

2019 Benefits Summary

New Hire Guide



2019 Plan Year



When Do Benefits Start?

The People 2.0 benefits plan year starts on January 1, 2019 and ends on December 31, 2019. Newly hired eligible employees may participate in the benefit programs on the 1st of the month following 30 days of consecutive employment.

Can I Cover My Family?

Many of our benefits offer coverage for eligible dependents (family members). Your eligible dependents include your legal spouse/domestic partner and your children (including your domestic partner's children) up to the age 26.

What Coverage is Available?

In addition to the health benefits, employees will have an opportunity to elect ancillary benefits; dental, **vision, disability and life insurance**. Please carefully review this enrollment guide so you understand the benefits being offered and can make the right choices for you and your family.

How Do I Enroll?

In order to enroll or make changes to your benefits, please visit the **Benefit Elect Enrollment Portal**, <https://www2.benefitelect.com/be/people20/>. First time users will need to set up their login information by selecting the Register button. To enroll by phone call, 844.631.6104.

Employees with questions can contact People 2.0 Benefits Department at, benefits@people20.com or 610.235.2973. For full Summary Plan Documents, please visit the Benefit Elect Portal.

About This Benefits Summary

This Benefits Summary describes the highlights of the People 2.0 Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies.

You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by People 2.0. This Benefits Summary may not be reproduced or redistributed in any form or by any means without the express written consent of People 2.0.

Plan Offerings



People 2.0 values the contributions of its employees and we offer benefit solutions that are in full compliance with the Affordable Care Act (ACA). The Minimum Essential Coverage (MEC) Plans, as defined by the ACA, provide affordable coverage that meets the requirements under the ACA.

Available plans are dependent upon your individual eligibility – please refer to chart below to determine what plans you are eligible for.

Preventative Care Plus Plan (MEC)

- This plan pays 100% of the ACA required preventive services when utilizing a Multiplan/Private Healthcare System network provider. For 2019, this plan has been enhanced to include co-payments for PCP, Specialists and Rx as well as a telemedicine resource.

PPO Standard Plan (MEC PLUS)

- This plan offers Prescription Drug coverage, co-pays and lower Out-of-Network costs than the standard MEC Plan.

\$3,000 Deductible Plan (MVP)

- The \$3,000 Deductible Plan covers major medical including hospitalization that meets the ACA Affordability Guidelines of 9.86% of your income for Employee Only coverage.

In addition to the health benefits, employees will have an opportunity to elect ancillary benefits; **dental, vision, disability and life insurance** are available to eligible employees. Please carefully review this enrollment guide so you understand the benefits being offered and can make the right choices for you and your family.

Plan	Eligible Employees	Enrollment Period	Coverage Effective	Satisfies ACA Requirements
\$3,000 Deductible Plan (MVP)	Full-Time	30 days from start date	1st day of month after 30 days of continuous active work	Yes
Preventative Care Plus Plan (MEC) & PPO Standard Plan (MEC Plus)	Full-Time and Part-Time	30 days from start date	1st day of month after 30 days of continuous active work	Yes
Dental, Vision, STD and Life Insurance	Full-Time and Part-Time	30 days from start date	1st day of month after 30 days of continuous active work	No

- Payroll deductions are withheld one week prior to the effective date of coverage to ensure your premium is paid on the effective date. Coverage ends on the date of your last payroll check.

Plan Definitions



In-Network vs. Out-of-Network Coverage

An In-Network provider is one contracted with the health insurance company to provide services to plan members for specific pre-negotiated rates. An Out-of-Network provider is one not contracted with the health insurance plan. You will notice differences in the coverage for In-Network and Out-of-Network. The plan that you choose will dictate the type of coverage you have, and the rate you pay. Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider.

CIGNA Network – For MVP Plan Providers

(to verify Provider participation or find a Network Provider in your area):

<https://hcpdirectory.cigna.com/web/public/providers>

Zelis Network Enhanced - For MEC/MEC Plus Plan Providers

(to verify Provider participation or find a Network Provider in your area):

<http://providernow.coalitionamerica.com/Disclaimer.aspx> or 888.266.3053

Copay

A copay is a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a copay when you get a prescription filled.

Deductible

The deductible is the amount that you must pay out of pocket before the insurance company will pay any costs. Plans may have an individual deductible and family deductible amounts.

Coinsurance

Coinsurance is a health care cost sharing between you and the insurance company. It is a split of the cost of the services - the number you see on the plan summary pages of this guide is the number the insurance company pays. You pay the remainder. Example: For an X-Ray; member would first need to have met their deductible, then the plan would cover 90% of the X-Ray and the member would pay 10%.



Preventative Care Plus Plan

(Also known as the MEC Plan)



The Preventative Care Plus Plan (or Enhanced MEC Plan) provides affordable coverage that meets the requirements under the ACA. For 2019, this plan has been enhanced to include co-payments for PCP, Specialists and Rx as well as a telemedicine resource.

Benefits	In Network	Out Network
Provider Network	Zelis Network	
Lifetime Plan Maximum	Unlimited	
Individual Deductible	\$0	\$0
Family Deductible	\$0	\$0
Coinsurance	100%	\$0
Individual Out of Pocket (Incl. Ded)	\$0	n/a
Family Out of Pocket (Incl. Ded)	\$0	n/a
Preventative/Well Child Care (MEC)	100%	Not Covered
Physicians Services	\$20 copay	Not Covered
Specialist Copay	\$30 copay	Not Covered
Imaging (CT, PET Scans, MRIs)	Not Covered	Not Covered
Diagnostic Lab & X-Ray	Not Covered	Not Covered
Emergency Room	Not Covered	
Inpatient Hospital	Not Covered	
Outpatient Surgical Center/Hospital Services	Not Covered	
Inpatient Surgery	Not Covered	
Outpatient Surgery & Minor Outpatient Surgery	Not Covered	
Generic Prescription Drugs	\$12 copay	
Preferred Brand Drugs	Not Covered	

PPO Standard Plan

(Also known as the MEC Plus)



The PPO (Preferred Provider Organization) Standard Plan (or MEC Plus Plan) includes all preventative services covered in the Preventative Care Plus Plan as well as Prescription Drug coverage, co-pays and lower Out of Network costs than the standard Preventative Care Plan.

A Preferred Provider Organization Plan (PPO) gives you flexibility when choosing providers. Typically, you can go to any healthcare provider you want without a referral – inside or outside of the network. However, staying inside the network usually means smaller copays and more comprehensive coverage.

In addition to the services covered under the Preventative Care Plus Plan, the PPO Standard Plan also includes the following:

Benefits	In Network	Out Network
Provider Network	Zelis Network	
Lifetime Plan Maximum	Unlimited	
Individual Deductible	\$0	\$500
Family Deductible	\$0	\$1,000
Coinsurance	100%	60%
Individual Out of Pocket (Incl. Ded)	\$3,000	unlimited
Family Out of Pocket (Incl. Ded)	\$12,700	unlimited
Preventative/Well Child Care (MEC)	100%	Ded then 40%
Physicians Services	\$15 copay	Ded then 40%
Specialist Copay	\$25 copay	Ded then 40%
Imaging (CT, PET Scans, MRIs)	\$400 Copay	Ded then 40%
Diagnostic Lab & X-Ray	\$50 copay	Ded then 40%
Emergency Room	\$400 copay	
Inpatient Hospital	Not Covered	
Outpatient Surgical Center/Hospital Services	Not Covered	
Inpatient Surgery	Not Covered	
Outpatient Surgery & Minor Outpatient Surgery	Not Covered	
Retail Rx Benefit – 30 Day Supply	\$15/\$25/\$75	
Mail Order Rx Benefit – 90 Day Supply	\$37.50/\$62.50/ \$187.50	

\$3,000 Deductible Plan

(Also known as MVP Plan)



People 2.0 offers full-time employees a \$3,000 Deductible Plan which includes hospitalization.

According to ACA guidelines, a plan is considered affordable if an employee pays no more than 9.86% of their income for employee only coverage in 2019. People 2.0 uses these guidelines to determine the amount you pay for Employee Only coverage under this plan. Please review the chart on the Medical Plan Costs page of this brochure to determine your average hourly pay rate to determine the cost you'll pay for the \$3,000 Deductible Plan.

Benefit	In Network	Out Network
Provider Network	CIGNA	
Lifetime Plan Maximum	Unlimited	
Individual Deductible	\$3,000	Not covered
Family Deductible	\$6,000	Not covered
Coinsurance	60%	Not covered
Individual Out of Pocket (Incl. Ded)	\$6,350	Not covered
Family Out of Pocket (Incl. Ded)	\$12,700	Not covered
Preventative/Well Child Care (MEC)	100%	Not covered
Physicians Services	Ded then 60%	Not covered
Specialist Copay	Ded then 60%	Not covered
Imaging (CT, PET Scans, MRIs)	Ded then 60%	Not covered
Diagnostic Lab & X-Ray	Ded then 60%	Not covered
Emergency Room	Ded then 60%	Not covered
Inpatient Hospital	Ded then 60%	Not covered
Outpatient Surgical Center/Hosp Services	Ded then 60%	Not covered
Inpatient Surgery	Ded then 60%	Not covered
Outpatient Surgery & Minor Outpatient Surgery	Ded then 60%	Not covered
Retail Rx Benefit – 30 Day Supply	Ded \$10/\$35/\$70	Not covered
Mail Order Rx Benefit – 90 Day Supply	\$20/\$70/\$150	Not covered



2019 Medical Plan Costs



In order to determine plan costs, it's important to know your employment status, full-time or part-time.

Full-Time Status

If your assignment is one in which you are expected to work an average of 130 hours/month over the course of the year, you will be eligible for ACA-compliant health insurance. For full-time employees, People 2.0 and its Affiliates contribute toward the premiums for the Preventative Care Plus Plan (MEC), the PPO Standard Plan (MEC Plus Plan), and the \$3,000 Deductible Plan (MVP).

Part-Time Status

If you are classified as a part-time, under 30 hours per week, or we are unsure how many hours or months you may be working in your initial job assignment, you are considered a "Variable Hour" employee under the ACA. Variable hour employees are eligible for the Preventative Care Plus Plan (MEC) and PPO Standard Plan (MEC Plus) but not the \$3,000 Deductible Plan (MVP). These plans are provided at your own cost.

People 2.0 will track your work hours over the course of your first employment year and, if you reach 1,560 hours by the end of that period, you will then be considered "Full-Time." At that time, you will be offered additional health insurance which will take effect 30 days after you have completed 12 months of employment.

Plan Costs - All Rates are based on a Weekly Payroll Deduction

Preventative Care Plus Plan (MEC) and PPO Standard Plan (MEC Plus)

	Preventative Care Plus Plan		PPO Standard Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$17.50	\$19.62	\$31.00	\$56.96
Employee + Spouse	\$38.00	\$43.35	\$125.00	\$125.88
Employee + Child(ren)	\$35.00	\$39.43	\$110.00	\$114.49
Family	\$55.00	\$62.57	\$170.00	\$181.71

\$3,000 Deductible Plan (MVP)

Please review the chart below to determine your average hourly pay rate

\$3,000 Deductible Plan Weekly Deductions					
	\$7.25 - \$8.50	\$8.51 - \$10.25	\$10.26 - \$12.25	\$12.25 - \$20.00	\$20.01 or more
Employee Only	\$21.45	\$25.17	\$30.35	\$36.27	\$59.19
Employee + Spouse	\$137.59	\$141.32	\$146.50	\$152.41	\$175.34
Employee + Child(ren)	\$118.40	\$122.12	\$127.30	\$133.22	\$156.14
Family	\$231.66	\$235.39	\$240.57	\$246.48	\$269.41

Dental & Vision



Good Dental and Vision health is important to your overall well-being. People 2.0 is pleased to offer employees both dental and vision plans to employees and their dependents. Dental & Vision coverage is available to all full-time and part-time employees.

Dental Plan Summary

Benefits		
Provider Network		DenteMax
Annual Maximum		\$750
Individual Deductible		\$50
Family Deductible		\$150
Preventive Services		80% of U&C
Basic Services		80% of U&C
Major Services		50% of U&C
Orthodontic Services		Not Covered
Exam Frequency		2 per calendar year



Weekly Dental Rates – All Employees

Employee Only	\$5.00
Employee + Spouse	\$9.71
Employee + Child(ren)	\$10.03
Family	\$14.30

Vision Plan Summary

Benefits		
Provider Network		EyeMed
Routine Eye Exam		\$10 copay
Standard Lenses		\$10 copay
Frames		\$ 0 Co-pay; \$100 frame allowance, 20% off balance over allowance.
Contacts		\$ 0 Co-pay; \$80 allowance, 15% off balance over allowance.
Benefit Frequency		24 months

Weekly Vision Rates – All Employees

Employee Only	\$1.38
Employee + Spouse	\$2.60
Employee + Child(ren)	\$3.07
Family	\$4.09

Life & Disability



Life and Disability insurance are an important part of your financial security, especially if others depend on you for support. Life and Short Term Disability insurances are available to all full-time and part-time employees.

Life Insurance Plan

Benefits		
Employee Benefit Amount		\$20,000
Spouse Employee Benefit Amount		\$5,000
Child Benefit Amount		\$2,500
Infant – 14 days to 6 months		\$100

Weekly Life Insurance Rates – All Employees

Employee	\$1.06
Family	\$1.27

Short Term Disability

Benefits		
Weekly Benefit		60% of weekly salary up to \$150 per week
Benefit Duration		26 weeks
Definition of Earnings		Base Wages (excluding bonus and overtime)
Accident Waiting Period		7 days
Illness Waiting Period		7 days

Weekly STD RATE – All Employees

\$3.93

IMPORTANT NOTE:

- **If you are electing optional life and/or disability insurance, please take the time to review and/or update your beneficiary information.**

Benefit Contacts



	Contact	Phone	Website
People 2.0 Benefits Department	benefits@people20.com	(610)235-2973	N/A
General Benefits Information	Benefit Elect Call Center	(844)631-6104	N/A
Online Enrollment	Benefit Elect Call Center	(844)631-6104	https://www2.benefitelect.com/be/people20/
Medical	Benefit Elect Call Center	(844)631-6104	www.staffingexchange.org
Prescription	Castia RX	(866)516-3121	Memberservices@CastiaRx.com
Voluntary Dental	DenteMax (Network Provider Only)	(800)752-1547	www.dentemax.com
Voluntary Vision	EyeMed (Network Provider Only)	(866)723-0512	www.eyemedvisioncare.com
Voluntary Life and Short Term Disability	Benefit Elect Call Center	(844)631-6104	N/a
Claim Questions for Medical/Dental/Vision	Benefit Elect Call Center	(844)631-6104	N/A
Claim Questions for Life/Disability	Benefit Elect Call Center	(844)631-6104	N/A
COBRA	Benefit Elect Call Center	(844)631-6104	www.staffingexchange.org
Group Health Management Program	Ault International Medical Management, LLC	(866)531-6306	www.aim.m.com

Employees with questions can contact People 2.0 Benefits Department at, benefits@people20.com or 610.235.2973. For full Summary Plan Documents, please visit the Benefit Elect Portal, <https://www2.benefitelect.com/be/people20/>.

Missed Payroll Deductions



Premiums for both Supplemental and Medical coverages are required to be made weekly.

Through The Staffing Exchange, People 2.0 offers the following options for employee's who miss one or more payroll premium deduction due to various reasons. A missed deduction could be the result of an employee being on vacation, being between assignments or a number of other scenarios. When this occurs, it is the employee's responsibility to make arrangements for any missed payroll deductions. The following processes should be followed as it pertains to missed supplemental benefits or medical benefits premium payments.

Missed Supplemental Premium Deduction

To avoid any lapse in coverage for Dental, Vision, Disability or Supplemental coverage, employees will need to complete the "*Missed Supplemental Premium Deduction Form*" and send it along with a personal check, money order or cashier's check to SISCO.

This must be completed for each payroll deduction missed. If payments are not made, supplemental benefit coverage will be placed in a GAP status of no coverage until an employee is up-to-date on missed premiums.

Missed Medical Premium Deduction

If an employee misses a Medical payroll deduction for any reason, they should contact the People 2.0 Benefits Department to find out how much is owed. The "*Missed Medical Premium Deduction Form*" should be sent to People 2.0 along with the acceptable forms of payment.

Both forms can be requested by contacting the Benefits Department at benefits@people20.com or 610-235-2873.