

Teammates



2024 Benefit Enrollment Guide

For assistance with benefit questions, claims, and billing inquiries, please call the Teammate Benefits Line at 1-833-236-7463.



Paid Leave For All Workers Act Notice



Paid Leave

- **Workers:** Earn up to five (5) days per year of paid leave from work.
- **Use:** Workers can use paid leave for any reason of their choosing. Employers cannot require workers to provide a reason for their time off request. Employers may not require, as a condition of taking leave, that the employee search for a replacement worker.
- **Accrual:** Workers earn 1 hour of paid leave for every 40 hours they work.
- **Carryover:** Workers rollover all unused paid leave at the end of the year.
- **Retaliation is prohibited:** Penalties may apply to employers that take adverse action against workers who exercise their rights under this law.

Penalties

Workers may recover the amount they should have been paid for the leave, penalties, and other equitable relief.

Filing a Complaint

A worker may file a complaint with the Illinois Department of Labor alleging a violation of this Act by filling out a complaint form at labor.illinois.gov/paidleave

Existing Policy and Exclusions

Certain exceptions may apply for employers who already provide their workers with paid leave. There are also certain categories of workers that are not covered by the law.

Scan the QR code for more information on how to file a complaint and applicable exceptions to the law.

For more information or to file a Complaint, contact us at:
DOL.PaidLeave@illinois.gov



THIS NOTICE MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES OF THE EMPLOYER WHERE OTHER NOTICES ARE POSTED.



State of Illinois
Illinois Department of Labor

For a complete text of the laws, visit our website at:
www.labor.illinois.gov

Get the Teammates app today!



Cook County Commission on Human Rights



Cook County Paid Leave Ordinance: Notice to Employees

You are covered by the Cook County Paid Leave Ordinance (PLO) if

1. You work for an employer in Cook County; and/or
2. Your employer has a place of business in Cook County.

You are entitled to:

- Earn at least one (1) hour of paid leave for every 40 hours worked;
- Use paid leave for any reason; and
- Be paid for leave at your usual rate of pay.

If you believe your employer has not issued the paid leave you are entitled to,

or, has violated the Ordinance in another way, you can file a complaint with the Cook County Commission on Human Rights:

- You may begin the complaint process by contacting a Human Rights Investigator for an intake interview.
- Investigators can be reached Monday-Friday, 9 am to 4 pm, by telephone or email.
- More information and forms for filing a Paid Leave complaint are available at www.cookcountyil.gov/PaidLeave



Effective 12/31/2023

Visit www.cookcountyil.gov/PaidLeave for more information



Toni Preckwinkle, President | Jennifer King, Director
Cook County Board of Commissioners

69 W. Washington, Suite 1130, Chicago, IL 60602 | P: (312) 603-1100 F: (312) 603-9988
human.rights@cookcountyil.gov

Get the Teammates app today!



We believe in giving our Teammates the best benefit options for their hard work. As a Teammate, you have access to unbeatable, affordable plans, custom-built for you. Use this guide to determine what protection meets your needs for 2024. Thanks for joining our team!

How To Enroll

YOU WILL BE AUTOMATICALLY ENROLLED in the [Blue Plan](#) for the 2024 plan year even if you have previously waived coverage. To make changes to your plan or unenroll, please call the Teammate Benefits Line at 833-236-7463.





Eligibility

Teammates are eligible for coverage once they have been on assignment for 30 days. Coverage begins on the first Monday following 30 days of employment. The date of employment is based on the date of your first check.

Contact Information

COVERAGE	CARRIER	CUSTOMER SERVICE	WEBSITE
Teammates Benefits Line	Healthsmart	1-833-236-7463	worxenroll.com/oningroup
Vision	Superior Vision	1-800-507-3800	superiorvision.com
Teladoctor	RelyMD	1-855-879-4332	relymd.com
EAP	Charles Nechtem	1-800-531-0200	charlesnechtem.com
Basic Life	Guardian	1-800-525-4542	guardianlife.com
401(k)	Onin	1-866-581-6646	oninjobs.com/tm401k
Legal Benefits	RocketLawyer	1-877-881-0947	go.rocketlawyer.com/oningroup

Login Information:

-  **Website:** worxenroll.com/oningroup
-  **Phone:** 833-236-7463
-  **Username:** first initial + last name + last 5 of your SSN (Ex: tdole12345)
-  **Password:** your first initial + last name + onin (Example: tdoleonin)

Teammate Benefits:

- Visit umr.com and select "Find a provider"
- Scroll to "**UnitedHealthcare Options PPO Network**" or "**UnitedHealthcare Choice Plus**" in the alphabetical list, or type it into the search box
- For medical providers, choose "View Providers"
- For behavioral health providers, select "Behavioral Health Directory"

Vision Provider:

- Visit superiorvision.com
- Click "Members"
- Select "Find an eye care professional"
- Enter your location information
- Select the "Insurance Through Your Employer" option
- Select the "Superior National" network
- Choose your desired distance
- Select the "Find Providers" button

Dental Provider:

- Visit dentemax.com
- Click "Find a Dentist" at the top of the page
- Enter desired zip code

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Mandatory Notices for more details.



To view your Mandatory Notices, scan the QR code!

Teammate Benefits Plans

We take care of our Teammates with a comprehensive benefits package that truly differentiates us from our competitors. The Onin Group offers healthcare services that are both affordable and accessible.

IN-NETWORK MEDICAL BENEFITS	BLUE PLAN	BRONZE PLAN		
Network	UnitedHealthcare Options PPO	UnitedHealthcare Choice Plus		
Calendar Year Deductible (Individual / Family)	\$0/\$0	\$3,000 / \$6,000		
Maximum Calendar Year Out of Pocket (Individual / Family)	N / A	\$6,000 / \$12,000		
PROFESSIONAL SERVICES	YOUR RESPONSIBILITY IS:	YOUR RESPONSIBILITY IS:		
Primary Care Visits	\$5 Copay, first 2 visits, \$25 Copay, visits 3 to 6	\$5 Copay, first 2 visits, \$25 Copay, visits 3+		
Specialist Visits	\$50 Copay, up to 4 visits per year	\$50 Copay		
Urgent Care	\$25 Copay, up to 4 visits per year	\$50 Copay		
Preventative Services	Covered 100%	Covered 100%		
Teledoctor	\$0 Copay	\$0 Copay		
	FIXED DOLLAR REIMBURSEMENT	DEDUCTIBLE AMOUNT		
X-RAY / LAB	PLAN WILL COVER UP TO:	YOUR RESPONSIBILITY IS:		
X-ray Services	\$700 up to 3 per year	Deductible then 20%		
Laboratory Services	\$250 up to 8 per year	Deductible then 20%		
Magnetic Resonance Imaging (MRI)	\$1,600 up to 1 per year	Deductible then 20%		
Computerized Tomography (CT) Scan	\$1,500 up to 1 per year	Deductible then 20%		
INPATIENT/OUTPATIENT BENEFITS	PLAN WILL COVER UP TO:	YOUR RESPONSIBILITY IS:		
Inpatient Hospital Services, Including Childbirth	\$3,000 up to 3 days	Deductible then 20%		
Outpatient Surgery	\$1,500 up to 2 per year	Deductible then 20%		
Anesthesia Services	\$2,000 up to 5 per year	Deductible then 20%		
Mental Health Benefit	\$250 up to 20 per year	Deductible then 20%		
Alcohol and Substance Abuse Benefit	\$250 up to 20 per year	Deductible then 20%		
Inpatient / Outpatient Doctor Benefit	\$125 up to 10 per year	Deductible then 20%		
EMERGENCY ROOM VISIT	PLAN WILL COVER UP TO:	PLAN WILL COVER UP TO:		
Treatment of an Accidental Injury	\$500 up to 2 per year	\$500 Copay then Deductible + 20%		
Treatment of a Sickness	\$50 up to 1 per year	N / A		
PRESCRIPTION DRUGS	YOUR RESPONSIBILITY IS:	Retail (30 days)	Mail Order (90 days)	
Generic	\$5 Copay	\$15 Copay	\$30 Copay	
Preferred Brand	N / A	30%, minimum \$35	30%, minimum \$70	
Non-Preferred Brand	N / A	40%, minimum \$70	40%, minimum \$150	
PLAN RATES	Teammate Weekly Cost	Payrate: \$10 - \$14.99	Payrate: \$15 - \$16.99	Payrate: \$17+
Teammate Only	\$17.82	\$25.17	\$37.76	\$42.79
Teammate & Spouse	\$46.38	\$140.01	\$153.69	\$159.16
Teammate & Children	\$56.46	\$112.78	\$126.46	\$131.93
Family	\$80.69	\$258.93	\$272.61	\$278.08

IMPORTANT: The benefits outlined here are for IN NETWORK benefits only. You MUST be sure to confirm the provider or facility you choose participates in the network before you visit. The MEC plan does not cover out of network providers or facilities. If you choose to use an out of network provider you will be responsible for the full cost of the service or visit.

Employee Assistance Program

The Onin Group Employee Assistance Program (EAP) is a benefit available to all Teammates that offers confidential counseling services to you and members of your household enrolled in medical coverage. This service offers immediate access to clinicians who will help clarify your problem or concern and work with you to develop a plan of action to address it. The EAP provides the opportunity to work with a counselor directly over the phone.

Counseling Services

The EAP can help you address a wide variety of personal concerns to support your well-being at work and at home. Examples of concerns we can help with include:

- Alcohol or drug abuse
- Anxiety
- Child and family issues
- Dealing with change
- Debt and money management
- Balancing personal and professional life
- Domestic violence
- Executive coaching
- Feeling overwhelmed
- Depression
- Marital issues
- Grief
- Parenting
- Problems with a child
- Relationship issues
- Smoking cessation
- Time management

Unlimited telephone counseling is available 24/7 at no cost to you!

Call: 1-800-531-0200

Email: inquiries@charlesnechtem.com

Visit us on the web at: charlesnechtem.com

Vision Insurance

This Superior Vision Insurance is included with your medical coverage.

SUPERIOR VISION	
Waiting Period/Coverage Election Date	1st pay period following 30 days on assignment
BASIC INFORMATION	IN-NETWORK
Eye Exam	100% after \$10 copay
Contacts: Elective	Up to \$120 Allowance
Single, Bifocal, Trifocal Vision Eyeglass Lenses	100% after \$25 copay
Standard Frame	*Up to \$120 Allowance
FREQUENCY OF SERVICES	IN-NETWORK
Comprehensive Eye Examination	12 Months
Lenses	12 Months
Frames	24 Months
OTHER FEATURES	OTHER FEATURES
Laser Vision Correction	Discounts range from 10% to 50%
Network	Superior National Network
Plan Provisions	*Frames: Up to 20% off amount over allowance

TEAMMATE VISION PLAN RATE	TEAMMATE WEEKLY COST
Teammate Only	\$0.00
Teammate & Spouse	\$0.81
Teammate & Children	\$1.12
Family	\$2.14

Dental Insurance

This Dentemax Insurance is included with medical coverage. This is a Preferred Provider Organization (PPO) plan. The PPO plan offers the flexibility to use any licensed dentist, so you can find a provider who meets your needs.

DENTAL	
Annual Deductible - Individual/Family	\$50/\$150
Calendar Year Maximum Benefit	\$1,000
Network	Dentemax
IN-NETWORK/OUT-OF-NETWORK COVERAGE	
PREVENTIVE SERVICES	
Exams (once every 6 months)	Covered 100%
Cleanings (once every 6 months)	
Fluoride Treatments (children under 14)	
X-rays	
BASIC SERVICES	
Fillings	Covered 80%
Simple Extractions	
Sealants (children under 16)	
MAJOR SERVICES	
Periodontics	Covered 50%
Endodontic (root canal)	
Crowns	
Bridges	
Dentures	

TEAMMATE DENTAL PLAN RATE	TEAMMATE WEEKLY COST
Teammate Only	\$0.00
Teammate & Spouse	\$3.65
Teammate & Children	\$4.53
Family	\$6.84

Basic Life and AD&D Insurance

The AD&D benefit is equal to the amount of your Basic Life coverage. Please be sure to update your beneficiary information! This benefit is provided at no cost to you! Any dependents covered under your medical plan will automatically be covered under the Basic Life plan.

LIFE BENEFIT SUMMARY	
Teammate	\$3,000
Spouse	\$2,000
Child(ren)	\$1,000

If any or all your Basic Life coverage ends due to termination of employment, you will have the opportunity to convert some or all of this coverage to an individual policy. You have 30 days from the date your coverage ends to contact Guardian at **800-627-4200**.

Teledoctor Service: RelyMD

Get easier access to care when you're sick at no cost to you! RelyMD is a convenient way to get the care you need anytime, anywhere. Immediately connect with US board certified physicians anytime day or night. Avoid a trip to the ER or Urgent Care for non-emergency issues such as:

- Cold & Flu
- Fever
- Aches & Pains
- Eye Infections
- Headaches
- Muscle Pains
- Rashes
- **...and much more!**

When to Use RelyMD

- If you're considering the ER or urgent care for a non-emergency medical issue
- Your trusted primary care physician is not available to see you right away
- You or your family are traveling or in need of medical care
- When you need to speak to a trusted professional from the comfort of home

How to Use RelyMD



Visit: relymd.com



Call: (855) 879-4332



Download the RelyMD App and use the employer code **MYIDR1489**



(For any inquiries, please contact support@relymd.com)

Operx

Operx is a fun and easy way to get discounts on a wide variety of products and services. Some of the most popular categories for Teammates are travel, tickets and entertainment, electronics, automotive supplies, cell phones, apparel, health and wellness, and food.

Don't have an Operx login? Go to operx.perkspot.com and create an account.

Skechers Shoe Discounts

SKECHERS Direct offers Onin Teammates a 30% Discount on work shoes and other great styles year-round. Teammates can shop at any SKECHERS Retail store or online.

Shop Retail

- Mention retail code **B4B** at checkout to claim your discount

Shop Online

- Visit <http://www.skechersdirect.com/register>
- Enter the Company Access Code: **HCDSBKCC**
- You will then receive an email that allows you to set up a password for your personal account on page 4



To claim your offer, scan the QR code, or visit www.skechersdirect.com/register

401K

Investing your money over time can help create a six-figure retirement fund when you're ready to relax. We hope you love working for Ōnin, but we don't expect you to want to work forever. That means you need options that allow you to plan for retirement without breaking the bank.

A small percentage of your pay is invested in a group of stocks called a mutual fund. Historically mutual funds average about 8% annual growth. The longer you leave your money in, the more your 401(k) grows. In fact, there are hefty tax penalties if you take your money out before the age of 60. The sooner you start and the longer you go without touching it, the greater your returns.

When you set aside just \$3-- the cost of a fast-food cheeseburger-- out of every \$100 you earn, Ōnin will match it, doubling your investment (does that make it a double-cheeseburger?). That money goes to work for you in the stock market, building wealth quietly in the background while you work to pay your bills like normal. As long as that money sits there and works for you and you keep contributing, in 40 years, you will have invested a few bucks per paycheck, but your 401(k) will be worth a hefty 6-figures.

Plan Details

- **Eligible after 9 months***
*9 months with less than 1 month break in service
- **No minimum contribution**
- **Full-time or part-time**
- **Ōnin will match your contribution****
**Ōnin will match your contributions up to 3%



For more information, scan the QR code,
or visit oninjobs.com/tm401k

Rocket Lawyer Legal Services

Ōnin makes it easy for you to get instant advice and access legal resources with Rocket Lawyer. Whether you're starting a family, buying a home, working through a landlord dispute, or planning your estate, Rocket Lawyer Legal Benefits can help.

With Rocket Lawyer, you'll have access to these services:

- **Legal Documents Library:** Create and sign hundreds of legal documents such as wills, leases, and child care authorization forms
- **Attorney Q&A:** Submit a question and get reliable legal advice within one business day
- **Attorney Phone Consultations:** Schedule a free, 30-minute phone call with a Rocket Lawyer attorney specializing in your issue
- **Attorney Discounts:** Save 40% on lawyers in your area



For more information, scan the QR code,
or visit oninjobs.com/rl22

Endeavor Scholarship

The Ònin Group endeavors to stand out in the staffing industry. In order to stand out, we must invest in and inspire our Teammates. We created our Endeavor Scholarship Program with the sole intention of positively impacting the lives of our Teammates.

For more information, visit oninstaffing.com/endeavor-scholarship

Paid Holiday & Vacation Time

Holiday Pay

Teammates are eligible for holiday pay after 1,200 hours. You will be paid for six holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day). In order to be eligible for the holiday pay, you must work 1,200 hours during the 12 months preceding an Ònin paid holiday. You must also work the scheduled days before and after a holiday.

Vacation Pay

After each 1,800 hours of service with no more than a 120 day break in assignments, you will be eligible for 40 hours of vacation time. If your employment with Ònin is terminated, you will not be paid for any accrued vacation time.*

*Unless preempted by other local state or county laws and ordinances

Legal Notices

To access the following important notices, scan the QR code:

- Summary of Benefit Coverage
- Women's Health and Cancer Rights Act
- Newborns' and Mothers' Health Protection Act Disclosure
- USERRA
- Medicare Part D Notice of Creditable / Non-Creditable Coverage
- Your ERISA Rights
- Continuation Coverage Rights under COBRA
- Medicaid and The Children's Health Program (CHIP)
- HIPAA Privacy Notice



INSURANCE OFFICE OF AMERICA

For assistance with benefits questions, claims, and billing inquiries, please call the Teammate Benefits Line at: 1-833-236-7463

The Blue Plan



When you're on our team, you have unbeatable, affordable benefits. The EAP, Vision, Dental, Life, and Legal plans are all included with your Medical plan.

Blue Plan	
Prescription Drugs: (Retail, 30-day supply)	\$5 Generic Prescriptions
Primary Care Visits:	\$5 Copay first 2 visits; \$25 Copay visits 3-6
Specialist Visits:	\$50 Copay up to 4 visits per year
Urgent Care:	\$25 Copay up to 4 visits per year
Preventative Services:	Covered 100%
Fixed Dollar Reimbursements:	X-Ray / Lab Services Emergency Room Visits Inpatient / Outpatient Benefits
Teledoctor: (Included at no additional cost!)	\$0 Copay 24/7/365 access to a physician Speak to a doctor at work, traveling or from the comfort of your home Save money by avoiding expensive ER and Urgent Care visits

Vision Plan	
Eye Exam	Covered 100% after \$10 Copay
Contacts (in lieu of eyeglasses)	Up to \$120 Allowance
Lenses (single, bifocal, or trifocal)	Covered 100% after \$25 Copay
Standard Frame	Up to \$120 Allowance up to 20% off amount over Allowance
Safety Eyeglasses	Basic Frames and Lenses Covered. Additional Costs Possible.

401(k) Plan	
You are eligible to participate after 9 months	
No minimum contribution required* *Onin will match your contribution up to 3%	

Dental Plan	
Preventative Services	Covered 100%
Deductible (Individual / Family)	\$50 / \$150
Annual Maximum per person	\$1,000
Basic Services (after Deductible)	Covered 80%
Major Services (after Deductible)	Covered 50%

RocketLawyer	
Access to legal documents, such as, wills, leases, forms, etc.	
Access to legal consultations and discounts on legal services.	

Employee Assistance Program (EAP)	
Free counseling services available 24/7 for you and your dependents	
Resources for financial, relationship, health and personal growth assistance	

Basic Life Plan	
Teammate Only	\$3,000
Spouse	\$2,000
Children	\$1,000

Blue Plan Weekly Cost	Medical	Vision	Dental	Basic Life
Teammate Only	\$17.82	\$0.00	\$0.00	\$0.00
Teammate & Spouse	\$46.38	\$0.81	\$3.65	\$0.00
Teammate & Children	\$56.46	\$1.12	\$4.53	\$0.00
Family	\$80.69	\$2.14	\$6.84	\$0.00

Want to learn more?
Visit: oninstaffing.com/benefits



The Bronze Plan



When you're on our team, you have unbeatable, affordable benefits. The EAP, Vision, Dental, Life, and Legal plans are all included with your Medical plan.

Bronze Plan	
Prescription Drugs: (Retail, 30-day supply)	\$15 Copay
Primary Care Visits:	\$5 Copay, first 2 visits, \$25 Copay, visits 3+
Specialist Visits:	\$50 Copay
Urgent Care:	\$50 Copay
Preventative Services:	Covered 100%
Deductible then 20%	Individual: \$3,000 / Family: \$6,000 Once deductible is met, Bronze Plan will cover the cost
Teledoctor: (Included at no additional cost!)	\$0 Copay 24/7/365 access to a physician Speak to a doctor at work, traveling or from the comfort of your home Save money by avoiding expensive ER and Urgent Care visits

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Bronze Plan Weekly Rates*

Hourly Rate	Teammate Only	Teammate + Spouse	Teammate + Child(ren)	Family
\$10-14.99	\$25.17	\$140.01	\$112.78	\$258.93
\$15-16.99	\$37.76	\$153.69	\$126.46	\$272.61
\$17+	\$42.79	\$159.16	\$131.93	\$278.08

*rates listed include medical, vision, dental, and basic life insurance

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Visit: oninstaffing.com/benefits



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