



the results company



HSO US Employee Benefits Overview

Plan Year: September 1, 2022 – August 31, 2023

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Medical Plan Offerings with Evolution Healthcare

	HRA Plan		Low Deductible Plan		HSA Plan	
Medical Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$2,850		\$250		\$2,800	\$5,000
Family	\$5,700		\$450		\$5,600	\$10,000
Out-of-Pocket Maximum						
Individual	\$5,000	\$5,850	\$5,000	\$5,850	\$6,000	\$10,000
Family	\$10,000	\$11,700	\$10,000	\$11,700	\$12,000	\$20,000
Health Reimbursement Arrangement	\$2,500 / \$5,000		N/A		N/A	
Health Savings Account	N/A		N/A		\$780/\$1,560	

Medical Plan Offerings with Evolution Healthcare

	HRA Plan		Low Deductible Plan		HSA Plan	
Medical Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	No Charge	Deductible then 30%	No Charge	Deductible then 30%	No Charge	50% co-insurance
Primary Care Visit	No Charge	Deductible then 30%	No Charge	Deductible then 30%	\$30 Copay/visit + Deductible	50% co-insurance
PCP / Specialist Office Visit	Deductible then \$0 Copay	Deductible then 30%	Deductible then \$0 Copay	Deductible then 30%	\$60 Copay/visit + Deductible	50% co-insurance
Chiropractic Office Visit	Deductible then \$0 Copay	Deductible then 10%	Deductible then \$0 Copay	Deductible then 10%	\$60 Copay/visit + Deductible	50% co-insurance
Teladoc (Virtual Visits)	\$0 Copay/Visit	N/A	\$0 Copay/Visit	N/A	\$0 Copay/Visit	N/A
Mental Health	Deductible then \$0 Copay	Deductible then 10%	Deductible then \$0 copay	Deductible then 10%	\$60 Copay/visit + Deductible	50% co-insurance
Urgent Care Facility	Deductible then \$0 Copay	Deductible then 30%	Deductible then \$0 Copay	Deductible then 30%	\$75 Copay/visit + Deductible	50% co-insurance
Emergency Room (copay waived if admitted)	Deductible then \$0 Copay	Treated as in-network	Deductible then \$0 Copay	Treated as in-network	\$350 Copay/visit + Deductible	\$350 Copay/visit
Hospital Facility Services	Deductible then \$0 Copay	Deductible then 30%	Deductible then \$0 Copay	Deductible then 30%	\$500/Admission + Deductible	50% co-insurance
Prescription Coverage						
Annual Deductible	Combined with Medical Deductible		Combined with Medical Deductible		Combined with Medical Deductible	
Out-of-Pocket Maximum	Combined with Medical OOP		Combined with Medical OOP		Combined with Medical OOP	
Tier I (Generic)	\$10 copay		\$10 copay		\$10 copay	
Tier II (Preferred)	\$30 copay		\$30 copay		\$35 copay	
Tier III (Non-Formulary)	\$60 copay		\$60 copay		\$60 copay	
Mail Order 90-day supply	2.5 X Retail Copay		2.5 X Retail Copay		2.5 X Retail Copay	

Health Reimbursement Account (HRA) vs. Health Savings Account (HSA)

HRA

- The HRA is meant to help employees cover the cost of out-of-pocket medical expenses up to \$2,500.00 for single employee coverage, and up to \$5,000.00 for all other levels of coverage, per plan year.
- Any employee enrolled in the HRA Medical plan is automatically enrolled in the HRA.
- EVHC will automatically reimburse medical claims to the provider for any amount that is applied to an employee's deductible through the HRA.
- Employees will receive a debit card to pay for prescriptions through the HRA.
- The HRA is completely funded by the company and is of no cost to the employee.

HSA

- An HSA is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.
- HSA funds can be used to pay for deductibles, copayments, coinsurance, and some other expenses. HSA funds may not be used to pay premiums.
- Any employee enrolled in the HSA Medical plan will need to set-up an account with Optum Bank.
- HSO will make semi-monthly contributions to the HSA for a total of \$780/year for single employees or \$1,560 for all other levels of coverage.
- Employees can make their own pre-tax contributions to their HSA.

Family Deductible Information

- Under the **HRA and Low Deductible Plans**, all family members' out-of-pocket expenses count towards the family deductible until the family deductible is met, and then all family members are all covered with the plan's usual coinsurance. **One member can incur enough expenses to meet the family deductible.**
- The **HSA** plan **requires at least two members to meet their individual deductibles in order to satisfy the family deductible.**

Teladoc: Available 24/7/365

- Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults for free as a service of our medial plan.
- **Set Up Your Account**
 - Visit the Teladoc website at Teladoc.com, click "Set up account." You can also call Teladoc for assistance over the phone.
- **Request a Consultation**
 - Once your account is set up, request a consultation anytime you need care.
- **Provide Medical History**
 - Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis. You can get your medical history three ways:



Online: Log into Teladoc.com and click "My Medical History".



Mobile app: Log into your account and complete the "My Health Record" section. Visit ***Teladoc.com/mobile*** to download the app.



Call Teladoc: Complete our medical history over the phone at 1-800-Teladoc.

Teladoc: Available 24/7/365



Online: Log into [Teladoc.com](https://www.teladoc.com) and click "My Medical History".



Mobile app: Log into your account and complete the "My Health Record" section. Visit [**Teladoc.com/mobile**](https://www.teladoc.com/mobile) to download the app.



Call Teladoc: Complete our medical history over the phone at **1-800-Teladoc**

Getting Started with Teladoc®

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults for free as a service of our medial plan.

Setting Up Your Account

Visit the Teladoc website at [Teladoc.com](https://www.teladoc.com), click "Set up account." You can also call Teladoc for assistance over the phone.

Request A Consultation

Once your account is set up, request a consultation anytime you need care.

Provide Medical History

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Dental Benefits

	In-Network	Out-of-Network
Individual Deductible	\$50	
Family Deductible	\$150	
Waived for Type 1 Services?	Yes	No
Preventative		
Office Visit Bitewing X-Rays Teeth Cleaning	You pay: 0%	
Basic		
Fillings Simple Extractions Endodontics	You pay: 20%	
Major		
Crowns Dentures Surgical Extractions	You pay: 35%	
Plan Year Benefit Max	\$2,500 per Individual	
Orthodontia Benefit	50% up to \$1,000 Lifetime Benefit	

Vision Benefits

Benefit	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Eye Examination			
Comprehensive exam of visual functions and prescription of corrective eyewear	Covered after \$5 copay	Covered up to \$45 allowance	12 months
Materials/Eyewear			
Materials/Eyewear (Either glasses or contacts allowed per frequency)	\$10 copay	Not applicable	
Standard Corrective Lenses			
	Covered after eyewear copay	Covered up to:	12 months
Single vision		\$30 allowance	
Lined bifocal		\$50 allowance	
Lined trifocal		\$65 allowance	
Lenticular		\$100 allowance	
Standard Lens Options			
Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens	12 months
Polycarbonate (child up to age 18)	Covered in Full		
Polycarbonate (adult)	\$33 copay		
Progressive	\$55 copay	\$50 allowance	
Scratch-resistant coating	\$17 copay	Applied to the allowance for the applicable corrective lens	
Anti-reflective coating	\$43 copay		
Photochromic	\$47 copay		

Vision Benefits

Benefit	In-Network Coverage	Out-of-Network Reimbursement	Frequency
Frame Allowance			
(20% off the additional amount when patients choose a frame that exceeds the allowance at in- network private practice providers)	Covered up to: \$130 allowance after eyewear copay	Covered up to: \$70 allowance	12 months
Costco	\$70 allowance after eyewear copay		
Contact Lenses			
Fitting and evaluation	Standard or Premium fit: Member receives 15% off; Copay will not exceed \$60	Applied to the allowance for the contact lenses	12 months
Elective lenses	Covered up to \$130 allowance	Covered up to \$105 allowance	
Necessary	Covered after eyewear copay	Covered up to \$210 allowance	
Value Added Features			
Additional Discounts on Glasses and Sunglasses	20% discount off additional pairs of prescription glasses and non-prescription sunglasses, including lens options.		
Laser Vision Correction	Discounts averaging 15-20% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Discounts only available from MetLife participating facilities.		

Employee Payroll Contributions - Medical

Employee Contributions HRA Medical Plan:

- Employee Only \$148.95/month (\$74.48 per pay period)
- Employee + Spouse \$518.85/month (\$259.43 per pay period)
- Employee + Child(ren) \$461.31/month (\$230.65 per pay period)
- Employee + Family \$734.36/month (\$367.18 per pay period)

Employee Contributions Low-Deductible Medical Plan:

- Employee Only \$142.12/month (\$71.06 per pay period)
- Employee + Spouse \$495.06/month (\$247.53 per pay period)
- Employee + Child(ren) \$440.14/month (\$220.07 per pay period)
- Employee + Family \$700.68/month (\$350.34 per pay period)

Employee Contributions HSA Plan:

- Employee Only \$113.88/month (\$56.94 per pay period)
- Employee + Spouse \$445.06/month (\$222.53 per pay period)
- Employee + Child(ren) \$405.79/month (\$202.90 per pay period)
- Employee + Family \$638.79/month (\$319.40 per pay period)

Employee Payroll Contributions – Dental and Vision

Employee Contributions for Dental Plan:

- Employee Only \$16.44/month (\$8.22 per pay period)
- Employee + Spouse \$33.74/month (\$16.87 per pay period)
- Employee + Children \$38.54/month (\$19.27 per pay period)
- Employee + Family \$59.92/month (\$29.96 per pay period)

Employee Contributions for Vision Plan:

- Employee Only \$5.49/month (\$2.75 per pay period)
- Employee + Spouse \$11.00/month (\$5.50 per pay period)
- Employee + Children \$10.32/month (\$5.16 per pay period)
- Employee + Family \$15.80/month (\$7.90 per pay period)

In-Network Doctor Search

MEDICAL: Searching for Cigna In-Network Providers and Facilities

1. Visit <https://hcpdirectory.cigna.com/web/public/consumer/directory>
2. On Cigna's "How are you covered" page, select "Employer or School"
3. Enter your city and state
4. Select one of the three available options
5. Click on "Continue as guest"
6. Choose "PPO, Choice Fund PPO" as the medical plan
7. You can narrow your search filters from here

DENTAL: Searching for Guardian In-Network Providers and Facilities

1. Go to guardiananytime.com and select "Find a Provider"
2. Under the "Not looking for Guardian providers for a group plan?" section click on: "If you have insurance outside Guardian that uses the DentalGuard Preferred Select network, search within that network."
3. Enter a Zip Code or City and State and Provider Last Name or Office Name if available.

VISION: Searching for MetLife In-Network Providers

1. Visit [Find Vision Provider](#)
2. Enter your Zip Code or City & State

Flexible Spending Account (FSA)

- The company offers voluntary enrollment in a Flexible Spending Account. FSAs provide employees the option of paying for eligible health care expenses on a tax-free basis.
- Employees make deposits into these reimbursement accounts through pre-tax payroll deductions (**annual maximum of \$2,850**). Money from each account is reimbursed as claims are submitted for eligible expenses.
 - The plan allows for a \$570 rollover of unused funds to be used in the following plan year.
- Employees enrolling in the HSA medical plan will be eligible for a limited FSA.
- This plan, covered by section 125 of the Internal Revenue code, allows eligible employees to use pre-taxed money for unreimbursed medical expenses.

Dependent Care Account (DCA)

- A DCA is similar to an FSA in that it allows you to set aside pre-tax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you can work, or if you're married, for your spouse to work, look for work or attend school full time.
- Employees make deposits into these reimbursement accounts through before-tax payroll deductions. Money from each account is reimbursed as claims are submitted for eligible expenses.
- DCA Pretax Contribution Limits:

Account holder is married and files a separate tax return	\$2,500/Year
Account holder is married and files a joint tax return or files as single/head of household	\$5,000/Year

Company-Sponsored Short-Term Disability (STD)

STD Benefit Summary:

- **60% of your pre-disability earnings up to \$3,750/week for up to 25 weeks**

What Is Short-term Disability Insurance?

- For working individuals, a disability is a medical condition that reduces your ability to perform your job duties, usually an injury or illness. While some disabilities are work-related, nearly 75 percent of disabling injuries to workers occur off the job.
- STD is a type of weekly disability insurance coverage that is designed to help you remain financially stable should you become injured or ill and cannot work. The coverage allows you to continue to receive an income while you are unable to work.

Why Is Disability Insurance So Important?

- The risk of disability is greater than most people realize. When you become disabled and lose time at work, your source of income is eliminated. Nearly one-third of employees will miss more than one month of pay due to injury or illness. In addition to lost income, you are most likely experiencing an increase in medical expenses due to your disabling injury or illness.

How does my coverage work?

- Our plan is designed to replace 60% of your regular earnings up to a maximum of \$3,750 per week. If you are unable to work due to an injury or an illness your benefits will begin after you are unable to work for 7 calendar days, this is called the elimination period. During the elimination period you may be eligible to collect sick and/or vacation pay. You are eligible to collect STD benefits for up to 25 weeks.

Company-Sponsored Life Insurance

Eligibility	
Job Class	All Members
Benefits Payable	
Employee Life Benefits	
Benefit Amount	\$50,000
Proof of Good Health	<p>Proof of good health is required for life insurance amounts greater than:</p> <p>If you are Under 70:</p> <p>\$50,000</p> <p>If you are 70 and older:</p> <p>The lesser of \$50,000 or the amount with the prior carrier</p>
Age Reductions	<p>35% benefit reduction at age 65, with an additional 15% reduction at age 70.</p> <p>Age reductions apply to the benefit amount after proof of good health .</p>
Additional Employee Benefits	
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived.
Accelerated Death Benefit	If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
Individual Purchase Rights	If you terminate employment, you may be able to convert coverage to an individual policy.
Limitations & Exclusions	
Coverage Outside of the US	Benefits will not be paid if you are outside the United States for certain reasons for more than six months.

Voluntary Term Life Insurance Rates

Voluntary-term life - employee

Estimated employee monthly premium amounts

End of the rate guarantee period: 04/30/2023

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$20,000	\$1.46	\$1.82	\$2.50	\$3.64	\$5.86	\$9.42	\$16.08	\$24.90	\$13,000	\$29.90	\$10,000	\$46.78
\$40,000	\$2.92	\$3.64	\$5.00	\$7.28	\$11.72	\$18.84	\$32.16	\$49.80	\$26,000	\$59.80	\$20,000	\$93.56
\$60,000	\$4.38	\$5.46	\$7.50	\$10.92	\$17.58	\$28.26	\$48.24	\$74.70	\$39,000	\$89.70	\$30,000	\$140.34
\$80,000	\$5.84	\$7.28	\$10.00	\$14.56	\$23.44	\$37.68	\$64.32	\$99.60	\$52,000	\$119.60	\$40,000	\$187.12
\$100,000	\$7.30	\$9.10	\$12.50	\$18.20	\$29.30	\$47.10	\$80.40	\$124.50	\$65,000	\$149.50	\$50,000	\$233.90
\$120,000	\$8.76	\$10.92	\$15.00	\$21.84	\$35.16	\$56.52	\$96.48	\$149.40	\$78,000	\$179.40	\$60,000	\$280.68
\$140,000	\$10.22	\$12.74	\$17.50	\$25.48	\$41.02	\$65.94	\$112.56	\$174.30	\$91,000	\$209.30	\$70,000	\$327.46
\$160,000	\$11.68	\$14.56	\$20.00	\$29.12	\$46.88	\$75.36	\$128.64	\$199.20	\$104,000	\$239.20	\$80,000	\$374.24
\$180,000	\$13.14	\$16.38	\$22.50	\$32.76	\$52.74	\$84.78	\$144.72	\$224.10	\$117,000	\$269.10	\$90,000	\$421.02
\$200,000	\$14.60	\$18.20	\$25.00	\$36.40	\$58.60	\$94.20	\$160.80	\$249.00	\$130,000	\$299.00	\$100,000	\$467.80
\$220,000	\$16.06	\$20.02	\$27.50	\$40.04	\$64.46	\$103.62	\$176.88	\$273.90	\$143,000	\$328.90	\$110,000	\$514.58
\$240,000	\$17.52	\$21.84	\$30.00	\$43.68	\$70.32	\$113.04	\$192.96	\$298.80	\$156,000	\$358.80	\$120,000	\$561.36
\$260,000	\$18.98	\$23.66	\$32.50	\$47.32	\$76.18	\$122.46	\$209.04	\$323.70	\$169,000	\$388.70	\$130,000	\$608.14
\$280,000	\$20.44	\$25.48	\$35.00	\$50.96	\$82.04	\$131.88	\$225.12	\$348.60	\$182,000	\$418.60	\$140,000	\$654.92
\$300,000	\$21.90	\$27.30	\$37.50	\$54.60	\$87.90	\$141.30	\$241.20	\$373.50	\$195,000	\$448.50	\$150,000	\$701.70

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Long-Term Disability Rates

1. Divide your annual salary by 12 and round to the nearest dollar. Note: if your covered monthly earnings are greater than \$16,666, use \$16,666 as your monthly earnings.
2. Multiply your monthly earnings by your monthly age rate (see table below).
3. Calculate your semi-monthly payroll deduction by dividing monthly premium by 2.

Age	Monthly Rate
Age 20-24	0.0005
Age 25-29	0.0009
Age 30-34	0.0014
Age 35-39	0.0020
Age 40-44	0.0041
Age 45-49	0.0056
Age 50-54	0.0086
Age 55-59	0.0112
Age 60-64	0.0104
Age 65-69	0.0045
Age 70 & Over	0.0022

401k

- We offer a 401(k) plan to all full-time employees through The Principal. A wide array of mutual funds and stocks are part of the 401(k) offering.
- The company matches 100% of all contributions made by the employee up to 4% of the employee's eligible compensation. Employer Matching contributions are made each pay period in which the Employee makes an elective contribution.
 - For purposes of employer matching, total compensation is subject to Federal limits. In 2023, no more than \$330,000 of Compensation may be taken into account in determining your benefits under the plan.
- Maximum employee 401(k) contributions for 2023 are \$22,500. For participants ages 50 and over, the additional "catch-up" contribution limit for 2023 is \$7,500.
- 401(k) advisory services are offered to all eligible employees free of charge.
 - Felix Camacho
 - felix.k.camacho@ampf.com
 - O: 404.591.2451 | M: 917.846.7236

Unlimited Time Off

- It is our intent to provide our employees the **freedom** they require to balance the responsibilities of both their work and home lives, thereby maximizing their value to the company through our Discretionary Time Off (DTO) benefit.
- Under this policy, the company offers an **unlimited paid time off policy** to all eligible full-time employees.
- Employees should take the amount of paid time off needed to **maintain a healthy work/life balance**. We believe, for most employees, this will translate to 4-6 workweeks of DTO each year.
- Eligible employees will be free to take leave when they require it at management's discretion.
 - It is the policy of the company to forego implementation of a leave accrual or bank system of any sort and implement a Discretionary Time Off (DTO) policy.
- Financial compensation is not provided in lieu of vacation.
 - There will be no "carry over" under the DTO policy.
 - We do not pay out accrued or unused time off when an employee separates from the Company.

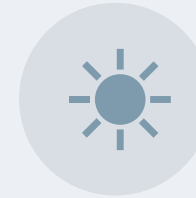
Holiday Schedule



New Year's Day



Memorial Day



Independence Day



Labor Day



Thanksgiving



Day After Thanksgiving



Christmas

Note: When a holiday falls on a Saturday, HSO will observe the holiday on Friday. When a holiday falls on a Sunday, HSO will observe the holiday on Monday.

Health Club Reimbursement

- The company offers eligible employees voluntary enrollment in a local health club program at a discounted rate. Employees wishing to participate in this program are responsible for all sign-up and monthly fees. We will reimburse employees **20% of monthly membership fees, up to a maximum of \$25 per month.**
- Additionally, we have a corporate partnership with Life Time Fitness. Contact Human Resources for more information on this partnership.
 - You can register for LTF using [this link](#).

Work From Home Benefit

- We offer a standard home office benefit allowing employees to submit expense reimbursement requests in Bnext for **Wi-Fi and/or cell phone expenses of \$150 /month.**
 - This benefit does not cover home phone/landline or cable expenses.
- Available to new hires **starting on the 1st of the month following their start date**
- To take advantage of this benefit, simply submit an expense in Bnext and include a receipt (or receipts) for your home Wi-Fi and/or cell phone expenses.
- The maximum monthly reimbursement is \$150.
- Reimbursement requests must be submitted within 2 months of the date the expense was incurred.
 - Reimbursement requests for expenses dated more than 2 months from the date of the submission in Bnext will not be fulfilled.

Employee Discount Program – Working Advantage

All employees have exclusive access to the Working Advantage discount network which allows you to save up to 60% on ticketed events and online shopping. Through Working Advantage you can save on Movie Tickets, Theme Parks, Ski Tickets, Broadway Shows, Sporting Events, Hotels and Travel, Health and Fitness, Museums and City Passes, Merchant Gift Certificates, Online Shopping and much more!

Register for your FREE account today!

1. Go to www.workingadvantage.com
2. Select the Register button at the top of the page
3. Select Employees Click Here
4. Enter Member ID **#870408284**

Employee Assistance Program

- Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP) is all about.
- With an EAP, you and your family household members have access to free, confidential resources to help handle life's everyday — and not so everyday — challenges.



800-450-1327

International: 800-662-4504

TTY: 800-456-4006



MagellanAscend.com

When you create an account,
use **Principal Core** for the company name.

Services for you and your family

- LifeMart Discount Center, with savings on a variety of products and services
- Self-care mobile apps to help with insomnia, anxiety, depression, substance use, obsessive compulsive disorder and chronic pain
- Health and wellness articles, guides, webinars and podcasts
- Online assistance with elder care, child care and other family life resources
- Help with teen and adolescent issues, including eating disorders and relationships
- Tips on parenting and grandparenting
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources*
- Ongoing personal coaching sessions with scheduled telephonic appointments

Emotional Health Support Line

- Employees and their dependents can call this **free, confidential** support line 24 hours a day, 7 days a week to reach licensed behavioral health clinicians who can provide emotional support, tips for healthy coping, and referrals to local resources. **800-424-4612.**



Employee Programs

- Road Warriors Program
 - As a way to compensate those consultants who spend a great deal of time away from home while on projects, we have developed a Road Warriors Program. When an individual meets the 36-day threshold, they will receive an additional financial bonus based on number of days away from home.
 - Bonus for day #1 through day #36: **\$50/day**
 - Bonus for day #37 and beyond: **\$100/day**
- Philanthropy Program
 - The company budgets each year for charitable donations. There are three ways in which we'll make a donation:
 1. Match an employee donation/fundraising efforts for events in which our employees have made donations to
 2. Match an employee donation/fundraising efforts for events in which our employees are participating themselves (examples: runs, walks, bus pulls, etc.)
 3. Make a donation when an employee donates 8 hours of their time to a charity (example: someone volunteers at a soup kitchen, participates in a habitat for humanity, etc.)
 - Employees can submit a company match request through [this form](#) on the portal.

Employee Programs

- Employee Referral Bonus
 - When an employee refers a candidate to HSO US for employment and that candidate is successfully hired as a result of the referral, the referring employee will receive a bonus.
 - The bonus will be paid in two installments:
 - First 50% within one month of the new hire completing 90 days of employment with HSO US.
 - Second 50% when the new hire has successfully completed one year of employment with HSO US.
 - Bonus Amounts based on level of hire:
 - Junior: **\$1,000**
 - Medior: **\$1,750**
 - Senior or Project Manager: **\$2,500**
 - Service Line or Industry Line Leader: **\$4,000**
 - General guidelines:
 - Both the referring employee and the referred candidate must be employees of HSO US for the referral benefit to be paid.
 - Referring employees must not be involved in screening or interviewing in any way, whether directly or indirectly, during the selection process.
 - The referral fee assumes full-time and permanent hires and does not apply for candidates already in an interview process with HSO US or employed by our clients.

Additional Benefits

- Pet Insurance through FIGO Pet Insurance
 - [Register here](#)
 - By using the employer link above you receive a discount on the cost of the insurance
- Identity Theft Protection through LifeLock
 - Monitors credit and information proactively via proprietary technology for a wide range of identity threats
 - If there is a problem, a dedicated, US-based Identity Restoration Specialist will personally handle your case from start to finish
 - Backed by Million Dollar Protection Package
 - Employee Monthly Cost (taken via payroll deductions)
 - \$8.99 employee only
 - \$17.98 family

**Questions? Email or call our Payroll & Benefits
Manager:**

Ariella D'Urzo

adurzo@hso.com

646-791-9817



the results company

Thank you for your
time and attention!

**Driving
Improvements
in Business
Performance**

