\$10 per encounter	\$10 per encounter
Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	20% coinsurance after deductible
Inpatient Hospital Facility Fee	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery Facility Fee	20% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs: 30-day supply/Mail Order 90-day supply		
Generic	\$10 / \$20	\$10 / \$20
Preferred	\$30 / \$60	\$30 / \$60
Non-preferred	\$30 / \$60	\$30 / \$60
Specialty	20% coinsurance after deductible up to \$250 / Not available	20% coinsurance after deductible up to \$250 / Not available

\*Quantum Health is not available for Kaiser participants.



# Kaiser Medical Plans — CALIFORNIA EMPLOYEES ONLY

## Kaiser Programs and Resources

Good health goes beyond the doctor's office. That's why Kaiser offers so many convenient resources to their members. Explore them all and choose the ones that fit your life.



### ONLINE WELLNESS TOOLS

Visit [kp.org/healthyliving](https://kp.org/healthyliving) for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.



### HEALTHY LIFESTYLE PROGRAMS

Connect to better health with programs to help you lose weight, quit smoking, reduce stress, and more — all at no cost. Learn more at [kp.org/healthylifestyles](https://kp.org/healthylifestyles).



### HEALTH CLASSES

Sign up for health classes and support groups at many of our facilities. See what's available near you at [kp.org/classes](https://kp.org/classes) — some may require a fee.



### PERSONAL WELLNESS COACHING

Get help reaching your health goals. Work one-on-one with a wellness coach by phone at no cost. Find out more at [kp.org/wellnesscoach](https://kp.org/wellnesscoach).



### SPECIAL RATES FOR MEMBERS

Enjoy reduced rates on products and services that can help you stay healthy — like gym memberships, massage therapy, and more. Explore your options at [kp.org/health-wellness](https://kp.org/health-wellness).



### SEASONAL FARMERS MARKETS

Enjoy shopping for local produce, fresh flowers, and more at farmers markets hosted at many of our facilities. Learn more and find healthy recipes at [kp.org/foodforhealth](https://kp.org/foodforhealth).



### MOBILE APP

Use the Kaiser Permanente app to email your doctor's office with nonurgent questions, refill most prescriptions, schedule routine appointments, pay medical bills, find doctors and locations, and more!

\*Quantum Health is not available for Kaiser participants.

# Supplementing Your Medical Plan

## Critical Illness Insurance

Getting diagnosed with a critical illness is tough news for anyone to take. And worrying about the financial burden of treatment makes it even worse. Fortunately, you can have peace of mind knowing you have extra protection if you enroll in Critical Illness Insurance through Unum. This plan can provide a lump sum payment you can use for anything you want, including medical expenses or other out-of-pocket costs. This does not replace other group medical benefits and is designed to supplement your medical plan coverage.

Example covered conditions include:

- Heart attack
- Stroke
- Invasive cancer
- Skin cancer
- Permanent paralysis
- and more

The following coverage is available:

- **You:** \$10,000, \$20,000, or \$30,000
- **Your spouse:** 100% of your coverage amount as long as you have purchased coverage for yourself
- **Your dependent children:** automatic coverage at no extra cost — their benefit amount is 50% of your coverage amount

*If you enroll in the Unum voluntary Critical Illness insurance and/or Accident insurance, Kelly Services will deduct the premiums from your pay on an after-tax basis and send them to Unum as a convenience to you. However, this Unum voluntary insurance is not sponsored or endorsed by Kelly Services and is not subject to the federal law known as ERISA. Please contact Unum with any questions about this insurance.*

## Accident Insurance

Accidents happen. On average, there are 13 unintentional injury deaths and approximately 2,650 disabling injuries in the US every hour. While you can count on your insurance to cover medical expenses, it doesn't always cover indirect costs that can arise from a serious, or even a not-so-serious, accidental injury.

If you enroll in the Accident Insurance plan, you'll receive a payment from Unum if you have a covered **accidental death, dismemberment, dislocation/fracture, burns, concussion, dislocations, coma, initial hospitalization confinement, hospitalization confinement, intensive care stay, ambulance service, medical expenses, outpatient physician's treatment, and more.**

Coverage is available for you and for your spouse and dependents, as long as you have purchased coverage for yourself.



### Get Paid for Having a Wellness Visit!

Every year, each family member who is enrolled in the Accident and/or Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as an annual exam, pap smear, colonoscopy, immunizations, and more. If you have both policies, that's \$100! Click [this link](#) to learn more!

File your claim at [unum.com](http://unum.com) or over the phone at 800-635-5597.



### Watch these videos to learn more!

[Critical Illness](#)

[Accident](#)

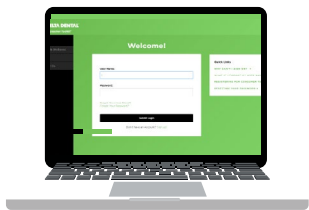
# Dental

With our dental plan option, preventive services are covered at 100% — you pay nothing out of your pocket. Another added benefit is preventive services don't count against your annual benefit maximum.

To save the most money out of your pocket, you're encouraged to stay within Delta Dental's national network. **Click here** to see the differences in benefits paid depending on the provider you choose. Find Delta Dental participating dentists near you by using the search feature at [www.deltadentalmi.com/findadentist](http://www.deltadentalmi.com/findadentist) or by calling **800-524-0149**.

	DELTA DENTAL PPO AND PREMIER	NON PARTICIPATING PROVIDER*
Annual Deductible	\$50 individual \$150 family	\$50 individual \$150 family
Annual Benefit Maximum	\$1,200 per person	\$1,200 per person
Preventive Dental Services	100% coverage	100% coverage
Basic Dental Services	80% coverage	80% coverage
Major Dental Services	50% coverage	50% coverage
Orthodontia Services (covered to age 20)	50% to \$1,200 lifetime maximum	50% to \$1,200 lifetime maximum

*\*When you receive services from a Non-participating dentist, the percentages in this column indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for those services. Delta's Non-participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.*



## Consumer Toolkit

Delta Dental's website, Consumer Toolkit, gives you access to eligibility information, current benefits information, ID card, claims information, and more. Even sign up for electronic delivery of Explanation of Benefits (EOB) statements.

Get started by visiting [www.consumertoolkit.com](http://www.consumertoolkit.com). If you are new to the site, click *Sign up!* and then complete the required fields. You can use your Social Security number or your member ID to register, found on your ID card.











## Looking for your 2024 premiums?

Check out the rates in the "Rates & Benefit Guide" section on Alight Worklife or view them during the enrollment process.

# Dental

## Network Differences

Through Delta Dental of Michigan, you have access to a large national network of dentists. They have agreed to negotiated rates and participate in either Delta Dental's PPO or Premier networks. You may seek dental care from any provider; however, your out-of-pocket expenses will be greatly reduced if care is provided by a PPO or Premier network dentist. Out-of-network providers can balance bill you for services, meaning if they charge more than what Delta Dental covers, you'll have to pay that difference out of your pocket. Let's take a look at the cost difference between the Delta PPO and Delta Premier networks for a crown, assuming you have already met your deductible.

Example savings for a crown by network	 Submitted charge	 Maximum allowed fee	 Percentage paid by Delta Dental	 Amount Delta Dental pays	 Amount dentist can balance bill	 Total amount you pay	 Total network savings
Delta Dental PPO	\$950	\$675	50%	\$337.50	\$0	\$337.50	\$275 
Delta Dental Premier	\$950	\$898	50%	\$449	\$0	\$449	\$52
Out-of-network	\$950	\$744	50%	\$372	\$206	\$578	\$0



Watch this video to learn more about using the Delta Dental PPO network:

<https://www.youtube.com/watch?v=y-UdP6DOXSU&feature=youtu.be>

## Mobile App

Find a dentist, check claims, view coverage, and display an electronic ID card right from your phone. Download the app by searching the [App Store](#) or [Google Play](#).





# Vision

You have two plan options to choose from EyeMed: a Base Plan and Buy-Up Plan. You'll notice a few differences in the plan grid below.

EyeMed has an extensive national network that includes local optometrists and ophthalmologists and retail chains like LensCrafters, Pearle Vision, and Target Optical. For a complete list of in-network providers near you, use the Enhanced Provider Locator on [www.eyemed.com](http://www.eyemed.com) or call **866-804-0982**.

	BASE PLAN		BUY-UP PLAN	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Network Name	INSIGHT	N/A	INSIGHT	N/A
Adults Frequency				
• Exam	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
• Lenses	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
• Frames	Once every 24 months	Once every 24 months	Once every 12 months	Once every 12 months
Children under 19 Frequency				
• Exam	Twice every 12 months	Twice every 12 months	Twice every 12 months	Once every 12 months
• Lenses	Twice every 12 months	Twice every 12 months	Twice every 12 months	Once every 12 months
• Frames	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
Exams	\$10 copay	Plan pays up to \$25	\$10 copay	Plan pays up to \$25
Frames	\$0 copay, \$140 allowance, 20% off balance over \$140	Plan pays up to \$70	\$0 copay, \$250 allowance, 20% off balance over \$250	Plan pays up to \$125
Single Vision Lenses	\$25 copay	Plan pays up to \$25	\$25 copay	Plan pays up to \$25
Bifocal Lenses	\$25 copay	Plan pays up to \$40	\$25 copay	Plan pays up to \$40
Trifocal Lenses	\$25 copay	Plan pays up to \$55	\$25 copay	Plan pays up to \$55
Medically Necessary Contact Lenses	Covered in full, no copay	Plan pays up to \$210	Covered in full, no copay	Plan pays up to \$210
Conventional Contact Lenses in lieu of glasses	\$0 copay, \$140 allowance, 15% off balance over \$140	Plan pays up to \$112	\$0 copay, \$250 allowance, 15% off balance over \$250	Plan pays up to \$200
Disposable Contact Lenses in lieu of glasses	\$0 copay, \$140 allowance, 15% off balance over \$140	Plan pays up to \$112	\$0 copay, \$250 allowance, 15% off balance over \$250	Plan pays up to \$200
LASIK Surgery	15% off the retail price or 5% off the promotional price	Not covered	15% off the retail price or 5% off the promotional price	Not covered

# Vision

## KidsEyes

EyeMed's plans include a special treatment for enrolled dependents 19 years and under.

- Two eye exams every year
- One pair of replacement lenses if their prescription changes during the year
- Polycarbonate (impact resistant) lenses
- 40% off to replace lost or broken glasses as often as needed at in-network providers
- 20% off sports-related eyewear and non-prescription sunglasses at in-network providers

## Mobile App

EyeMed's member app allows you to find an eye doctor, make an appointment, and pull up your ID card and eyewear prescription anytime. To download, search **"EyeMed Members"** in the [App Store](#) or [Google Play](#).



## Extra Savings!

Just for being an EyeMed member, you have access to special offers. Check the website or mobile app often as the offers are constantly changing!

- Discounts on frames and lenses
- Savings on contacts
- Exclusive offers from network providers and retailers
- Free shipping from online providers
- Free vision products, like lens cleaner kits and more, all from trusted EyeMed network providers
- Hearing aid discounts

### Looking for your 2024 premiums?

Check out the rates in the "Rates & Benefit Guide" section on Aight Worklife or view them during the enrollment process.



**Watch this video to learn more about using your vision benefits:**

<https://www.youtube.com/watch?v=Mmldgrlk-kQ>

# Commuter Benefits

## TRANSIT BENEFIT

You have the choice to purchase passes or vouchers to cover the cost of traveling to and from work. You can set aside up to \$300 per month (projected to be \$315 in 2024). Eligible expenses include mass transit costs, such as:

- Bus and commuter highway vehicles
- Mass transit vehicles
- Metro and transit pass, token fare, voucher or similar items for transportation—this includes transportation via bus, train, subway and/or ferry

## PARKING BENEFIT

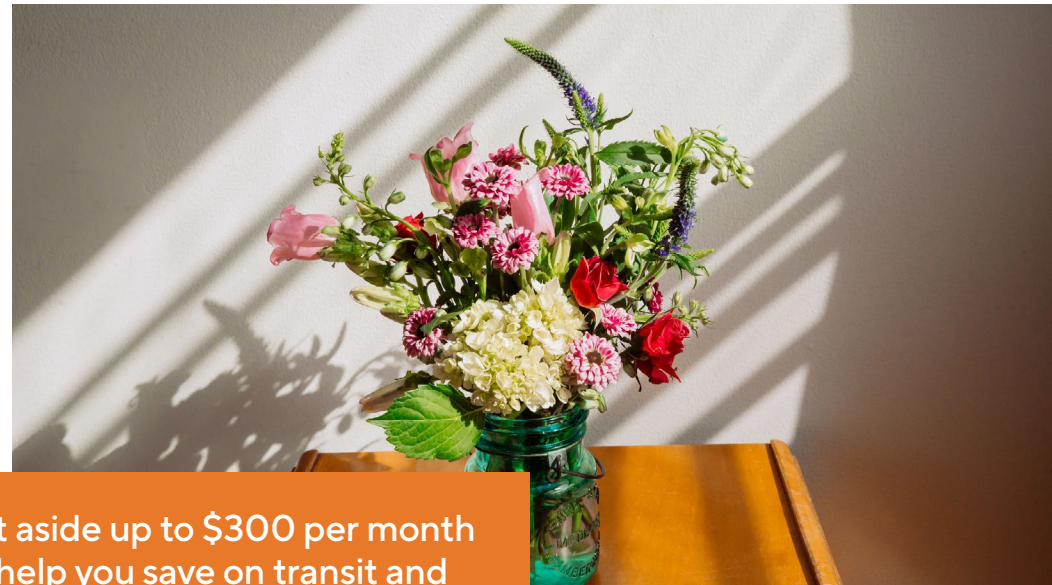
Use funds to pay for work-related parking expenses. You can set aside up to \$300 per month (projected to be \$315 in 2024). Eligible expenses include:

- Parking expenses at or near your worksite
- Parking expenses at a location where you commute to work, either by mass transit, qualifying commercial or noncommercial highway vehicle, or car pool
- Vendor parking, including lots and garages

Transit and Parking expenses can be submitted through [www.briweb.com](http://www.briweb.com).

## HOW TO ENROLL

- To enroll in these benefits, go to [www.briweb.com](http://www.briweb.com)
- **Enter Company Code:** kellyservices
- **Enter your Member ID:** ALT ID, found on your Earnings Statement near your Social Security number
- **Enter your Password:** Your home ZIP code; you will be prompted to change your password after your initial login



Set aside up to \$300 per month to help you save on transit and parking costs.

# Life and Accidental Death and Dismemberment (AD&D)

## Voluntary Life/AD&D Insurance

If you need financial protection, you can enroll in the Voluntary Life/AD&D insurance. Coverage is available for:

- **You:** You may elect coverage for yourself from \$10,000 to \$500,000, in increments of \$10,000; guaranteed issue is \$150,000.
- **Your Spouse:** You may purchase coverage in \$5,000 increments up to \$250,000 on your Spouse/Domestic Partner; guaranteed issue up to \$100,000 (Note: the amount of spousal coverage cannot exceed what you have elected for yourself).
- **Your Children:** If you have purchased coverage for yourself, you may purchase \$10,000 or \$25,000 for child(ren) up to age 26; guaranteed issue up to \$25,000.

## Designating a Beneficiary

Your beneficiary is the person who receives the proceeds from the Life and AD&D insurance plans in the event of your death. If you elect spouse and/or dependent life insurance, you are automatically the beneficiary of that coverage. To designate beneficiaries on your own life insurance, complete the appropriate information during the enrollment process in Alight Worklife.

## Evidence of Insurability

Prudential administers our Life and AD&D insurance plans. **During this year's 2024 Annual Enrollment, you will be required to complete Evidence of Insurability (EOI) for new or changed elections. Newly hired employees are not required to complete EOI for elections up to the guaranteed issue.**

If you or your spouse want more coverage than what is guaranteed issue, EOI will apply. There is no EOI required for dependent children coverage. You will be asked to fill out a form asking you questions about your health status. Prudential will then determine whether you or your spouse can be covered, and deductions for the approved amount will start first of the month following the approval.

During the enrollment process in Alight Worklife, if you elect a coverage amount that requires EOI, a pop-up window will provide you a document that contains a link to Prudential's online EOI form. Make sure you complete your EOI form in order to obtain the amount you elected.

### Take advantage of guaranteed coverage up to the guaranteed issue!

When eligible as a new employee, get coverage up to the guaranteed issue without having to answer medical questions (EOI)! Spouse coverage is guaranteed up to \$100,000 without EOI.



# Disability

No one plans to become disabled, so Kelly Services offers Short Term and Long Term Disability plans for you to enroll in.

SHORT TERM DISABILITY	
Benefit Begins...	Accident - 0 days Illness - 7 days
Benefit Amount	50% of basic weekly earnings to a \$1,000 max per week
Benefit Continue	Up to 26 weeks
Pre-existing conditions may apply.	

LONG TERM DISABILITY	
Benefit Begins...	After 26 weeks of illness or injury
Benefit Amount	50% of base monthly earnings to a maximum of \$6,000 per month
Benefit Continue	To ADEA I, see plan description for more details
Pre-existing conditions may apply.	

LIVE IN A STATE THAT OFFERS DISABILITY BENEFITS?  
YOUR SHORT TERM DISABILITY THROUGH KELLY WILL  
BE REDUCED BY THAT AMOUNT.



## IMPORTANT INFORMATION:

**Don't miss out on getting 100% pay when on STD**

Enrolling now is especially important if you plan future time off for any medical reason, like the birth of a child, since the plan has pre-existing condition provisions. (Do not wait until you are already expecting a baby to enroll. You will not be approved for coverage.) Be prepared, pre-plan, and enroll now.



# Wellbeing Program



Ulliance not only offers a Wellbeing Program with counseling and coaching support, but also a Wellbeing Portal that gives you a personal and private page to track your health. Both programs are available at no cost and are completely confidential. Let's take a closer look at each program.

## Life Advisor

Life Advisor consultants are available 24/7 to help you explore your unique work-life balance needs and identify the right Life Advisor services to support you and your family. They can provide you with immediate telephonic support for pressing issues, or schedule you to see a local Ulliance EAP Counselor, close to where you live or work at NO charge to you or your covered dependents.



### COUNSELING SERVICES

- Face-to-face or phone sessions with a licensed counselor
- Short term, solution-focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions



### LIFE ADVISOR COACHING SERVICES

- Telephonic sessions with a Life Advisor Coach
- Support and motivation to achieve a work-life goal such as education, career advancement, financial or savings goals, or self-improvement goals



### WORK-LIFE MATERIALS

- Books and other helpful materials on a wide variety of work-life topics mailed directly to your home at no cost to you



### LIFE ENHANCEMENT RESOURCE CENTER

- Anytime access to articles, resources, healthy-living tips, as well as orientation videos

## Life Advisor Well-Being Portal

The Life Advisor Well-being Portal gives you a personal and private page to track your health stats and behaviors, keep a health journal, and participate in exercise and nutrition challenges. Highlighted features include:

- **5 to Thrive!** You have access to the 5 to Thrive dimensions of well-being focusing on emotional, physical, financial, career, and community health.
- **Life Advisor Resource Library** featuring Healthwise content with assessments, videos, articles and more
- **Well-Being Journal** with goal setting, food and water tracking, and more Individual Challenges to ensure you stay on track with your goals. Dozens of fun and engaging activity choices.
- **Well-being ON DEMAND:** Easy access to SMART Employee Webinars on topics such as Improving Your Mood and Being Assertive. In addition, SMART Manager Webinars such as Guiding Your Team Through Change and Avoiding Burnout are on Demand.
- **Newsletter and Bulletin Library** includes full access to Life Advisor Newsletters on topics such as Mental Health Stigma and Mindfulness, as well as First Responder bulletins to address timely and critical topics in the news.

You can call anytime at 800-448-8326 or log on to [kelly.lifeadvisorwell-being.com](https://kelly.lifeadvisorwell-being.com). When registering, use Kelly Services as the company name and Troy for the city.

# Other Optional Benefits

## MetLife Legal Plan

The Legal Plan, administered by MetLife, provides you with professional legal assistance on a range of matters for a low fee. The plan provides access to a network of participating attorneys in private practice to help you with personal legal matters.

You have two plans available:

- **“Plus Parents” plan** that covers you, your spouse, dependents, and parents and/or parents-in-law for \$22.50 a month
- **Standard plan** that covers you, your spouse, and dependents for \$16.50 a month

## HELP WITH A VARIETY OF LEGAL MATTERS

For the cost of your premium, you can receive confidential legal assistance with matters like:

- Wills and estate planning, including living wills, powers of attorney, trusts, and codicils (updates to wills)
- Real estate matters, including eviction defense; problems with your landlord; and buying, selling, or refinancing your home
- Family law matters, including name change, uncontested adoption, and guardianship
- Debt defense (problems with creditors)
- Defense of civil lawsuits
- Document preparation, including deeds, demand letters, promissory notes, and mortgages

The Plus Parents plan also has separate elder-care services like reviewing deeds and leases, issues with Medicaid/Medicare, nursing home agreements, powers of attorney, wills, and more.

The Legal Plan covers telephone advice and office consultations, so even if you are not sure you need legal representation, or if you need guidance with a legal matter not covered by the plan, your Legal Plan covers the initial consultation at no cost to you.



# Company Provided Benefits

## Peanut Butter

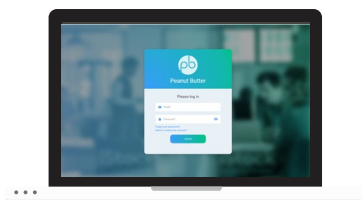
Kelly understands the impact student loan debt can have on employees and their dependents. That's why we provide you with Peanut Butter, our student loan resource program. It can help you and your dependents tackle student debt.

Peanut Butter provides:

- Curated advice and insights to help you restructure your loans and save money.
- Access to a refinancing marketplace designed to get you the best terms possible.
- Free and paid counseling services when you need to phone a friend.

You are eligible to take advantage of Peanut Butter – **at no cost!**

You can sign up or login at [https://app.getpeanutbutter.com/users/sign\\_up](https://app.getpeanutbutter.com/users/sign_up).





# Company Provided Benefits

## AccessHope Cancer Support

Getting a cancer diagnosis is scary. So much medically is thrown at you, it can be very overwhelming. To help you through the process, we are giving **you, if enrolled in a Kelly medical plan (excluding HMO medical plans), and your extended family (siblings, parents, in-laws, grandparents)** support with AccessHope.

### CANCER SUPPORT TEAM

Connect to experienced oncology nurses to discuss tips on preparing for doctor appointments, treatment information, or even emotional support—wherever you are in your cancer journey.

### EXPERT ADVISORY REVIEW

Request that AccessHope's medical team reviews your case. They'll provide recommendations to your treatment plan based on groundbreaking insights and the latest treatments.

If you've received a cancer diagnosis, AccessHope is the key to unlocking access to the most-up-to-date cancer expertise. To learn more about AccessHope, visit [myaccesshope.org](https://myaccesshope.org).



# Benefit Contacts

Benefit	Administrator	Phone	Website/Email
Medical	Quantum Health	866-920-1929	<a href="http://Kelly.Quantum-Health.com">Kelly.Quantum-Health.com</a>
Medical – North #35286 South #103242	Kaiser (North and South)	800-278-3296	<a href="http://www.kp.org">www.kp.org</a>
Health Savings Account	HealthEquity	877-284-9840	<a href="http://www.myhealthequity.com">www.myhealthequity.com</a>
Accident and Critical Illness	Unum	800-635-5597	<a href="http://www.unum.com">www.unum.com</a>
Dental – #91460	Delta Dental of Michigan	800-524-0149	<a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>
Vision – Base Plan #9661380 Buy-Up Plan #9826462	EyeMed	866-800-5457	<a href="http://www.eyemed.com">www.eyemed.com</a>
Commuter Benefits	BRI	800-473-9595	<a href="http://www.briweb.com">www.briweb.com</a> Company code: kellyservices Login: your ALT ID Member ID: your 5-digit zip code
Life and AD&D	Prudential	800-524-0542	<a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Disability and FMLA	Unum	866-643-9469	<a href="http://www.unum.com">www.unum.com</a>
State Mandated Leaves (CA, NY, and NJ Only)	Sedgwick	800-495-2318	<a href="http://www.claimlookup.com">www.claimlookup.com</a>
Wellbeing Program	Ulliance	800-448-8326	<a href="http://kelly.lifeadvisorwell-being.com">kelly.lifeadvisorwell-being.com</a> Company name: Kelly Services City: Troy
MetLife Legal Plan	MetLife	800-821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Student Loan Resource Program	Peanut Butter	800-913-6651 x1	Email: <a href="mailto:support@getpeanutbutter.com">support@getpeanutbutter.com</a>
Enrollment Support	Alight Solutions	844-623-2199	Email: <a href="mailto:kellyservices@alight.com">kellyservices@alight.com</a>

The purpose of this Benefit Guide is to help you better understand the value of your benefits program. Every effort has been made to accurately summarize the benefits; however, this is not a binding commitment of coverage and does not alter or amend any documents providing benefits coverage.