



# **BENEFITS GUIDE**

---

**Benefits that work for you.**

# **BENEFITS BASICS** 1

Healthcare Services Group (HCSG) offers a comprehensive array of benefits that promote health and financial security for you and your family. The information enclosed will provide a detailed summary of the benefits available to you. Please review it thoroughly to choose the coverage that best meets your needs.



As an HCSG employee, you are eligible for benefits if you meet the hours requirements outlined in [page 2](#) of this brochure. If eligible, benefits are effective at the 1st of the month following **60 days** of employment.

## *You can choose to cover:*



**YOURSELF**



**YOURSELF & SPOUSE**



**YOURSELF AND  
YOUR CHILD(REN)**



**YOU & MULTIPLE ELIGIBLE  
FAMILY MEMBERS**

Once your benefit elections become effective, they will carry over year to year unless canceled during open enrollment.

If you do not enroll within your new hire eligibility period, you will have to wait until the next open enrollment or until you have a qualifying life event.

You must notify benefits within 30 days of a qualified life event in order to make any applicable changes.

## *Examples of Life Events:*

### **LOSS OF HEALTH COVERAGE**

- Loss of health coverage.
- Losing existing health coverage, including job-based, individual, and student plans.
- Losing eligibility for Medicare, Medicaid, or CHIP.
- Turning 26 and losing coverage through a parent's plan.
- Hour changes such as going from part time to full time, vice versa.

### **CHANGES IN THE HOUSEHOLD**

- Getting married or divorced.
- Having a baby or adopting a child.
- Death in the family.





# PLANS TO MEET YOUR NEEDS

2

HCSG understands that our employees and their families have different needs, that is why we are proud to offer a number of coverage options.

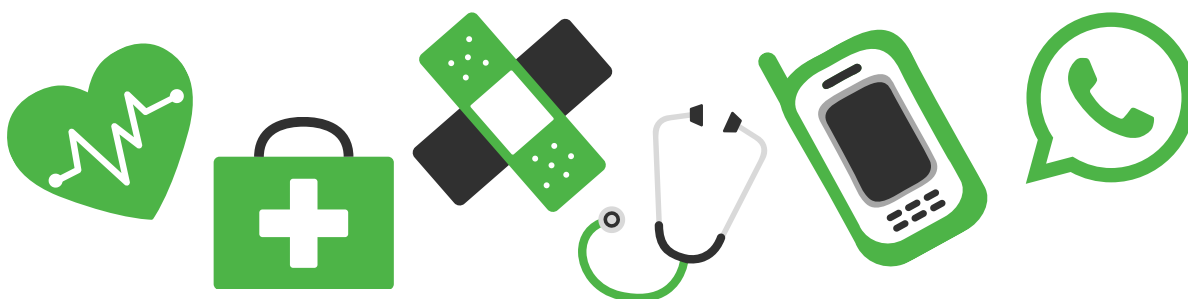
| BENEFITS AVAILABLE  | MIN OF 20<br>HOURS / WEEK | MIN OF 30<br>HOURS / WEEK |
|---|---------------------------|---------------------------|
| <b>Minimum Essential Coverage (MEC) / Wellness Medical Plan:</b> Provide coverage for over 80 preventive services without the insured having to pay a co-pay, deductible or co-insurance. | ●                         | ●                         |
| <b>Minimum Essential Coverage (MEC) Heavy Medical Plan:</b> A more comprehensive plan that covers services beyond the Minimum Essential Coverage Plan.                                    |                           | ●                         |
| <b>Minimum Value Plan (MVP):</b> The MVP is a high deductible plan and is compliant with the Affordable Care Act.   |                           | ●                         |
| <b>Dental Insurance from Guardian:</b> Offers coverage for basic and / or major dental services.  | ●                         | ●                         |
| <b>Vision Insurance from VSP:</b> Provides coverage for ongoing vision care expenses like routine eye exams, prescription glasses and contact lenses.                                     | ●                         | ●                         |
| <b>Limited Benefit Medical Plans from Companion Life:</b> Choice of indemnity plans that can help with basic medical expenses.  | ●                         | ●                         |
| <b>Other Major Medical Insurance Options:</b> More comprehensive major medical insurance plans are available. Plans vary by state.  |                           | ●                         |
| <b>Short Term Disability:</b> Replaces a portion of your income if you become disabled from a covered accident or sickness.   | ●                         | ●                         |
| <b>Life Insurance:</b> Assigned beneficiary can receive a sum of money upon death of an insured person.   | ●                         | ●                         |
| <b>Accident Plan:</b> Pays money directly to you if you suffer a covered injury.  | ●                         | ●                         |
| <b>Cancer Plan:</b> Pays money to help with the medical and non-medical expenses related to cancer.   | ●                         | ●                         |
| <b>Hospital Indemnity Insurance:</b> Several indemnity plans available to enhance your base medical plan. Indemnity plans pay a specific amount for specific services.                    |                           | ●                         |
| <b>Critical Illness:</b> Pays a lump sum benefit upon diagnosis of a covered critical illness.  | ●                         | ●                         |
| <b>Employee Assistance Program:</b> WorkLifeMatters Employee Assistance Program offers services to help promote well-being and enhance the quality of life for you and your family.       | ●                         | ●                         |

*The provisions listed in this document are for guidance only, are not binding on the employer, and do not constitute a contract of employment. This document is not intended to be comprehensive or to address all the possible applications of, or exceptions of the provisions above.*



# YOUR HEALTH IS IMPORTANT TO US!

TELEMEDICINE IS NOW AVAILABLE FOR ALL EMPLOYEES



- ✓ As an HCSG employee, you will have access to Doctors 24 / 7 / 365!
- ✓ Available to you by Phone, Tablet or Desktop Computer.
- ✓ \$0 Copays!
- ✓ Complimentary coverage for you AND spouse and dependent children!
- ✓ Prescriptions can be sent to local pharmacy if necessary.
- ✓ Access doctors as often as you need.



Complimentary Telemedicine now available for all employees.  
Register today at [www.MDLive.com](http://www.MDLive.com) or download the MD Live app.  
Contact your manager or [benefits@hcsghcorp.com](mailto:benefits@hcsghcorp.com) with questions.

## Minimum Essential Coverage (MEC)

- Plan focuses on **Preventative Medical Care**.
- Covers 100% of the cost for over 80 preventive services.
- **Does not** cover Hospital services.

| MINIMUM ESSENTIAL COVERAGE PLAN<br>(Offered through Key Benefit Administrators, Inc.) |  |
|---|--|
| Covered Benefits  | In-Network   |
| Deductible (Single / Family)  | \$0 / \$0  |
| Coinsurance (Employee Portion)  | 100%   |
| Out-of-Pocket Maximum (Single / Family)   | \$0 / \$0  |
| PPO Network   |  |
| Emergency Room Services   | N/A  |
| Inpatient Hospital Services   | N/A  |
| Primary Care Visit to treat an illness or Injury                                      | N/A  |
| Specialist Visit  | N/A  |
| Mental / Behavioral Health and Substance Abuse Disorder Services                      | N/A  |
| Advanced Imaging (CP, PET Scans, MRI's)   | N/A  |
| Rehabilitative Speech Therapy   | N/A  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                       | N/A  |
| Preventive Care, Screening, Immunization  | Covers 100% of the government's 84 listed preventive and wellness benefits |
| Laboratory Outpatient and Professional Services                                       | N/A  |
| X-rays and Diagnostic Imaging   | N/A  |
| Outpatient Facility Fee   | N/A  |
| Outpatient Surgery Physician / Surgical Services                                      | N/A  |
| Chronic Disease Management (CDM)  | N/A  |
| Life AD&D Benefit   | N/A  |
| RealTime Services   |  |
| RealTimeTelemed   | Unlimited Calls  |
| RealTimeChoices   | Unlimited Access   |

# Minimum Essential Coverage Plus (MEC Plus)

• This plan includes everything in the MEC Plan, with the addition of the indemnity benefits .

| MINIMUM ESSENTIAL COVERAGE PLUS PLAN<br>(Offered through Key Benefit Administrators, Inc.) |   |
|--|---|
| Covered Benefits   | In-Network  |
| Inpatient Hospital Daily Indemnity Benefit   | \$300 daily benefit, 150 maximum days                               |
| Outpatient Physician Office Visit Daily Indemnity Benefit                                  | \$50 per day, 6 day maximum per benefit period                      |
| Outpatient Diagnostic X Ray and Lab Daily Indemnity Benefit                                | \$50 per day, 2 day maximum per benefit period                      |
| Daily Prescription Drug Benefit  | \$10 per day, 12 day maximum per benefit period                     |
| Initial Hospital Admission Daily Indemnity Benefit   | \$500 per day, 1 day maximum with 1 Admission per benefit period    |
| Ambulance Service Daily Indemnity Benefit  | \$100 per day, 3 day maximum per benefit period                     |
| Employee Group Term Life   | \$5,000 per Employee<br>\$2,500 per spouse<br>\$1,250 per dependent |
| Covered Benefits   |   |
| RealTimeTelemed  | Unlimited Calls   |
| RealTimeChoices  | Unlimited Access  |





## Minimum Essential Coverage (MEC) Heavy Plan

- Covers 100% of the cost for over 80 preventive services.
- **Does not** cover Hospital services.
- Includes Generic Prescription coverage

| MEC HEAVY PLAN<br>(Offered through Key Benefit Administrators, Inc.)      |  |
|---|--|
| Covered Benefits  | In-Network   |
| Deductible (Single / Family)  | \$0 / \$0  |
| Coinsurance (employee portion)  | 0%   |
| Out-of-Pocket Maximum (Single / Family)                                   | \$5,000 / \$13,200   |
| PPO Network   |  |
| Chronic Disease Management (CDM) Benefit                                  | Covered services at 100% (61 services) for 25 Predefined Chronic Diseases                      |
| Preventive Care/Screening/Immunization (MEC)                              | Covers 100% of the 84 listed Preventive and Wellness Benefits (See page title Preventive Care) |
| Laboratory Outpatient and Professional Services (Non Emergency Room Only) | \$75 copay (per lab) then plan pays 100%   |
| X-rays and Diagnostic Imaging (Non Emergency Room Only)                   | \$75 copay (per image) then plan pays 100%   |
| Advanced Imaging (CT, PET Scans, MRIs) (Non Emergency Room Only)          | \$500 copay (per image) then plan pays 100%  |
| Prescription Drugs (Generic Only)   | \$15 copay then plan pays 100%   |
| Life AD&D Benefit   | \$10,000   |
| RealTime Services   |  |
| RealTimeTelemed   | Unlimited Calls  |
| RealTimeChoices   | Unlimited Access   |
| RealTimeHealth  | 100% Covered   |

Out-of-network benefits include a \$500 single \$1,000 family deductible with a 40% coinsurance (plan portion) and no-out-of-pocket maximum.



# MEC HEAVY PLUS PLAN

7

## Minimum Essential Coverage (MEC) Heavy Plus Plan

- This plan includes everything in the MEC Heavy plan, with the addition of the indemnity benefits.



### MEC Heavy Plus Plan (offered through Key Benefit Administrators Inc.)

| Covered Benefits   | In-Network  |
|--|---|
| Hospital Indemnity   | \$400 per day with 150 day benefit period maximum.  |
| Initial Hospital Admission Daily Indemnity Benefit                       | \$1,000 1-day benefit with a maximum of 1 admissions per benefit period.                                    |
| Inpatient Surgery & Anesthesia Daily Indemnity Benefit                   | \$800 daily benefit with a maximum of 1 day per benefit period.<br>Includes a 20% Daily Anesthesia Benefit. |
| Outpatient Surgery & Anesthesia Daily Indemnity Benefit                  | \$400 daily benefit with a maximum of 1 day per benefit period.<br>Includes a 20% Daily Anesthesia Benefit. |
| Intensive Care Daily Indemnity Benefit                                   | \$400 daily benefit with a maximum of 30 days per benefit period.   |
| Outpatient Physician Office Visit Benefit<br>(PCP and Specialist Visits) | \$100 daily benefit with a maximum of 3 days per benefit period.  |
| Emergency Room Benefit   | \$200 daily benefit with a maximum of 1 days per benefit period.  |





# MINIMUM VALUE PLAN

8

- Compliant with the Patient Protection and Affordable Care Act (PPACA).
- Comprehensive, high deductible medical plan. The deductible must be met in order for the plan to provide 100% coverage.
- This plan covers Inpatient Hospital services.
- No Out-of-Network coverage.

## Bronze-Level Minimum Value Plan

| In-Network  | In-Network  |
|---|---|
| Deductible (Single / Family)                                    | \$6,500 / \$13,200  |
| Coinsurance   | 60% (plan portion)  |
| Out-of-Pocket Maximum (Single / Family)                         | \$6,500 / \$13,200  |
| Emergency Room Services   | \$6,500 deductible  |
| Inpatient Hospital Services                                     | \$6,500 deductible  |
| Primary Care Visit to Treat an Injury or Illness                | \$50 copay and 60% Co-Insurance   |
| Specialist Visit  | \$70 copay and 60% Co-Insurance   |
| Mental/Behavioral Health and Substance Abuse Disorder Services  | NOT COVERED   |
| Advanced Imaging (CT, PET Scans, MRIs)                          | \$6,500 Deductible  |
| Rehabilitative Speech Therapy                                   | NOT COVERED   |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | NOT COVERED   |
| Preventive Care/Screening/Immunization (MEC)                    | Cover 100% of the government's 84 listed Preventive and Wellness Benefits |
| Laboratory Outpatient and Professional Services                 | \$6,500 Deductible  |
| X-rays and Diagnostic Imaging                                   | \$6,500 Deductible  |
| Outpatient Facility Fee   | NOT COVERED   |
| Outpatient Surgery Physician/Surgical Services                  | NOT COVERED   |
| Chronic Disease Management (CDM) Benefit                        | Covered Services at 100% (61) for 26 Predefined Chronic Diseases          |
| Life AD&D Benefit   | N/A   |
| RealTimeChoices Transparency Program                            | Unlimited Access  |
| RealTimeHealth Diabetic Program                                 | 100% Covered  |
| Prescription Drugs  |   |
| Generic Drugs   | \$6,500 Deductible  |
| Certain Preferred Brand Drugs                                   | \$6,500 Deductible  |
| Certain Non-Preferred Brand Drugs                               | NOT COVERED   |
| Specialty Drugs and Compounds                                   | NOT COVERED   |



# DENTAL COVERAGE

9

| COMPARE THE PLANS  | Option 1: PPO  | Option 2:PPO   |
|--|--|--|
| Network  | DentalGuard Preferred  | DentalGuard Preferred  |
| <b>Your Monthly Premium</b><br>You and Spouse<br>You and Child(ren)<br>You, Spouse and Child(ren)  | \$11.49<br>\$23.25<br>\$25.90<br>\$37.79   | \$19.54<br>\$39.61<br>\$44.02<br>\$64.23   |
| <b>Calendar Year Deductible</b><br>Individual<br>Family limit<br>Waived for  | In-Network<br>\$50<br>3 per family<br>Preventive<br>Out-of-Network<br>\$50<br>Preventive | In-Network<br>\$50<br>3 per family<br>Preventive<br>Out-of-Network<br>\$50<br>Preventive |
| <b>Charges Covered For You (co-insurance)</b><br>Preventive Care (e.g. cleanings)<br>Basic Care (e.g. fillings)<br>Major Care (e.g. crowns, dentures)<br>Orthodontia | In-Network<br>100%<br>50%<br>0%<br>Not Covered<br>Out-of-Network<br>100%<br>50%<br>0%    | In-Network<br>100%<br>90%<br>60%<br>50%<br>Out-of-Network<br>100%<br>80%<br>50%<br>50%   |
| <b>Annual Maximum Benefit</b>  | \$500<br>\$500   | \$1000<br>\$1000   |
| <b>Maximum Rollover</b><br>Rollover Threshold<br>Rollover Amount<br>Rollover In-network Amount<br>Rollover Account Limit   | No   | Yes<br>\$500<br>\$250<br>\$350<br>\$1000   |
| <b>Lifetime Orthodontic Maximum</b>  | Not Applicable   | \$1,000  |
| <b>Dependant Age Limits (Non-Student/Student)</b>  | 20/26  | 20/26  |



Dental coverage is through Guardian.  
There is a three month wait period before the Option 2 plan will cover major services and/or orthodontia.



# VISION COVERAGE

10

|   | Option 1  | Option 2  |
|---|---|---|
| Exam  | \$10 Copay  | \$10 Copay  |
| Materials   | \$25 Copay  | \$25 Copay  |
| Frequency<br>Exam<br>Lenses<br>Frames                               | 12 Months<br>24 Months<br>24 Months                       | 12 Months<br>12 Months<br>24 Months                       |
| Frames  | Frames \$120 allowance, 20% off any amount over allowance | Frames \$120 allowance, 20% off any amount over allowance |
| Lenses<br>Single Vision Lenses<br>Bifocal Lenses<br>Trifocal Lenses | Covered 100%<br>After Applicable Copays                   | Covered 100%<br>After Applicable Copays                   |
| Monthly Premiums  |   |   |
| Employee Only   | \$4.29  | \$5.08  |
| Employee + 1  | \$6.22  | \$7.36  |
| Family  | \$11.15   | \$13.20   |

Vision coverage is through VSP.







## Group Term Life

- Insurance is through Companion Life.
- Policies for dependents can be elected if an employee elects policy on themselves.
- Accidental Death and Dismemberment (AD&D) could increase the amount of the benefit if the death is due to an accident. This is an add on to the life benefit.

| Group Term Life   |            |                                    |               |
|---|------------|------------------------------------|---------------|
|   | Increments | Maximum                            | AD&D          |
| <b>Employees</b><br>Any newly eligible employees electing within their initial enrollment period, elections of up to \$50,000 will not require any Evidence of Insurability.  | \$5,000    | \$50,000                           | Available     |
| <b>Spouse</b><br>Any newly eligible employees electing amounts of \$25,000, or employees who wish to purchase for the first time after their initial enrollment, will be required to submit Evidence of Insurability. | \$5,000    | 50% of employee amount up to \$25k | Available     |
| <b>Dependent Child(ren)</b><br>All guaranteed issue.  | \$1,000    | \$10,000                           | Not Available |

Amount of benefit equals amount of life benefit elected.







## Short Term Disability Insurance

Short Term Disability Insurance is a program designed to help maintain your family's current lifestyle and plans for the future if you become disabled outside of the workplace.

- Short term disability insurance is available for purchase through Companion.
- Pays a portion of your weekly salary if you were to become unable to work due to a sickness or an injury that happened outside of the workplace.
- Covers pre-existing conditions after 12 months from the effective date of the coverage.
- This benefit also provides payment for 6-8 weeks for maternity care if pregnancy begins after the effective date of coverage.
- Eligible Employees must be actively working prior to the effective date of coverage and work 20 hours or more per week.
- All plans provide a \$2500 Accidental Death and Dismemberment benefit.

## Plan Options

Employees have the option of three (3) plan designs and flexible weekly benefits to choose from. The Companion Life Short Term Disability program has the benefit that works for you and your family. Below is an overview of the plans and weekly benefits to choose from. Your annual salary can help you find the plan that is right for you and your family.

| PLAN   | BENEFITS BEGIN... | BENEFITS BEGIN... | DURATION |
|--------|-------------------|-------------------|----------|
|        | <i>Accidents</i>  | <i>Sickness</i>   |          |
| Plan 1 | 8th Day           | 8th Day           | 13 Weeks |
| Plan 2 | 8th Day           | 8th Day           | 26 Weeks |
| Plan 3 | 15th Day          | 15th Day          | 52 Weeks |

### Amounts of Benefits Available

| For the Benefit | Annual Salary Must Be at Least: |
|-----------------|---------------------------------|
| \$150 per week  | \$11,700                        |
| \$200 per week  | \$15,600                        |
| \$250 per week  | \$19,500                        |
| \$300 per week  | \$23,400                        |
| \$350 per week  | \$27,300                        |
| \$400 per week  | \$31,200                        |
| \$450 per week  | \$35,100                        |
| \$500 per week  | \$39,000                        |
| \$550 per week  | \$42,900                        |
| \$600 per week  | \$46,800                        |
| \$650 per week  | \$50,700                        |
| \$700 per week  | \$54,600                        |
| \$750 per week  | \$58,500                        |
| \$800 per week  | \$62,400                        |



## Limited Benefit Medical Insurance

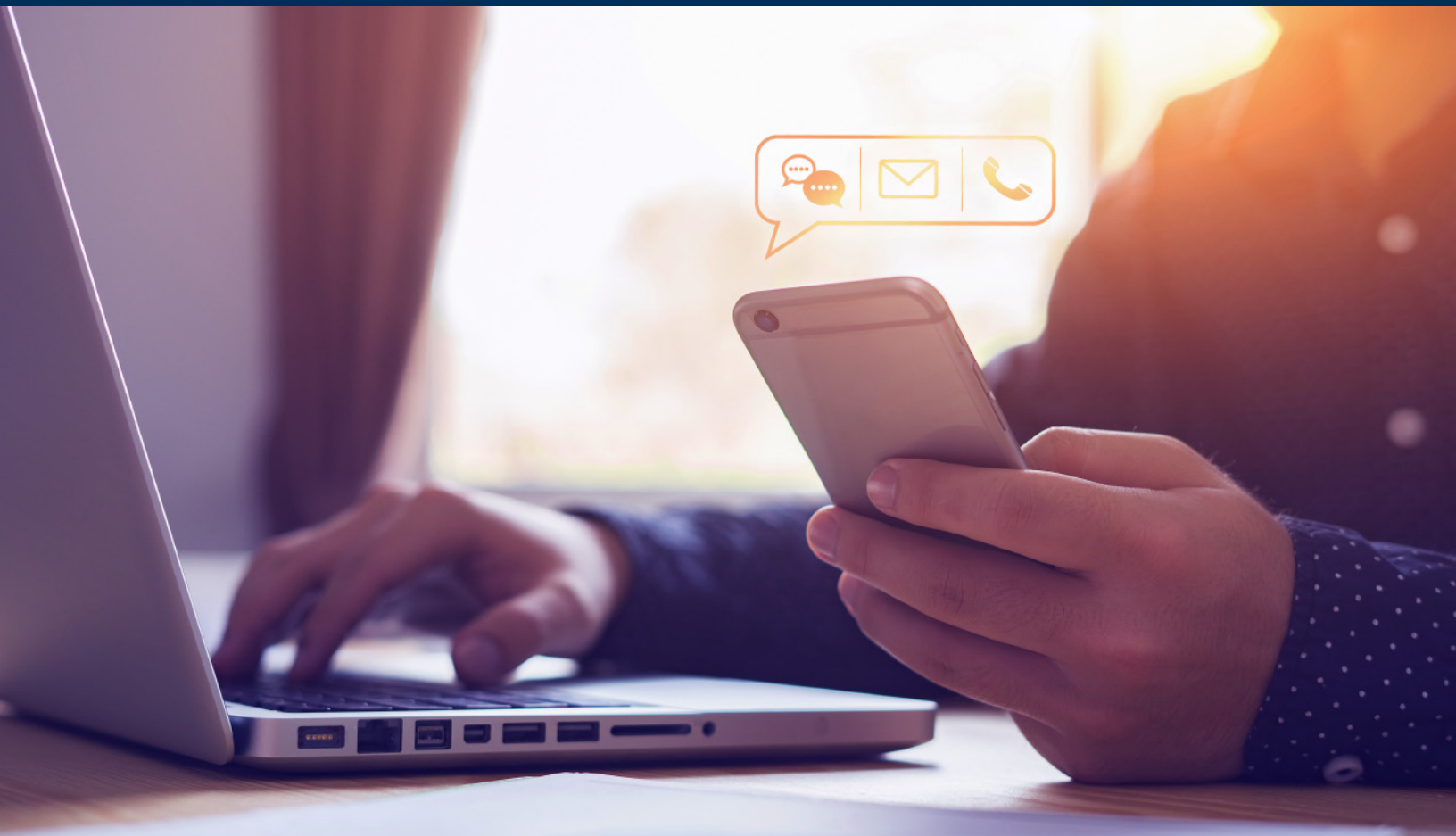
- Provides supplemental coverage to your medical plan.
- Not suitable to take the place of a medical plan.
- This plan reimburses a fixed dollar amount for a wide array of medical services.
- Provides Access to Health Advocate a program that assists participants in navigating health issues with the assistance of a counselor.

| Inpatient Benefits                                  | Economy Plan | Standard Plan | Premier Plan |
|---|--------------|---------------|--------------|
| <b>Hospital Indemnity</b>                           |              |               |              |
| Benefits Paid per Day of Confinement                | \$300        | \$500         | \$1,000      |
| Number of Days Allowed per Calendar Year            | 150          | 150           | 150          |
| <b>Intensive Care</b>                               |              |               |              |
| Benefits Paid per Day of Confinement                | \$600        | \$1,000       | \$2,000      |
| Number of Days Allowed per Calendar Year            | 30           | 30            | 30           |
| <b>Mental Illness / Substance Abuse</b>             |              |               |              |
| Benefits Paid per Day of Confinement                | \$300        | \$500         | \$1,000      |
| Number of Days Allowed per Calendar Year            | 30           | 30            | 30           |
| <b>Skilled Nursing</b>                              |              |               |              |
| Benefits Paid per Day of Confinement                | \$150        | \$250         | \$500        |
| Number of Days Allowed per Calendar Year            | 30           | 30            | 30           |
| <b>Outpatient Benefits</b>                          |              |               |              |
| <b>Calendar Year Outpatient Maximum</b>             | \$1,000      | \$1,500       | \$2,000      |
| <b>Physician Office Visit</b>                       |              |               |              |
| Benefits Paid per Day                               | \$50         | \$60          | \$60         |
| <b>Diagnostic X-Ray &amp; Laboratory</b>            |              |               |              |
| Benefits Paid per Day                               | \$50         | \$60          | \$60         |
| <b>Wellness</b>                                     |              |               |              |
| Benefits Paid per Day                               | \$75         | \$100         | \$150        |
| <b>Emergency Room (Accident &amp; Sickness)</b>     |              |               |              |
| Benefits Paid per Day                               | \$75         | \$75          | \$75         |
| <b>Life Insurance Benefits</b>                      |              |               |              |
| <b>Life Insurance - Employee</b>                    | \$6,000      | \$6,000       | \$11,000     |
| <b>AD&amp;D Insurance - Employee</b>                | \$6,000      | \$6,000       | \$11,000     |
| <b>Dependent Life - Spouse</b>                      | \$3,000      | \$3,000       | \$3,000      |
| <b>Dependent Life - Child (15 Days - 6 Months)</b>  | \$750        | \$750         | \$750        |
| <b>Dependent Life - Child (6 Months - 25 Years)</b> | \$3,000      | \$3,000       | \$3,000      |



## CARRIER CONTACT INFORMATION

| Carrier       | Website   | Contact  |
|---------------|---|--|
| Benefits      | <a href="https://benefits.hcsgcorp.com/">https://benefits.hcsgcorp.com/</a>     | <a href="mailto:benefits@hcsgcorp.com">benefits@hcsgcorp.com</a> |
| Key Solutions | <a href="https://www.kbasolution.com/">https://www.kbasolution.com/</a>         | 1-877-851-0906   |
| Companion     | <a href="https://www.kbasolution.com/">https://www.kbasolution.com/</a>         | 1-877-851-0906   |
| Colonial      | <a href="https://www.coloniallife.com/">https://www.coloniallife.com/</a>       | 1-800-325-4368   |
| Guardian/VSP  | <a href="https://www.guardiananytime.com/">https://www.guardiananytime.com/</a> | 1-888-600-1600   |



Additional Voluntary Benefits offered through Colonial Life

|  |  |
|--|--|
| Critical Illness Insurance                                 | Pays a lump sum benefits upon diagnosis of a covered critical illness such as a heart attack (myocardial infarction), end stage renal failure, coronary artery bypass surgery, stroke or major organ transplant. |
| Hospital Confinement Indemnity Insurance (Medical Bridges) | is designed to help you with the rising costs associated with a covered hospital confinement or covered outpatient surgery. This benefit is available for HCSG major medical participants.                       |
| Accident Insurance   | helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a covered accident.  |
| Cancer Insurance   | helps offset the out-of-pocket medical and indirect non-medical expenses related to cancer diagnosis and treatment.  |
| Universal Life Insurance                                   | provides death benefit coverage that you can increase or decrease as your needs change. The policy builds cash value on a tax-deferred basis at current interest rates and premium payments are flexible.        |







## EMPLOYEE STOCK PURCHASE PLAN

An ESPP is a stock ownership plan that allows you to purchase Healthcare Services Group's (HCSG) shares of stock, at a 15% discount, with funds deducted from your paychecks.

- Allows employees to purchase stock of the Company through after tax payroll deductions.
- Has a one year look back. The employee's purchase price is based on the lower of the beginning or end of the plan year stock price.
- Employees receive a 15% discount on their purchase price.

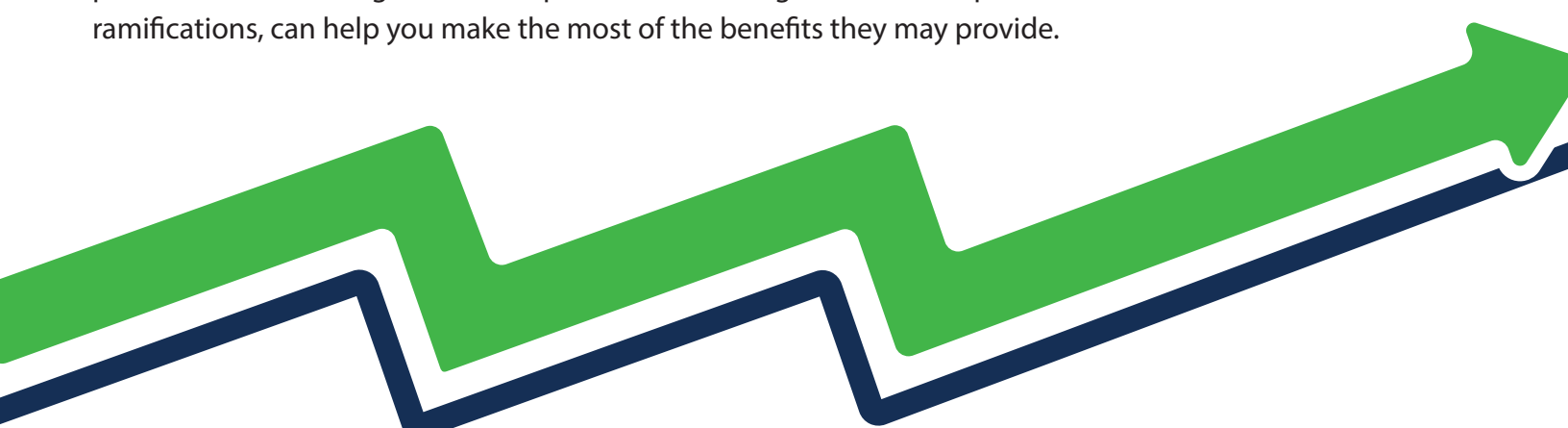
### **To be eligible the employee must meet the following criteria:**

- As of the last day of the preceding plan year, have completed two continuous years of service with the company for the previous two years.
- Have been regularly scheduled to work more than 20 hours per week.
- Are employed by the Company on the last day of the plan year.
- Participate in the program for the full year.

### **Enrolling in your HCSG's ESPP**

During the enrollment period you will be able to specify your contribution as a fixed dollar amount. Your contribution will be automatically deducted from your regular paycheck.

Participating in an employee stock purchase plan can be an important part of your overall financial picture. Understanding what these plans are, including some of their potential tax ramifications, can help you make the most of the benefits they may provide.



Healthcare Services Group, Inc. has an Employee Stock Purchase Plan (ESPP). It is the intention of the company for the plan to qualify as an Employee Stock Purchase Plan under Section 423 of the Internal Revenue code.

HCSG EMPLOYEE STOCK PURCHASE PROGRAM MANAGED BY ETRADE



- ✓ **Company Updates**
- ✓ **View your Paystubs & W2**
- ✓ **Employee Benefits**
- ✓ **Career Opportunities**
- ✓ **And much more!**

The HUB is an online information center exclusive for HCSG employees. Get real-time company updates, learn what is happening at other facilities around the country, and access important information regarding benefits, payroll, career opportunities and much more.

**Go to [www.HCSGHUB.com](http://www.HCSGHUB.com) and explore everything HCSG!**