

2017

SearchPros Staffing

NEW HIRE ENROLLMENT

TIME TO MAKE YOUR BENEFIT CHOICES

SearchPros Staffing values the contributions of our temporary employees. In appreciation of your dedicated service, we are pleased to offer affordable medical coverage provided by The American Worker. In addition, full-time employees are also offered a variety of other coverage options which can enhance the medical plans or be purchased individually, depending upon the needs of you and your family.

ELIGIBILITY

All full-time employees are eligible for coverage that work 30 hours or more per week and that have satisfied their 60-day waiting period.

SearchPros Staffing Full-Time Employee Benefit Plan

Cigna Trust Value Plan Health Saving

- Provides coverage for outpatient services, including Dr. Office Visits, Diagnostic Tests, Wellness Exams, Prescription Drugs, etc.
- Employees can prevent the "Individual Mandate" penalty
 - *2017: Individuals will face a tax of 2.5% of their household income or \$695 per adult and \$347.50 per child, whichever is greater.
- Provides access to a national PPO Network, First Health, which can lower out-of-pocket expenses.
- **Does provide coverage for catastrophic illnesses that would require inpatient hospitalization.**
- **IMPORTANT: Since you are being offered the Cigna Value Plan, tax subsidies are not available from your State's Exchange or the Federally Facilitated Marketplace. Please carefully consider your benefit elections as failure to enroll in the coverage may cause you to pay tax penalties and/or be unable to receive coverage until you have a qualifying event.**

FIXED INDEMNITY

- Provides coverage for hospital stays and surgical procedures that are not covered under the Minimum Value Plan.
- Includes discounted prescription drugs and health services, as well as a telephonic doctor service.

FREESTANDING COVERAGE OPTIONS

- Short-term Disability
- Dental and Vision Package
- Life and AD&D Insurance



Enrollment Period: You have 30 days from your date of hire to enroll in coverage

Effective Date: 1st of the month following your 60-day waiting period

To enroll, complete the attached application and return to Human Resources.

email: Brenda@spstaffing.com fax: (916)-669-8068

Search Pros Staffing

Search Pros Staffing values the contributions of our workforce. In appreciation of your dedicated service, Search Pros Staffing is pleased to provide the Fixed Indemnity plans provided by The American Worker, underwritten by Nationwide Life Insurance Company.

The American Worker Fixed Indemnity plans provide first dollar coverage. The plans offer coverage for basic healthcare services and prescription drug discounts. The American Worker also pays in addition to other coverage you may have, which can help cover out-of-pocket expenses such as deductibles and coinsurance when receiving medical treatment.

The plans include the First Health Network and New Benefits Discount programs, which are provided by separate vendors.

	Standard	Preferred
PHYSICIAN'S OFFICE	Plan Pays \$60 per Day, 6 Days per Person per Year	Plan Pays \$75 per Day, 6 Days per Person per Year
OUTPATIENT DIAGNOSTIC LAB	Plan Pays \$75 per Testing Day, 3 Days per Person per Year	Plan Pays \$85 per Testing Day, 3 Days per Person per Year
OUTPATIENT DIAGNOSTIC X-RAY	Plan Pays \$75 per Testing Day, 3 Days per Person per Year	Plan Pays \$100 per Testing Day, 3 Days per Person per Year
ADVANCED STUDIES	Plan Pays \$300 per Testing Day, 3 Days per Person per Year	Plan Pays \$500 per Testing Day, 3 Days per Person per Year
PREVENTIVE CARE	Plan Pays \$75 per Day, 1 Day per Person per Year	Plan Pays \$100 per Day, 1 Day per Person per Year
ACCIDENTAL INJURY CARE	Plan Pays \$500 Max per Occurrence	Plan Pays \$1,000 Max per Occurrence
EMERGENCY ROOM SICKNESS	Plan Pays \$100 per Day, 2 Days per Person per Year	Plan Pays \$150 per Day, 2 Days per Person per Year
SURGICAL Daily Inpatient Daily Inpatient Maximum Daily Outpatient Daily Outpatient Minor Outpatient Benefit Maximum	Plan Pays \$500 per Day, 1 Day per Person per Year Plan Pays \$250 Plan Pays \$50 1 Day per Person per Year	Plan Pays \$1,000 per Day, 1 Day per Person per Year Plan Pays \$500 Plan Pays \$100 1 Day per Person per Year
ANESTHESIA	Plan Pays 30% of Surgical Benefit	Plan Pays 30% of Surgical Benefit
DAILY HOSPITAL INDEMNITY	Plan Pays \$300 per Day, 500 Day Lifetime Maximum	Plan Pays \$500 per Day, 500 Day Lifetime Maximum
HOSPITAL ADMISSION (Lump Sum)	-	Plan Pays \$500 per Confinement
INTENSIVE CARE UNIT	Plan Pays \$600 per Day, 30 Days per Person per Year	Plan Pays \$1,000 per Day, 30 Days per Person per Year
SUBSTANCE ABUSE	Plan Pays \$150 per Day, 30 Days per Person per Year	Plan Pays \$250 per Day, 30 Days per Person per Year
MENTAL ILLNESS	Plan Pays \$150 per Day, 30 Days per Person per Year	Plan Pays \$250 per Day, 30 Days per Person per Year
SKILLED NURSING	Plan Pays \$150 per Day, 60 Days per Person per Stay	Plan Pays \$250 per Day, 60 Days per Person per Stay
FIRST HEALTH NETWORK	Included	Included
NEW BENEFITS DISCOUNT PROGRAM	Included	Included

Monthly Rates

Employee	\$86.59	\$128.72
Employee + Spouse	\$196.87	\$302.22
Employee + Child(ren)	\$146.18	\$222.03
Family	\$211.37	\$329.89

Medical Plan Features

New Benefits Pharmaceutical Discount Program

The Neighborhood Pharmacy discount program assures members the lowest price on prescription drugs, saving 10% to 85% on most prescriptions. Pharmacists will calculate the discount at point-of-service and the member pays the discounted price. There are more than 60,000 participating pharmacies including national and regional chains as well as independent pharmacies. Visit www.RxPriceQuotes.com to look up drug prices or locate a participating pharmacy.

Pharmacy Discounts are Not Insurance and are Not Intended as a Substitute for Insurance. **The discount is only available at participating pharmacies.**

First Health Network

The First Health Network provides members access to one of the nation's largest and most respected networks. Members that use First Health providers will receive savings on Physician and Hospital services. Visiting a First Health provider can reduce your out-of-pocket expenses and stretch your benefit dollars.

- The First Health Network has over 490,000 locations across the country
- Network providers will submit re-priced medical claims on your behalf to simplify the claim process
- To find a provider online, visit www.FirstHealthLBP.com

Members have the ability to choose any provider they wish for treatment. The plan benefits remain the same regardless of what provider you visit for service.

New Benefits Health Service Discount Program (Not available to Washington residents)

This package of health service and discount programs can help reduce out-of-pocket expenses and provide savings on a variety of services that promote healthy living. Detailed information on all programs will be provided after enrollment.

- TelaDoc¹ 24/7/365 access to a network of U.S. board-certified doctors that will diagnose, treat and prescribe medication, when necessary, over the phone for medical issues including cold or flu symptoms, allergies, bronchitis and more.
- Medical Bill SaverTM: Can help lower out-of-pocket costs on medical or dental bills over \$400 through provider negotiation.
- Medical Health Advisor²: Access to Personal Health Advocates that can assist in resolving insurance claim and billing issues.
- Nurse Hotline and Personal Counseling Services

In addition, members will receive discounts on the following services or supplies at participating providers.

- Lab and Imaging³
- Vision
- Diabetic Supplies
- Vitamins
- Chiropractic
- Hearing
- Durable Medical Equipment

¹Teladoc is not available to AR and ID residents. ²Health Advisor does not replace health insurance, provide medical care or recommend treatment.

³Savings may vary based on geographic location, provider selected and procedure performed. The lab network portion of this benefit is not available in MA, MD, ND, NE, NJ, NY, RI, or SD.

SHORT-TERM DISABILITY

Your family and daily life can depend on consistent paychecks and income. If you get sick or injured and can't work, this Short-term Disability benefit will pay you cash. Enroll in this benefit to protect your income when you might not be able to work.

WEEKLY MAXIMUM	Plan Pays up to \$125
MAXIMUM BENEFIT PERIOD	26 Weeks
WAITING PERIOD	15 Days (Accidents and Sickness)
PERCENT OF WEEKLY SALARY PAID	50% (Excludes Bonuses and Overtime)

Coverage includes disability due to pregnancy and childbirth

Monthly Rates

Employee	\$15.17
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LIFE AND AD&D INSURANCE

Life insurance can help your loved ones during a trying time. The benefits provide cash that can assist your family in the event of your death. Enroll in this benefit to protect the future of the ones that depend on you the most.

LIFE AND AD&D INSURANCE Employee	Plan Pays \$20,000
LIFE INSURANCE Spouse	Plan Pays \$2,500
Child	Plan Pays \$1,250

Monthly Rates

Employee	\$9.75
Employee + Spouse	\$10.97
Employee + Child(ren)	\$10.97
Family	\$12.50

DENTAL AND VISION PACKAGE

Regular preventive dental and vision care will help you support your overall wellbeing. With affordable coverage, getting the care you need is within your reach.

Dental Care

CALENDAR YEAR MAXIMUM	Plan Pays up to \$500 per Covered Member	
DEDUCTIBLE	\$20 per Visit	
COVERED SERVICES	Waiting Period	Coinsurance
PREVENTIVE AND DIAGNOSTIC	None	Covered at 100% (U&C Charges)
BASIC TREATMENT	3 Months	Covered at 60% (U&C Charges)
MAJOR TREATMENT	12 Months	Covered at 50% (U&C Charges)

Vision Care

	VSP Choice Network	Out-of-Network
DEDUCTIBLES	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
ANNUAL EYE EXAM	Covered in Full	Up to \$45
LENSES (per pair)		
Single Vision	Covered in Full	Up to \$30
Bifocal	Covered in Full	Up to \$50
Trifocal	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$100
CONTACTS		
Fit and Follow Up Exams	15% Discount	No Benefit
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
FRAMES	Up to \$105 ²	Up to \$70
FREQUENCIES	Based on Date of Service	
Exam	12 Months	
Lens	12 Months	
Frame	24 Months	

¹Deductible applies to a complete pair of glasses or frames, whichever is selected

²The Costco allowance will be the wholesale equivalent

Dental and Vision Monthly Rates

Employee	\$30.98
Employee + Spouse	\$72.00
Employee + Child(ren)	\$56.17
Family	\$84.88

Search Pros Staffing

Enrollment Information

To enroll, complete the attached application and return to Human Resources.

Email: Brenda@spstaffing.com Fax: (916)-669-8068

Important Program Information

This enrollment guide provides an overview of the benefit plans that have been specifically designed for Search Pros Staffing. If there is any discrepancy between this Search Pros Staffing and the official plan documents, the plan documents govern.

This enrollment guide is not intended to be a complete legal description of the benefit program. Complete information is available upon request and will be furnished to members in the certificate of insurance or member booklets for the programs in which they choose to participate. This program is not intended to nor do we recommend that it replace any comprehensive major medical plan of insurance.

This product is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

The American Worker program is not available to residents of New Hampshire and Vermont.

New Benefits Discount Programs

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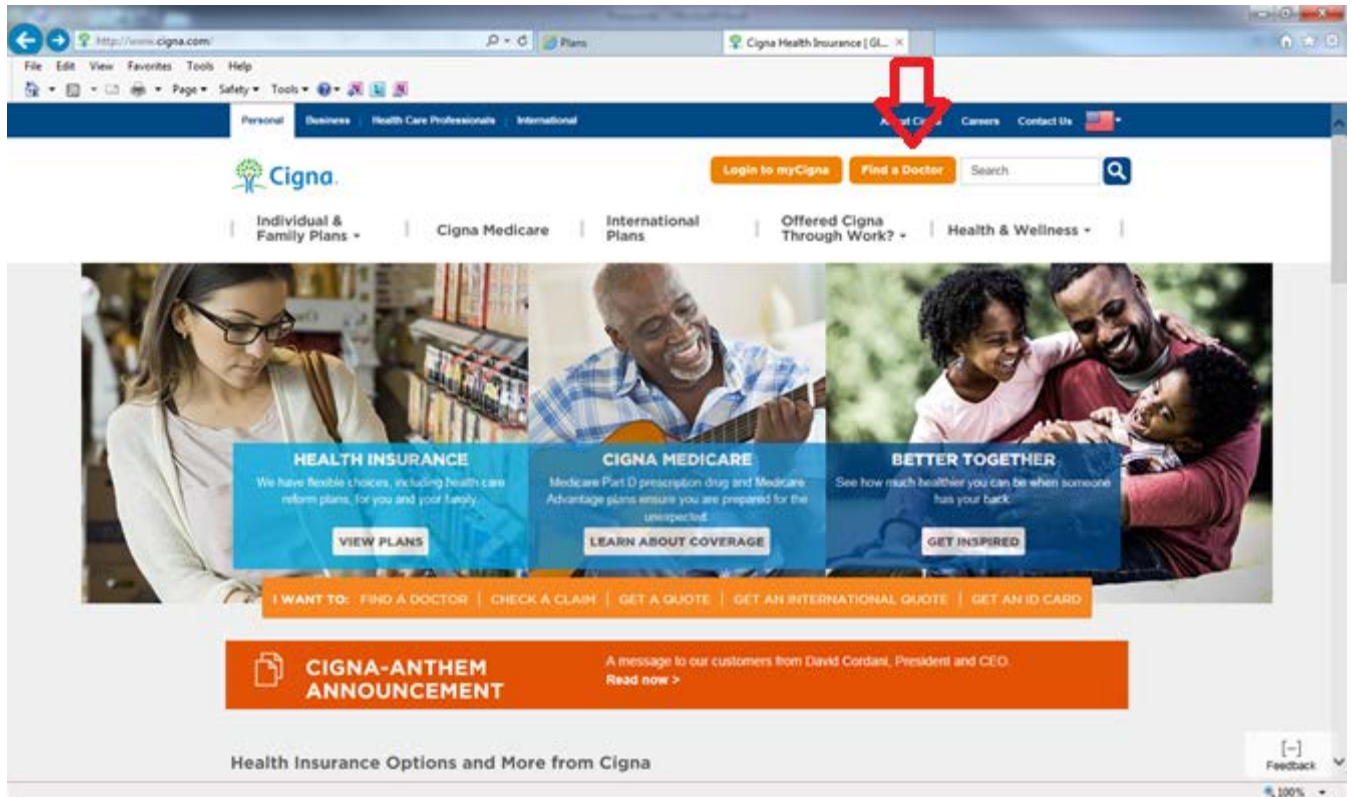
This plan is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a 30 day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com.

PROVIDER PLAN NAME PLAN TYPE PPO PLUS AREAS AVAILABLE	Cigna Value Plan Health Savings PPO Yes National	Cigna \$5000 Plan Traditional PPO Yes National	Cigna \$2000 Plan Traditional PPO Yes National	Cigna \$500 Plan Traditional PPO Yes National
NATIONAL	PPO Choice Fund Value	PPO Choice Fund 5000	PPO Choice Fund 2000	PPO Choice Fund 500
IN-NETWORK				
DEDUCTIBLE & MAXIMUMS				
Calendar Year Deductible (Individual/Family)	\$6,350 / \$12,700	\$5,000 / \$10,000	\$2,000 / \$4,000	\$500 / \$1,000
Coinsurance (Carrier / Employee)	\$100% / 0%	70% /30%	80% /20%	80% / 20%
Calendar Year Out Of Pocket Maximum (Individual / Family)	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000	\$2,000 / \$4,000
Out Of Pocket Maximum Includes Deductible	Yes	Yes	Yes	Yes
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
PHYSICIAN SERVICES				
Preventive Care Routine Exams	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Office Visit	100% After Deductible	\$50 Copay	\$40 Copay	\$25 Copay
Specialist Office Visit	100% After Deductible	\$75 Copay	\$60 Copay	\$45 Copay
DIAGNOSTIC SERVICES				
Routine Preventive Care Exams and Screenings	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Diagnostic Laboratory	100% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
Diagnostic X-Ray Diagnostic X-Ray for Complex Imaging	100% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
Services	100% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
EMERGENCY MEDICAL CARE				
Emergency Room Visit	100% After Deductible	\$400 Copay	\$300 Copay	\$200 Copay
Urgent Care Visit	100% After Deductible	\$75 Copay	\$60 Copay	\$60 Copay
Ambulance	100% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
HOSPITAL CARE				
Inpatient Hospitalization	100% After Deductible	\$300 Copay + 30% After Deductible	\$500 Copay + 20% After Deductible	20% After Deductible
Outpatient Surgery	100% After Deductible	\$150 Copay + 30% After Deductible	20% After Deductible	20% After Deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES				
Inpatient Outpatient	100% After Deductible	\$300 Copay + 30% After Deductible	\$500 Copay + 20% After Deductible	20% After Deductible
Outpatient Surgery	100% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
OTHER BENEFITS				
Rx (generic/formulary brand-name/non-formulary brand-name)	100% After Deductible	\$15 / \$50 / \$90	\$10 / \$40 / \$70	\$10 / \$30 / \$60
Specialty Drugs	100% After Deductible	25%/max \$300 per script	25%/max \$300 per script	\$100
Mail Order (90 day supply)	100% After Deductible	\$37.50 / \$125 / \$225	\$25 / \$100 / \$175	\$25 / \$75 / \$150
Routine Eye Exam (Children)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Skilled Nursing Facility	100% After Deductible	30% After Deductible	20% After Deductible	20% After Deductible
OUT OF NETWORK				
Calendar Year Deductible (Individual/Family)	\$12,700 / \$25,400	\$10,000 / \$20,000	\$6,000 / \$12,000	\$3,000 / \$6,000
Coinsurance (Carrier / Employee)	50% / 50%	50% / 50%	60% / 40%	60% / 40%
Calendar Year Out Of Pocket Maximum (Individual / Family)	\$25,400 / \$50,800	\$20,000 / \$40,000	\$12,000 / \$24,000	\$6,000 / \$12,000
Lifetime Maximum	Combined with In-Network	Combined with In-Network	Combined with In-Network	Combined with In-Network
Physician Office Visit	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible
Inpatient Hospitalization	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible
Outpatient Surgery	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible
Diagnostic Services	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible
Mental Health/Substance Abuse	50% After Deductible	50% After Deductible	40% After Deductible	40% After Deductible
Emergency Room Visit	Same as In-Network	Same as In-Network	Same as In-Network	Same as In-Network
MONTHLY PREMIUMS (2016)				
NATIONAL	PPO Choice Fund Value	PPO Choice Fund 5000	PPO Choice Fund 2000	PPO Choice Fund 500
Employee	See attached	\$429	\$562	\$707
Employee + Spouse	your employee premium + \$423	\$819	\$1,098	\$1,396
Employee + Child(ren)	your employee premium + \$338	\$680	\$854	\$1,152
Employee + Family	your employee premium + \$634	\$967	\$1,171	\$1,475

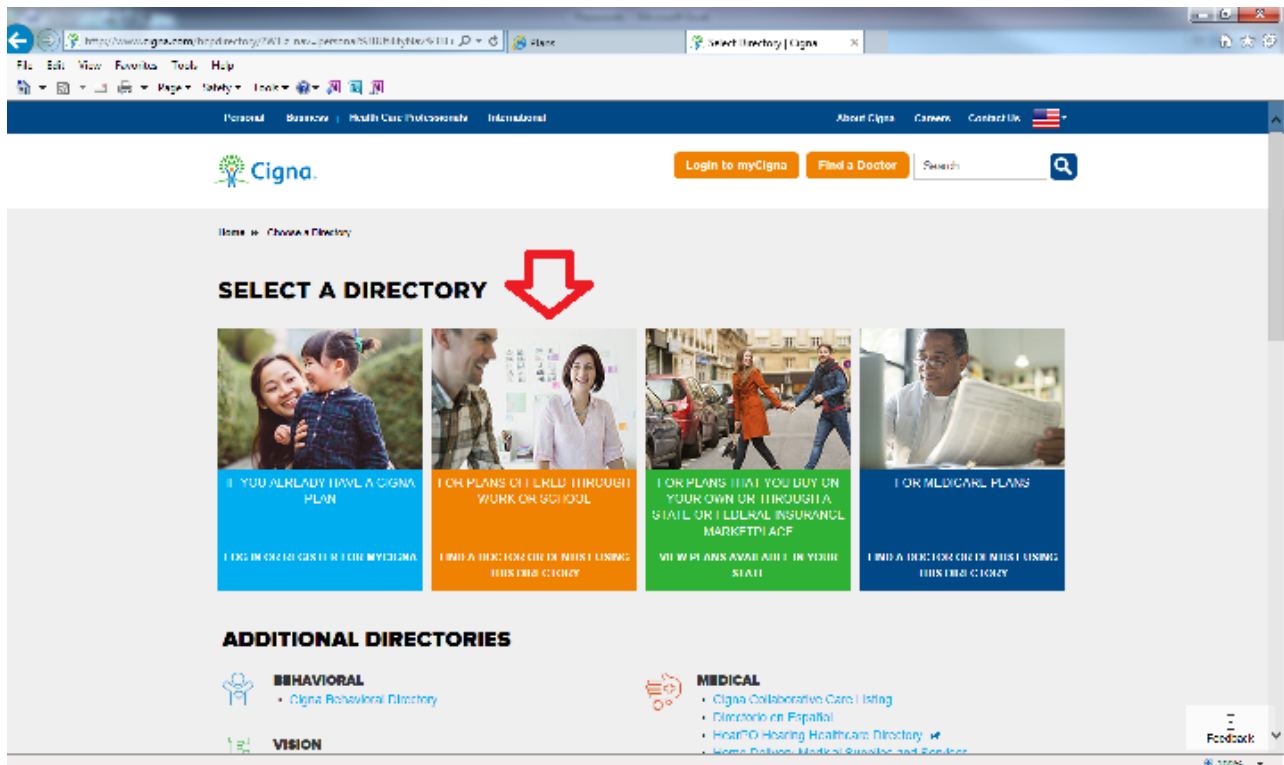
Cigna Value Plan Health Savings PPO
PPO Choice Fund Value
Safe Harbor Premium Rates
(Based on Rate of Pay Safe Harbor)

Pay Rate	Employee Premium	Pay Rate	Employee Premium
\$9.75 - \$9.99	\$ 120.41	\$18.00 - \$18.24	\$ 222.30
\$10.00 - \$10.24	\$ 123.50	\$18.25 - \$18.49	\$ 225.39
\$10.25 - \$10.49	\$ 126.59	\$18.50 - \$18.74	\$ 228.48
\$10.50 - \$10.76	\$ 129.68	\$18.75 - \$18.99	\$ 231.56
\$10.75 - \$10.99	\$ 132.76	\$19.00 - \$19.24	\$ 234.65
\$11.00 - \$11.24	\$ 135.85	\$19.25 - \$19.49	\$ 237.74
\$11.25 - \$11.49	\$ 138.94	\$19.50 - 19.74	\$ 240.83
\$11.50 - \$11.74	\$ 142.03	\$19.75 - \$19.99	\$ 243.91
\$11.75 - \$11.99	\$ 145.11	\$20.00 - \$20.24	\$ 247.00
\$12.00 - \$12.24	\$ 148.20	\$20.25 - \$20.49	\$ 250.09
\$12.25 - \$12.49	\$ 151.29	\$20.50 - \$20.74	\$ 253.18
\$12.50 - \$12.74	\$ 154.38	\$20.75 - \$20.99	\$ 256.26
\$12.75 - \$12.99	\$ 157.46	\$21.00 - \$21.24	\$ 259.35
\$13.00 - \$13.24	\$ 160.55	\$21.25 - \$21.49	\$ 262.44
\$13.25 - \$13.49	\$ 163.64	\$21.50 - \$21.74	\$ 265.53
\$13.50 - \$13.74	\$ 166.73	\$21.75 - \$21.99	\$ 268.61
\$13.75 - \$13.99	\$ 169.81	\$22.00 - \$22.24	\$ 271.70
\$14.00 - \$14.24	\$ 172.90	\$22.25 - \$22.49	\$ 274.79
\$14.25 - \$14.49	\$ 175.99	\$22.50 - \$22.74	\$ 277.88
\$14.50 - \$14.74	\$ 179.08	\$22.75 - \$22.99	\$ 280.96
\$14.75 - \$14.99	\$ 182.16	\$23.00 - \$23.24	\$ 284.05
\$15.00 - \$15.24	\$ 185.25	\$23.25 - \$23.49	\$ 287.14
\$15.25 - \$15.49	\$ 188.34	\$23.50 - \$23.74	\$ 290.23
\$15.50 - \$15.74	\$ 191.43	\$23.75 - \$23.99	\$ 293.31
\$15.75 - \$15.99	\$ 194.51	\$24.00 - \$24.24	\$ 296.40
\$16.00 - \$16.24	\$ 197.60	\$24.25 - \$24.49	\$ 299.49
\$16.25 - \$16.49	\$ 200.69	\$24.50 - \$24.74	\$ 302.58
\$16.50 - \$16.74	\$ 203.78	\$24.75 - \$24.99	\$ 305.67
\$16.75 - \$16.99	\$ 206.86	\$25.00 - \$25.24	\$ 308.75
\$17.00 - \$17.24	\$ 209.95	\$25.25 - \$25.49	\$ 311.84
\$17.25 - \$17.49	\$ 213.04	\$25.50 - \$25.74	\$ 314.93
\$17.50 - \$17.74	\$ 216.13	\$25.75 - \$25.99	\$ 318.02
\$17.75 - \$17.99	\$ 219.21	\$26.00 and up	\$ 319.00

How to find a doctor – www.cigna.com – select “Find a Doctor”



Choose “Plans offered through work or school”



Choose your location, Choose your plan see the “Pick” drop down

The screenshot shows the Cigna website's search interface. At the top, there are navigation links for 'Personal', 'Business', and 'Plans to Consider'. The main heading is 'FIND A DOCTOR, DENTIST OR FACILITY'. Below this, there are search filters for 'Find a...', 'SEARCH LOCATION' (Chicago, IL), 'SELECT A PLAN' (Medical, Not Yet Selected; Dental, No Plan Selected), and 'LOOKING FOR:' (Name, keyword, etc.). A red arrow points to the 'PICK' dropdown menu in the 'SELECT A PLAN' section. Below the search bar, there are sections for 'YOUR CHOICES CAN IMPACT YOUR COSTS' and 'POPULAR SEARCHES'. The URL at the bottom is 'http://explore.cigna.com/healthcare-professionals/index.html'.

Choose the “PPO, Choice Fund PPO” medical plan option

The screenshot shows the 'SELECT A PLAN FOR YOUR SEARCH' page. It provides instructions for users who already have a Cigna plan or are looking for one. Under the heading 'THESE ARE THE PLANS AVAILABLE IN YOUR SEARCHED LOCATION: CHICAGO, IL', there are two columns of plan options: 'MEDICAL PLANS' and 'DENTAL PLANS'. A red arrow points to the 'PPO - Choice Fund PPO' option under 'MEDICAL PLANS'. Below the plan options, there is a 'CHOOSE' button. At the bottom, there are sections for 'YOUR CHOICES CAN IMPACT YOUR COSTS' and 'POPULAR SEARCHES'. The URL at the bottom is 'http://explore.cigna.com/healthcare-professionals/index.html'.

Then search for your physician by name or keyword, remember to keep your search simple, it will allow a greater selection or allow for any differences in spelling or location.