

2025

# benefits guide

Benefits that work for you.



# **BENEFITS BASICS**

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 Qualified 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

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

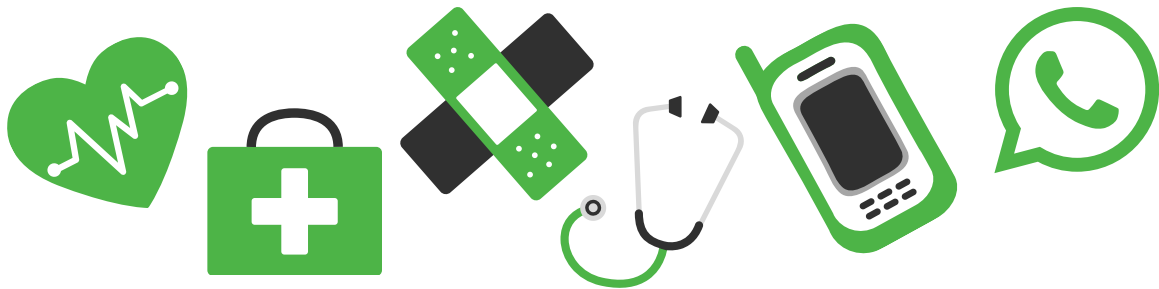
BENEFITS AVAILABLE	MIN OF 20 HOURS / WEEK	MIN OF 30 HOURS / WEEK
<b>Minimum Essential Coverage (MEC) / Wellness Medical Plan:</b> Provide coverage for over 80 preventive services without the insured having to pay a co-pay, deductible or co-insurance.	●	●
<b>Minimum Essential Coverage (MEC) Heavy Medical 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. Not available in CT, please email <a href="mailto:benefits@hcsghcorp.com">benefits@hcsghcorp.com</a> for a more information on ACA Compliant plan available in CT.		●
<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 (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 goverment's listed Preventative 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 (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, 3 day maximum per benefit period as in the plan brochure.
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
Emergency Room Visit Daily Indemnity Benefit *covers illness and accidents	\$100 per day, 3 day maximum per benefit period
Employee Group Term Life	\$5,000 per Employee \$2,500 per spouse \$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 (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 26 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**

## **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. Includes a 20% Daily Anesthesia Benefit.
Outpatient Surgery & Anesthesia Daily Indemnity Benefit	\$400 daily benefit with a maximum of 1 day per benefit period. 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 (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

- 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% 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**

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



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**

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

Vision coverage is through VSP.





# **VOLUNTARY BENEFITS**

## **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> 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> 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> All guaranteed issue.	\$1,000	\$10,000	Not Available

Amount of benefit equals amount of life benefit elected.





# VOLUNTARY BENEFITS

## 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



# SUPPLEMENTAL BENEFITS

## 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.

### Economy Plan

HOSPITAL INDEMNITY & LIMITED BENEFIT INSURANCE	Benefit Payable Per Day	Maximum Days per Plan Period
Inpatient Hospital Confinement Indemnity Benefit	\$300	180
Inpatient Hospital Intensive Care Unit Confinement Indemnity Benefit	\$600	30
Inpatient Mental Illness/Substance Abuse Hospital Confinement Indemnity Benefit	\$150	60
Inpatient Skilled Nursing Facility Confinement Indemnity Benefit	\$150	30
Outpatient Physician Office Visit Indemnity Benefit	\$50	10
Outpatient Preventive Care Indemnity Benefit	\$80	1
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit	\$50	5
Outpatient Emergency Room Indemnity Benefit	\$100	2

### Monthly Cost

Employee \$44.28	Employee + Spouse \$92.65	Employee + Child(ren) \$86.89	Employee + Family \$160.43
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### Standard Plan

HOSPITAL INDEMNITY & LIMITED BENEFIT INSURANCE	Benefit Payable Per Day	Maximum Days per Plan Period
Inpatient Hospital Confinement Indemnity Benefit	\$500	180
Inpatient Hospital Intensive Care Unit Confinement Indemnity Benefit	\$1,000	30
Inpatient Mental Illness/Substance Abuse Hospital Confinement Indemnity Benefit	\$250	60
Inpatient Skilled Nursing Facility Confinement Indemnity Benefit	\$250	30
Outpatient Physician Office Visit Indemnity Benefit	\$60	10
Outpatient Preventive Care Indemnity Benefit	\$100	1
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit	\$60	5
Outpatient Emergency Room Indemnity Benefit	\$250	2

### Monthly Cost

Employee \$61.34	Employee + Spouse \$128.62	Employee + Child(ren) \$121.17	Employee + Family \$168.31
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# SUPPLEMENTAL BENEFITS (cont.)

## Premier Plan

HOSPITAL INDEMNITY & LIMITED BENEFIT INSURANCE	Benefit Payable Per Day	Maximum Days per Plan Period
Inpatient Hospital Confinement Indemnity Benefit	\$1,000	180
Inpatient Hospital Intensive Care Unit Confinement Indemnity Benefit	\$2,000	30
Inpatient Mental Illness/Substance Abuse Hospital Confinement Indemnity Benefit	\$500	60
Inpatient Skilled Nursing Facility Confinement Indemnity Benefit	\$500	30
Inpatient Surgical Indemnity Benefit	\$1,500	1
Inpatient Anesthesia Indemnity Benefit	\$375	1
Outpatient Surgical Indemnity Benefit	\$800	1
Outpatient Anesthesia Indemnity Benefit	\$200	1
Outpatient Physician Office Visit Indemnity Benefit	\$60	10
Outpatient Preventive Care Indemnity Benefit	\$160	1
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit	\$60	5
Outpatient Emergency Room Indemnity Benefit	\$250	2
Outpatient Prescription Drug Indemnity Benefit Total Scripts	12	
Outpatient Generic Prescription Drug Indemnity Benefit	\$20	
Outpatient Formulary Prescription Drug Indemnity Benefit	\$20	

## Monthly Cost

Employee \$123.02	Employee + Spouse \$259.87	Employee + Child(ren) \$221.47	Employee + Family \$372.55
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## Additional Voluntary Benefits offered through Colonial Life

### Accident Insurance

Pays a range of benefits for simple and complex accidents

### Cancer Insurance

Pays you a range of benefits to help cover medical and non-medical expenses related to a cancer diagnosis and treatment.

### Critical Illness Insurance

Pays you a lump sum to help cover your out-of-pocket expenses related to a covered critical illness, such as a heart attack or stroke and other illnesses.

### Hospital Indemnity Insurance

Pays benefits directly to you to help cover the cost of a hospital stay and other medical procedures, in addition to your Health Insurance coverage.

### Life Insurance

Provides peace of mind and provides a specific sum to your beneficiary if you were to pass away.

### With MOST Colonial Plans:

- Coverage is available for your spouse and eligible dependent children.
- Benefits are payable directly to you, for any coverage you elect for spouse or dependents.
- You can continue coverage when you retire or change jobs, with no increase in premiums.
- You may receive benefits regardless of any insurance you may have with other companies.





# CARRIER INFORMATION

## CARRIER CONTACT INFORMATION

Carrier	Website	Contact
Benefits	<a href="https://hcsghub.com/">https://hcsghub.com/</a>	<a href="mailto:benefits@hcsghub.com">benefits@hcsghub.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







# EMPLOYEE STOCK

## 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.

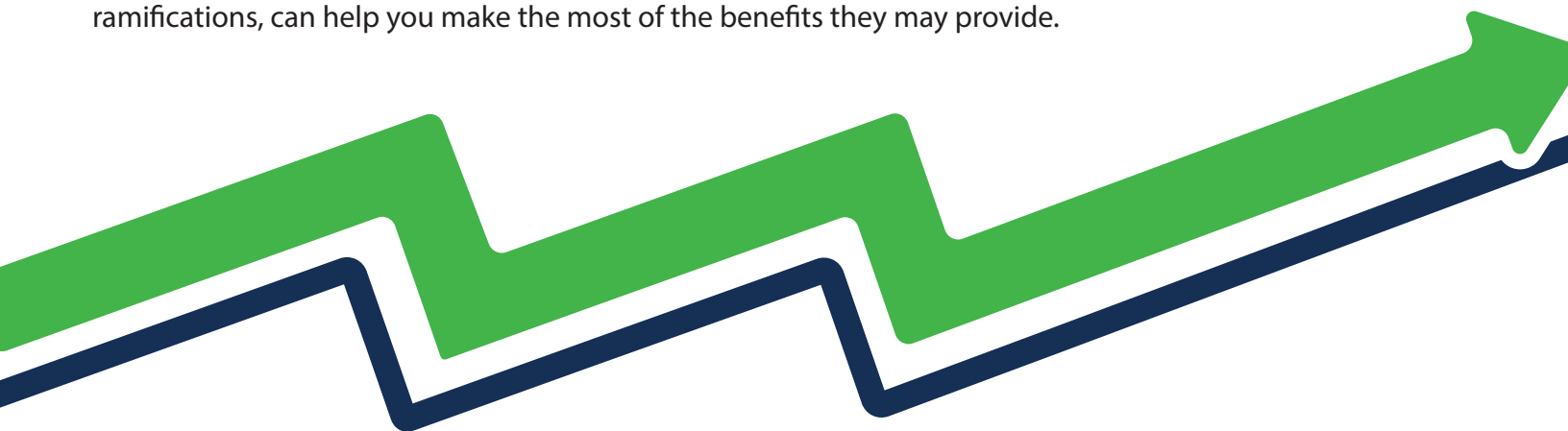
### **To be eligible the employee must meet the following criteria:**

- 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



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FOR ALL THINGS  
— HCSG —**

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