



Benefits Summary

People 2.0

Global Workforce Deployment

2020

people2.0

GLOBAL WORKFORCE DEPLOYMENT



2020 Plan Year

When Do Benefits Begin?

The People 2.0 benefits plan year starts on January 1, 2020 and ends on December 31, 2020. 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, 610.235.2973. For full Summary Plan Documents, please visit the Benefit Elect Portal.

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.

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.

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%.

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.

Medical Insurance





Medical Insurance | 2020 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. 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 9.86% 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	Yes

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.



Medical Insurance | Employment Status

In order to determine 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, People 2.0 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.

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.



Medical Insurance | Preventative Care Plus

(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.

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 Prescriptions Drugs	\$12 Copay	
Preferred Brand Drugs	Not Covered	



Medical Insurance | 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.

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	\$20 Copay	Ded then 40%
Specialist Copay	\$30 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	
Generic Prescriptions Drugs - 30 Days	\$15 / \$25 / \$75	
Preferred Brand Drugs	\$37.50 / \$62.50 / \$187.50	



Medical Insurance | \$3,000 Deductible Plan

(Also known as the 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 2020. 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.

Benefits	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 / Hospital 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 then \$10 / \$35/ \$70	Not Covered
Mail Order Rx Benefit - 90 Day Supply	Ded then \$20 / \$70 / \$150	Not Covered

Dental Insurance





Dental Insurance

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.

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 / 800.752.1547
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

DenteMax is the network provider and will be used to confirm a dentist is in network. Employees should contact DenteMax at www.dentemax.com or call 800.752.1547 to confirm an in network dentist under this plan. The Dental plan itself is administrated through SISCO and where claims should be sent for processing.

Vision Insurance





Vision Insurance

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 / 866.723.0512	
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

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
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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

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.



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

Medical Insurance Rates

Preventative Care Plus (MEC)

Weekly Contributions:	Full-Time You Pay	Part-Time You Pay
Employee Only	\$19.62	\$19.62
Employee & Spouse	\$40.00	\$43.35
Employee & Child(ren)	\$35.00	\$39.43
Family	\$55.00	\$62.57

PPO Standard Plan (MEC Plus Plan)

Weekly Contributions:	Full-Time You Pay	Part-Time You Pay
Employee Only	\$35.00	\$56.96
Employee & Spouse	\$125.00	\$125.88
Employee & Child(ren)	\$110.00	\$114.49
Family	\$175.00	\$181.71

\$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 \$39.99	\$40 or more
Employee Only	\$21.27	\$24.97	\$30.10	\$35.97	\$58.71	\$109.83
Employee & Spouse	\$154.16	\$157.86	\$162.99	\$168.86	\$191.60	\$242.72
Employee & Child(ren)	\$132.19	\$135.89	\$141.02	\$146.89	\$169.63	\$220.75
Family	\$261.79	\$265.49	\$270.62	\$276.49	\$299.23	\$350.35

Vision Insurance Rates

Weekly Contributions:	You Pay
Employee Only	\$1.43
Employee & Spouse	\$2.69
Employee & Child(ren)	\$3.18
Family	\$4.23

Dental Insurance Rates

Weekly Contributions:	You Pay
Employee Only	\$5.17
Employee & Spouse	\$10.05
Employee & Child(ren)	\$10.38
Family	\$14.80

Supplemental Life

Weekly Contributions:	You Pay
Employee Only	\$1.06
Employee & Spouse	\$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, People 2.0 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 People 2.0 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 People 2.0 along with the acceptable forms of payment

Carrier Information





Carrier Information

Preventative Care Plus Plan (MEC)

Carrier	The Staffing Exchange
Website	www.staffingexchange.org
Phone Number	(844) 631-6104
Network	https://providernow.zelis.com
Policy Number	TSE3733

PPO Standard Plan (MEC Plus Plan)

Carrier	The Staffing Exchange
Website	www.staffingexchange.org
Phone Number	(844) 631-6104
Network	https://providernow.zelis.com
Policy Number	TSE3733

\$3,000 Deductible Plan (MVP)

Carrier	The Staffing Exchange
Website	www.staffingexchange.org
Phone Number	(844) 631-6104
Network	https://hcpdirectory.cigna.com/web/public/providers
Policy Number	TSE3733

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) 723-0512
Network	EyeMed
Policy Number	TSE3733

Basic Life and AD&D

Carrier	The Staffing Exchange
Phone Number	(844) 631-6104

Voluntary Life and AD&D

Carrier	The Staffing Exchange
Phone Number	(844) 631-6104

Short-Term Disability

Carrier	The Staffing Exchange
Phone Number	(844) 631-6104

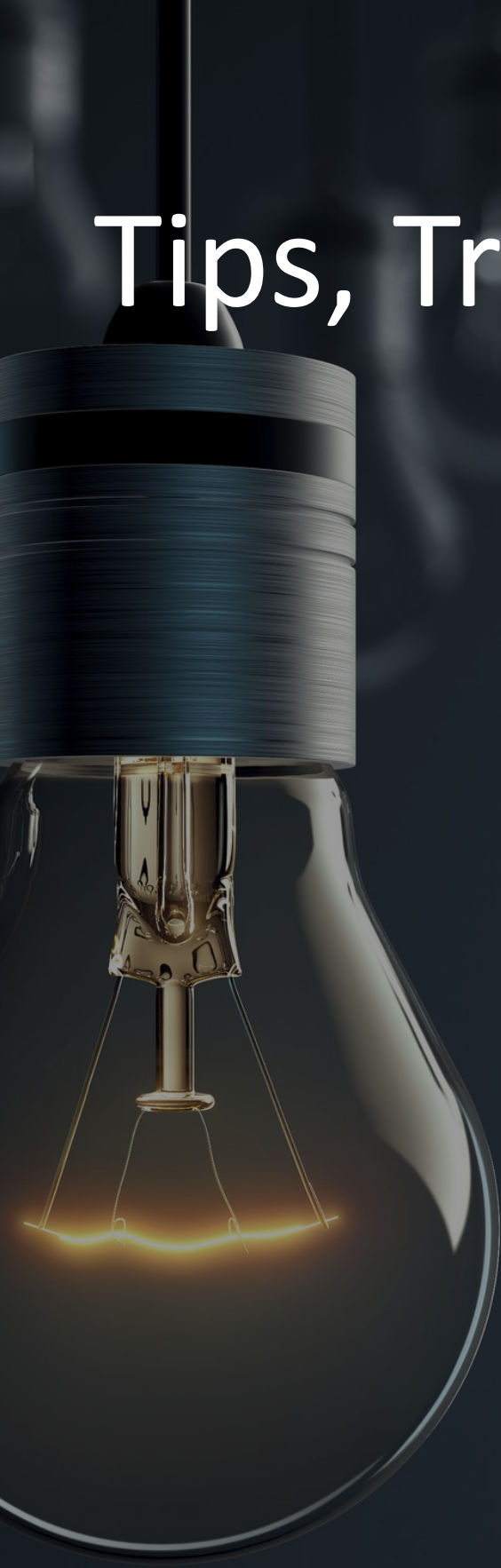
People 2.0 Benefits Department

Email Address	benefits@people20.com
Phone Number	(610) 235-2973 (610) 235-2920

General Benefits Information

Email Address	benefits@people20.com
Phone Number	(610) 235-2973

Tips, Tricks & 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.

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.