

Benefits Summary

Global Workforce

2022 Guide



2022 Plan Year

About This Benefits Summary

This Benefits Summary describes the highlights of the People2.0 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 People2.0. This Benefits Summary may not be reproduced or redistributed in any form or by any means without the express written consent of People2.0.

2022 Plan Year

When Do Benefits Start?

The People2.0 benefits plan year starts on January 1, 2022 and ends on December 31, 2022. Newly hired eligible employees may participate in benefit programs on the 1st of the month following 30 days of consecutive employment.

Can I Cover My Family?

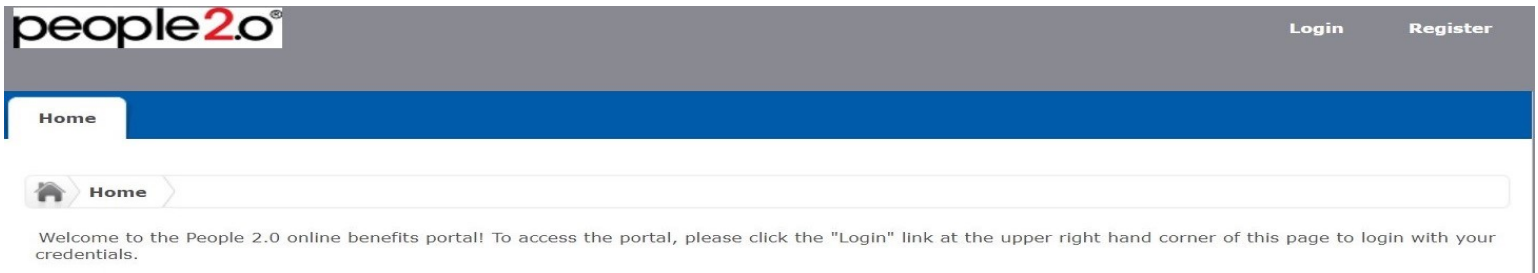
Many of our benefits offer coverage for eligible dependents (family members). Your eligible dependents include your legal spouse/domestic partner and your children (including your domestic partner's children) up to age 26.

What Coverage is Available?

In addition to the health benefits, employees will have an opportunity to elect ancillary benefits; **dental, vision, disability, life insurance, accident insurance, critical illness, and hospital indemnity**. Please carefully review this enrollment guide so you understand the benefits being offered and can make the right choices for you and your family. More information on what coverage is available to you is on page 5 of this guide.

How Do I Enroll?

In order to enroll or make changes to your benefits, please visit the Benefit Elect Enrollment Portal at <https://www2.benefitelect.com/be/people20/>.



For first time users, you will need to set up your login information by selecting the Register button in the top right corner. If you are already registered, use the login button in the top right corner to access enrollment and plan information.

User Detail

Logout

Weekly Totals

Pre-Tax Deductions:	\$ 25.00
Post-Tax Deductions:	\$ 0.00
My Total Deduction:	\$ 25.00

Benefits Navigation

- About you
- About your Dependents
- About your Beneficiaries
- Your Benefits Snapshot
- Disclaimer
- Medical
- Dental
- Vision
- Voluntary Life
- Short-Term Disability
- Commuter Benefit

Commuter FSA

Employees are eligible to elect up to \$270 in pre-tax to pay for eligible parking and transit expenses. This Commuter FSA will be opened through BRI and can be connected directly to your transit accounts. The IRS does regulate that the maximum an employee can contribute and with draw on a monthly basis is \$270. It is also important to note that this benefit will terminate along with employment and funds left within the account are forfeited. Contributions and enrollment can be added, adjusted, or stopped at anytime throughout the year without a Qualifying Life Event. Please see documents section for more details.

Please enter the amount you would like to contribute per pay period.

CURRENT ELECTION: (Not Yet Enrolled)

<input checked="" type="checkbox"/> Your Contribution Options	Weekly Contribution
<input checked="" type="radio"/> Participate	\$ <input type="text" value="60"/>
<input type="radio"/> Waive Commuter FSA	\$ 0.00

Save & Continue

Enrollment Summary ←

Once you have logged in, you will be brought to the page shown above. You will now be able to enroll in benefits, view current enrolled benefits, and view full summary plan documents.

Employees with questions can contact People2.0 Benefits Department at benefits@people20.com or call (610) 235-2973.

SisCo - Benefit Information Network (BIN)

SisCo's Benefit Information Network (BIN) is a one stop benefit portal to provide you the ability to quickly and easily review your benefit elections, make changes, view medical claims and access benefit information 24/7. Your first step is to register as a new user by following the instructions below.

How To Register As A New User:

- Access BIN at www.siscobenefits.com
- Select Login to BIN
- Click on the **Register New User** button
- Enter your desired user name and email address. Your user name is case sensitive. If you are the person with the insurance coverage, you are the **Subscriber**. Click on the '**I am the subscriber**' button to continue.
- Create your account by filling in the required data which includes:
 - * Your participant ID without dashes (this number is on your ID card) or SSN without dashes. It is important to remember to click the correct radio button next either 'Participant ID' or 'SNN' at the top of the 'Verify Your Identity' screen so the system knows to verify against the number SisCo has on file.
 - * Your last name
 - * Your zip code
 - * Your date of birth
 - * Create your password
 - * Add a password hint (this can be extremely useful in a situation where you forgot your password)
- Once your information is verified, you will be automatically logged into the system. If any piece of your information does not match exactly what is in the system, you will get an error message on your screen.

If you believe the information you are entering is correct but are still getting an error message, please contact SisCo Customer Service Center at 800-457-4726.

Medical Insurance | Employment Status

In addition to the health benefits, employees will have an opportunity to elect ancillary benefits; **dental, vision, disability, life insurance, accident insurance, critical illness, and hospital indemnity** 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
HDHP Plan & PPO Plus Plan	Full-Time	You must enroll within 30 days from the 1st day on assignment	1st day of month after 30 days of continuous active work	Yes
\$3,000 Deductible Plan (MVP)	Full-Time	You must enroll within 30 days from the 1st day on assignment	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	You must enroll within 30 days from the 1st day on assignment	1st day of month after 30 days of continuous active work	Yes
Dental, Vision, STD, Life Insurance, Accident Insurance, Critical Illness, and Hospital Indemnity	Full-time and Part-Time	You must enroll within 30 days from the 1st day on assignment	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.

In order to determine what plans you are eligible for and the plan costs, its 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/months over the course of the year, you will be eligible for ACA-compliant health insurance. For full-time employees, People2.0 and its Affiliates contribute towards 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 (MEC Plus) but not the \$3,000 Deductible Plan (MVP). These plans are provided at your own cost.

People2.0 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.

Understanding Health Care Terms

To help you manage your health plan, see the following for definitions of common terms:

- **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. 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.

- **Calendar Year Deductible**

This is the amount you have to pay in a calendar year before the plan begins to pay out. Note that not all services require you to meet the deductible. For example, there are plans that require you to pay up to the full deductible before Primary Care Physician, Specialist, or other office visits will be covered by insurance.

- **Preventative Care**

Most health plans cover a series of preventative services, like screenings and shots, at no cost to you when administered by a provider In-Network. These may include services like Blood Pressure Screening, Cholesterol Screening, HIV Screening, Immunizations, Counseling, and Flu Shots.

- **Copay**

A flat fee you pay for covered services, such as doctors visits.

- **Coinsurance**

Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you'll pay.

- **Out-of-pocket limit**

This is the most you have to pay out your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on you plan. There are plans that still have you pay a copay at the time of service.

- **Premium**

The premium, also called payroll deduction/payment, is what you pay for the plan. It's the money that comes out of your paycheck.

- **Prescription Coverage**

These are the amounts you will be paying for prescriptions to treat illness. Prescriptions are delegated to three tiers. The amount of copay you will be responsible for is dependent on the type of medication that you need. Note that some plans require you to meet the deductible before you can pay copay for your prescription medication.

Medical Insurance | 2022 Plan Offerings

People2.0 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) as defined by ACA, provide affordable coverage that meets the requirements under the ACA.

Available plans are dependent upon your individual eligibility - please refer to chart on page 5 to determine what plans you are eligible for. For a more in depth look into these plans please read through the entire summary.

Preventative Care Plus Plan (MEC)

- This plan pays 100% of the ACA required preventive services when utilizing a Multiplan/Private Healthcare System network provider. As of 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 9.61% of your income for Employee Only coverage.

Medical Insurance



Medical Insurance

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. As of 2019, this plan has been enhanced to include co-payments for PCP, Specialists and Rx as well as a telemedicine resource. See following page for benefits.

PPO Standard Plan

(Also known as the MEC Plus Plan)

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. See following page for benefits.

\$3,000 Deductible Plan

(Also known as the MVP Plan)

People2.0 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 9.61% of their income for employee only coverage in 2022. People2.0 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. See following page for benefits.

Medical Insurance

Benefits	Preventative Care Plus Plan	PPO Standard Plan	\$3,000 Deductible Plan (MVP)
Provider Network	Zelis Network	PHCS	CIGNA
Individual Deductible <i>(In-Network—no out of network coverage)</i>	\$0	\$0	\$3,000
Family Deductible <i>(In-Network—no out of network coverage)</i>	\$0	\$0	\$6,000
Coinsurance	100%	100%	60%
Individual Out of Pocket (Incl. Ded) <i>(In-Network—no out of network coverage)</i>	\$1,850	\$3,000	\$6,350
Family Out of Pocket (Incl. Ded) <i>(In-Network—no out of network coverage)</i>	\$5,550	\$12,700	\$12,700
Preventative/Well Child Care	100%	100%	100%
Physicians Services	\$20 copay	\$15 copay	Deductible then 60%
Specialist Copay	\$30 copay	\$25 copay	Deductible then 60%
Imaging (CT, PET Scans, MRIs)	Not Covered	\$400 copay	Deductible then 60%
Diagnostic Lab & X-Ray	Not Covered	\$50 copay	Deductible then 60%
Emergency Room	Not Covered	\$400 copay	Deductible then 60%
Urgent Care	Not Covered	\$50 copay	Deductible then 60%
Inpatient Hospital	Not Covered	Not Covered	Deductible then 60%
Outpatient Surgical Center / Hospital Services	Not Covered	Not Covered	Deductible then 60%
Inpatient Surgery	Not Covered	Not Covered	Deductible then 60%
Outpatient Surgery & Minor Outpatient Surgery	Not Covered	Not Covered	Deductible then 60%
Retail Rx Benefit - 30 Day Supply Generic/Brand/Specialty	\$12 copay for generic only	\$15 / \$25 / \$75 copay	Deductible then \$10 / \$35/ \$70
Mail Order Rx Benefit - 90 Day Supply	Not Covered	\$37.50 / \$62.50 / \$187.50 copay	Deductible then \$20 / \$70 / \$150

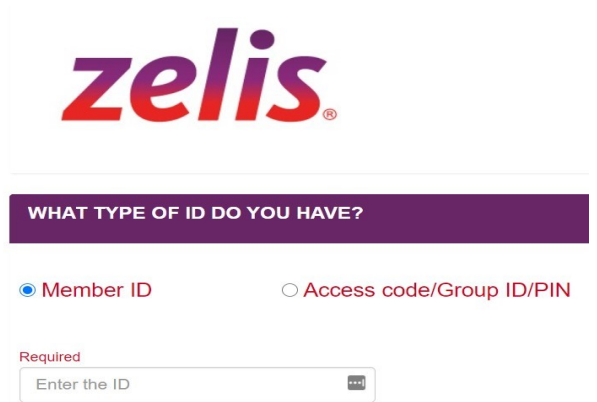
How to Find a Provider

Zelis Network

If you are looking for a medical provider, the Zelis Network has a website to help access information online.

Follow the steps below to find a provider:

- Visit www.zelis.com and click on “Find a Provider”.
- Click on “Access Provider Directory”
- Next, you will be prompted to enter your Member ID number or Group ID number.



PHCS Network

If you are looking for a medical provider, the PHCS Network has a website to help access information online.

Follow the steps below to find a provider:

- Visit www.multiplan.com and click on “Find a Provider”.
- Next, select PHCS as your network.
- After selecting the network, you can utilize the search field to specify what you are searching for whether that be practitioner specialty, facility name, or type of facility.
- Next, set your location and begin your search.
- After the result appear, you have the ability to refine your search to closer match the type of provider you are looking for .



Change Language English ▾

Find a doctor or facility

PHCS

Change Network

Remember my network

For language assistance, please call **866-981-7427** and hold for a representative. For TTY/TTD service, please call **866-918-7427**.

Search by name, specialty, facility type, NPI # or license # Near

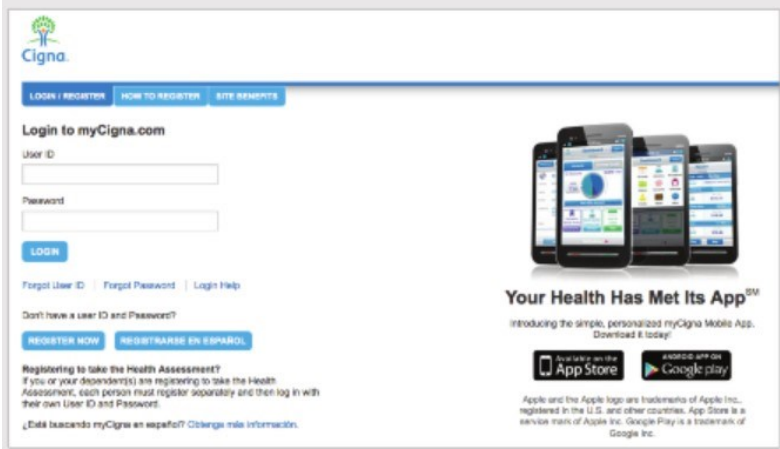
Cigna Network

There are three ways to find a network provider

- If you're already enrolled, visit www.myCigna.com and log in using your user ID and password.
- Visit www.cigna.com and click "Find a Doctor or Facility". Be sure to select PPO.
- Call your Third Party Administrator during business hours.

Option 1

Log in to myCigna.com



Option 2

1. Visit **Cigna.com** - click on "Find a Doctor, Dentist, or Facility" (upper right)
2. Choose "Employer or School"
3. Enter the geographic location you want to search and select the search type
4. Either Login/Register for **myCigna.com**, OR "Continue as guest"
5. Fill in the "I Live in" field
6. Select PPO (Note: the network name may appear differently in different geographical areas)



Teladoc

Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go, Teladoc travels with you. Call or connect online or using the Teladoc mobile app for affordable medical care, to use it whenever you need it.

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- And more!

Teladoc is available to all employees enrolled in People2.0 healthcare plans. The MVP and Core medical plans require a \$55 consultation fee.



1

Online:

Go to Teladoc.com and click "set up account".

Mobile app:

Download the app and click "Activate account". Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.

 **Teladoc.com**

 **1-800-Teladoc**

Pharmacy Information | OptumRx

Thousands of medications are available today with even more entering the market— sometimes at a higher cost without additional value. OptumRx can help ensure that your pharmacy benefit dollars cover only the most clinically appropriate and affordable medications.

What Your Plan Will Cover

Your pharmacy plan includes:

- Different drug lists. Be sure to check the lists for your medicines, the brand-name drugs, and the generics that are included in your plan.

For the most current list of covered medications or if you have questions:

- Call the number on your member ID card.
- Visit your plans website on your member ID card to:
 - Find a participating retail pharmacy by ZIP code.
 - Look up possible lower-cost medication alternatives.
 - Compare medication pricing and options.

Tier Information

Prescription medicines or drugs are listed in groups called tiers. Your cost is based on which tier the drug is in. Your plan may have multiple tiers or no tiers. Please note if your plan requires you to meet your deductible before tier cost levels apply.

Tiers 1 and 2 are usually lower cost and generic drugs. You'll save the most money when you use tier 1 drugs. Tier 3 is the highest cost drug, some tier 3 drugs have a lower cost generic options in tier 1 or 2. Some pharmacy benefits include tier 4 drugs, also known as specialty drugs. Specialty drugs are high cost and are used to treat complex conditions.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Simple Ways to Save Money on Medicine

- Use home delivery for drugs you take on a regular basis.
- Find a pharmacy in your plan
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.

Dental Insurance



Dental Insurance | The Staffing Exchange

Dental Plan

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost. There is a 12 month waiting period that applies to Major class services.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Sealants
- Space Maintainers
- And more

Major:

- Root canals
- Dentures/bridges/partials
- Crowns
- Simple extractions
- And more

Benefits:	Network Provider Only
Network Name	DenteMax www.dentemax.com
Individual Deductible (Family = 3x)	\$50 / \$150
Office Visit Copay	None
Preventive Coinsurance	80%
Basic Coinsurance	80%
Major Coinsurance	50%
Annual Plan Maximum	\$750
Orthodontia Services	Not Covered

How to Find a Provider

If you are looking to find a provider, DenteMax has a helpful tool to help find providers within your area. Visit www.dentemax.com and there you will be given the ability to search for a provider by just your zip code or chose the advanced search method to narrow down what type of dentist you are looking for.

Find A Dentist



[<<< Go to DenteMax.com](http://www.dentemax.com)

The information in this directory is updated twice per month and may have changed. Before you make an appointment or receive services, check with your dental office to confirm that your dentist participates in the DenteMax Network.

You can search for a specific dentist by last name or find a provider near you using any combination of the following criteria:

- City & State
- Zip Code
- Specialty
- Office Name
- Dentist's Last Name

You MUST enter either the city and state or zip code you are searching in.

Zip Code:

or

City:

State:

Vision Insurance



Vision Insurance | The Staffing Exchange

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 24 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.


Vision Plan Details:	Frequency	Copay
Network	EyeMed www.eyemedvisioncare.com	
Eye Exam	Every 12 months	\$10 copayment
Lenses -Standard Lenses	Every 24 months	\$10 copayment
Frames	Every 24 months	\$100 allowance +20% off of balance over \$100
Elective Contacts (in lieu of frames)	Every 24 months	\$80 allowance + 15% off of balance over \$80

How to Find a Provider


If you are looking to find a provider, EyeMed has a helpful tool to help find providers within your area. You are able to search by entering your zip code, or searching for a specific doctor.

EyeMed gives you multiple options, whether it be scheduling and hours to spoken language, you can customize to find a provider that fits your needs.


Find an eye doctor



[Search by location](#)



[Search by doctor](#)



[Online & Lasik](#)

Network

Choose your network
▼

USE MY LOCATION

OR

SEARCH BY ZIP

Zip code

Additional Benefits



Basic Life and AD&D Insurance

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

Basic Life/Accidental Death & Dismemberment	
Benefit Amount	\$10,000 per employee - Life \$10,000 per employee - AD&D

Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

	Employee	Spouse	Child(ren)
Benefit Amount	\$20,000	\$5,000	10 Days to 6 months: \$100 6 months to 26 years: \$2,500
Guaranteed Issue Amount*	\$20,000	\$5,000	\$2,500

* Guarantee issue applies to new hires only

Short-Term Disability

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Short-Term Disability benefits begin upon completion of the elimination period or exhaustion of the employer's sick plan, if later. Benefit elimination period is 7 days, so on the 8th day of continuous injury or illness the benefits begin. The maximum benefit period is 26 weeks. Benefits may not exceed 60% of an insured's basic weekly earnings.

Disability Coverage	Short -Term
Waiting Period	Begins on the 8th day of continuous injury or illness
Benefit Amount	60% of weekly earnings
Maximum Benefit	\$150 per week
Length of Payment Period	26 weeks
Premium Contribution	Employee paid

Critical Illness

Critical Illness Insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have.

If you meet the policy requirements, Critical Illness insurance will provide you with a lump-sum payment upon diagnoses for many conditions. See your plan highlight sheet for specific coverage details.

Plan details:

- Employees pay 100% of the insurance premium and all policies are portable.
- \$10,000 Benefit offered to all employees
- Plan pays reoccurrence benefit, up to two reoccurrences of any critical illness may be payable

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000	Coverage is guaranteed provided you are actively at work
Spouse	\$5,000	Coverage is guaranteed provided the employee is actively at work.
Dependent Child(ren)	\$5,000	

Covered conditions included, but are not limited to:

Covered Condition	Initial Benefit
Heart Attack	100% of Initial Benefit
Stroke	100% of Initial Benefit
Coronary Bypass Surgery	25% of Initial Benefit
Invasive Cancer	100% of Initial Benefit
Cancer In-Situ	25% of Initial Benefit
Major Organ Transplant	100% of Initial Benefit
End Stage Renal Failure	100% of Initial Benefit
Blindness	100% of Initial Benefit
Deafness	100% of Initial Benefit
Paralysis	100% of Initial Benefit
Accidental Loss of Speech	100% of Initial Benefit
Coma	100% of Initial Benefit

Accident Insurance

Accident insurance coverage provides you with payment for a covered accident. It also pays if you undergo testing, receive medical services, treatment of care for any one of the covered events as defined in your group certificate. This includes hospitalization resulting from an accident and accidental or dismemberment.

Payments are made directly to you as you see fit. They can be used to help pay for medical plan deductibles and copays (if applicable), out-of-network treatments, your family's everyday living expenses or whatever else you need while recuperating from an accident.

Benefit Type	Benefit Amount You're Paid
Injuries	
Burns	Schedule up to \$12,000
Coma	\$20,000
Concussion	\$200
Dislocations	Schedule up to \$2,000
Fractures	Schedule up to \$2,500
Lacerations	Schedule up to \$400
Medical Services and Treatments	
Emergency Room	\$200
Urgent Care	\$100
Major Diagnostic Imaging	\$200
X-Ray	\$75
Initial Doctor Visit	\$100
Ambulance	\$250 ground, \$1,250 air/water
Hospital Coverage (Accident)	
Standard Hospital Admission	\$1,000
ICU Admission	\$2,000
Hospital Confinement	\$150 per day, up to 365 days
ICU Confinement	\$300 per day, up to 365 days
Observation Unit	\$150
Other Benefits	
Eye Injury	\$250
Dental Benefit	\$450
Blood/Plasma/Platelets	\$400
Laceration	Schedule up to \$400
Therapy Services (Occupational, Physical, Speech Therapy)	\$35 per day, up to 12 visits

Hospital Indemnity Insurance

Employees can purchase additional benefits to help pay for hospital and other care. The voluntary hospital indemnity insurance can help employees and their eligible family members when they need it.

How it Works: This policy pays a specified amount when an insured person is confined to a hospital, and through a series of optional riders, can provide benefits for a range of other medical situations. There is no coinsurance, co-pays, waiting period, or deductibles. See plan design for more details.

This Policy Offers: The benefit to pay \$500 if confined to the hospital for more than 24 hours as a result of an accidental injury or illness. There is a daily benefit, subject to calendar year maximums, that is paid for each additional day confined.

Benefit	Benefit Amounts	Maximum Number of Days Payable per Benefit Year
Hospital Admission	\$500	1 day
Daily Hospital Confinement	\$300	30 days
In-Patient Surgical Indemnity Benefit	\$1,000	1 day
In-Patient Anesthesia Indemnity Benefit	\$250	1 day
Outpatient Surgical Indemnity Benefit	\$500	1 day
Outpatient Anesthesia Indemnity Benefit	\$125	1 day
Outpatient Minor Surgical Indemnity Benefit	\$75	1 day
Outpatient Physician Office Visit Indemnity Benefit	\$70	6 days
Outpatient Diagnostic X-Ray & Lab Benefit	\$50	1 day
Emergency Room	\$250	1 day

Commuter Benefits | BRI

Commuter Benefits allow you to set aside tax-free money to pay for eligible expenses you incur as part of your commute to and from work. Qualified workplace commuting expenses must be for mass transit and/or parking expenses incurred between a residence and place of employment.

Parking - You may elect to have a maximum of \$270 per month deducted from your gross income earnings. The most common eligible expenses are charges for parking at or near your place of work or at a location from which you commute to work, such as a train station. The amount elected with not be subject to federal, state, social security or Medicare taxes.

Mass Transit - You may elect to have a maximum of \$270 per month deducted from your gross income earnings to be used for the cost of mass transit. The most common eligible expenses are charges for mass transit train and bus tickets. The amount elected with not be subject to federal, state, social security or Medicare taxes. Your tax savings will vary depending on your elected deduction amount and tax bracket.

EPIC Hearing

Through EPIC Hearing Healthcare, you have access to custom-programmed hearing aids, routine hearing exams and professional, nationwide support. With EPIC Hearing you can save up to 80% on name-brand and private labeled hearing aids. EPIC Hearing gives you access to the largest nationwide network of credentialed hearing professionals that provide hearing exams and hearing aid evaluations.

Order hearing aids for delivery right to your home in 5-10 business days or order them 1 person directly through a hearing provider. With 7 technology levels to choose from, it's easy to find a hearing aid to meet your hearing loss needs!

Interested? Call the below number to begin the concierge service and speak to a representative.



Your journey towards better hearing begins today!

Call: 1-866-956-5400, TTY 711 | Visit: epichearing.com

BenefitHub

We've made it easy for you to access thousands of amazing discounts, cashback offers, discounted gift cards, and purchase additional voluntary benefits all in one place! Enjoy savings on travel, movie tickets, car buying, electronics and more! Enjoy free discounts, cashback and perks on thousands of brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

Wherever you are, check out your exclusive People2.0 Perks for local discounts and products to purchase.

Go to: People20Perks.benefithub.com

Enter referral code: **UUVCI**

Complete registration

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

*Please note that products purchased on BenefitHub will be 100% paid for by the employee on a post tax basis and billed directly to the employee using the payment option of their choice. These benefits are individual policies and written outside of People2.0, meaning even if you leave the company these products are yours to keep.

Medical Insurance Rates

Preventative Care Plus (MEC)

Weekly Contributions:	Full-Time You Pay	Part-Time You Pay
Employee Only	\$20.89	\$20.89
Employee & Spouse	\$46.17	\$46.17
Employee & Child(ren)	\$41.99	\$41.99
Family	\$66.64	\$66.64

PPO Standard Plan (MEC Plus Plan)

Weekly Contributions:	Full-Time You Pay	Part-Time You Pay
Employee Only	\$45.00	\$62.77
Employee & Spouse	\$135.00	\$138.73
Employee & Child(ren)	\$123.00	\$126.17
Family	\$190.00	\$200.24

\$3,000 Deductible Plan (MVP Plan)

Weekly Contributions:	\$7.25 to \$8.50	\$8.51 to \$10.25	\$10.26 to \$12.25	\$12.26 to \$20.00	\$20.01 to \$40.99	\$41 or more
Employee Only	\$20.90	\$24.53	\$29.58	\$35.35	\$57.69	\$118.20
Employee & Spouse	\$165.91	\$169.54	\$174.59	\$180.35	\$202.70	\$262.23
Employee & Child(ren)	\$141.95	\$145.58	\$150.63	\$156.39	\$178.74	\$238.50
Family	\$283.36	\$286.99	\$292.04	\$297.80	\$320.15	\$378.51

Vision Insurance Rates

Weekly Contributions:	You Pay
Employee Only	\$1.38
Employee & Spouse	\$2.60
Employee & Child(ren)	\$3.07
Family	\$4.09

Dental Insurance Rates

Weekly Contributions:	You Pay
Employee Only	\$5.00
Employee & Spouse	\$9.71
Employee & Child(ren)	\$10.03
Family	\$14.30

Supplemental Life

Weekly Contributions:	You Pay
Employee Only	\$1.06
Family	\$1.27

Short-Term Disability

Weekly Contributions:	You Pay
Employee Only	\$3.93

**Deductions for all coverages are withheld from your payroll one week prior to the effective date to ensure the premiums are paid on the effective date. Coverage ends the date in which your last payroll check is issued in which deductions are withheld. COBRA is offered for Medical, Dental, and Vision for continuation after your assignment has ended.

Missed Payroll Deductions



Missed Payroll Deductions

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

Through The Staffing Exchange, People2.0 offers the following options for employees who miss one or more payroll 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 employees 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. The *Missed Supplemental Premium Deduction* form is located on the Employee Portal.

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

Missed Medical Premium Deductions

If an employee misses a Medical payroll deduction for any reason, they should contact the People2.0 Benefits Department to find out how much is owed, the *“Missed Medical Premium Deduction Form”* is located on the Employee Portal. The *“Missed Medical Premium Deduction Form”* should be sent to People2.0 along with the acceptable forms of payment

Tricks and Tools



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam
- No out-of-pocket costs apply - these exams are fully covered as long as your physician codes them as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed
- Take advantage of the Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Whenever possible, compare cost options prior to scheduling your necessary services

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't life threatening, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit [cvs.com](https://www.cvs.com) or [walgreens.com](https://www.walgreens.com) to find a clinic near you*
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

FAQ: Frequently Asked Questions

- **When do my benefits become effective?**

New hires benefits will become effective on the 1st of the month following 30 days from the date of hire for all employee benefits under the health and welfare package.

- **When do I get my ID cards?**

Employees can access their virtual ID cards through their SisCo login. To access an ID card on BIN (Benefits Information Network), click on the Resources tab, then select "ID Card Image". A screen will load showing you your member ID on the left and a Submit button on the right. Click "Submit". After clicking Submit, the system will generate a PDF of your ID card and display it.

- **Do I use the same card for all benefits?**

Yes, one card is used for all benefits.

- **Can I get a copy of my cards?**

Employees can access their virtual ID via their BIN online portal 24/7. If employees need additional copies they are able to request by calling TSE directly at 844-782-3339.

- **Why has my coverage been placed on hold?**

Coverage for non-medical plan will be put on hold when a weekly deduction is missed. Please visit page 27 of this guide for instructions on what to do when a payroll deduction is missed.

- **I'm using my P20 login for enrolling in benefits and it's not working?**

If you are having trouble logging into the benefits portal, please use the forgot username or forgot password function to retrieve this information.

- **How do I contact SisCo?**

By phone, call 844-631-6104

By email: sisco.service@siscobenefits.com - Monday through Thursday from 7:00 a.m. to 7:00 p.m. Central Standard Time, Friday from 7:00 a.m. until 5:00 p.m. Response available within 2 hours during business hours.

The Interactive Voice Response (IVR) is available 24 hours a day, 7 days a week to obtain information on claims and eligibility. To speak directly to a SISCO Service Representative, call Monday through Thursday from 7:00 a.m. to 7:00 p.m. CST, and Friday from 7:00 a.m. until 5:00 p.m.

Carrier Information



Carrier Information

Preventative Care Plus Plan (MEC)

Carrier	The Staffing Exchange
Website	www.staffingexchange.com
Phone Number	(844) 782-3339
Network	www.zelis.com
Policy Number	TSE3733

PPO Standard Plan (MEC Plus Plan)

Carrier	The Staffing Exchange
Website	www.staffingexchange.com
Phone Number	(844) 782-3339
Network	www.multiplan.com
Policy Number	TSE3733

\$3,000 Deductible Plan (MVP)

Carrier	The Staffing Exchange
Website	www.staffingexchange.com
Phone Number	(844) 782-3339
Network	https://hcpdirectory.cigna.com/web/public/providers
Policy Number	TSE3733

PPO Plus Plan (\$1,000 Deductible)

Carrier	The Staffing Exchange
Website	www.staffingexchange.com
Phone Number	(844) 782-3339
Network	https://hcpdirectory.cigna.com/web/public/providers
Policy Number	TSE3733

HDHP with HSA

Carrier	The Staffing Exchange
Website	www.staffingexchange.com
Phone Number	(844) 782-3339
Network	https://hcpdirectory.cigna.com/web/public/providers
Policy Number	TSE3733

Health Savings Account (HSA)

Carrier	Further
Website	www.hellofurther.com
Phone Number	800-859-2144

Dental

Carrier	The Staffing Exchange
Website	www.dentemax.com
Phone Number	(800) 752-1547
Network	DenteMax
Policy Number	TSE3733

Vision

Carrier	The Staffing Exchange
Website	www.eyemedvisioncare.com
Phone Number	(866) 939-3633
Network	EyeMed
Policy Number	TSE3733

Basic Life and AD&D

Carrier	The Staffing Exchange
Phone Number	(844) 782-3339

Voluntary Life and AD&D

Carrier	The Staffing Exchange
Phone Number	(844) 782-3339

Short-Term Disability

Carrier	The Staffing Exchange
Phone Number	(844) 782-3339

Commuter Benefits

Carrier	BenefitResources (BRi)
Website	www.benefitresources.com
Email	participantservices@benefitresources.com
Phone Number	(800) 473-9595

EPIC Hearing

Carrier	EPIC Hearing
Website	www.epichearing.com
Phone Number	866-956-5400 TTY: 711

Accident, Critical Illness, & Hospital Indemnity

Carrier	The Staffing Exchange
Phone Number	(844) 782-3339

People2.0 Benefits Department	
Email Address	benefits@people20.com
Phone Number	(610) 429-4111

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.