



2016-2017 Summary of Benefits New Hires - Contract Employees

REMINDER: YOU HAVE 30 DAYS FROM DATE OF HIRE TO ENROLL IN BENEFITS.

Important Note About Health Care Reform and the Individual Mandate

The Affordable Care Act (ACA), often called Obamacare, requires most individuals to have health insurance. If you do not have health insurance, you may be required to pay a penalty. If you do not have coverage, you will pay the higher of 2.5% of your yearly household income or \$695 per person (\$347.50 per child under 18). All medical plans offered by The Judge Group will satisfy the individual mandate.

Eligibility

You are eligible to participate if you are a full time employee, paid based on hours worked and work over 30 hours per week. Your dependents are eligible for coverage in most plans you elect; the benefit counselor will discuss the benefits available to your dependents during your meeting. Your eligible dependents include your legal spouse, children, and children for whom you are a legal guardian up to the age of 26, unless otherwise stated.

How to Enroll in Your Benefits

Professional benefit counselors will be available over the phone to conduct confidential one-on-one meetings with each benefit-eligible employee. During these educational sessions, the benefit counselor will review your benefit options, help you understand the choices available to you, provide assistance so you can select the benefits that best meet your needs, and help you complete the enrollment process.

Schedule Your Appointment with a Benefit Counselor

You can pre-schedule your appointment with the benefit counselor online or over the phone. Log on to www.judgegroup.schedapple.com or call 866-738-0386, Monday through Friday, 8 a.m. – 8 p.m. Eastern. The enrollment center is closed on holidays and weekends. You will still be able to enroll online (instructions can be found below). Otherwise, if your last day to enroll lands on a day the enrollment center is closed, you will need to call on the prior business day.

Log on to ElectMyBenefits.com

If you are unable to speak with a counselor over the phone, you may complete your enrollment via [ElectMyBenefits](http://ElectMyBenefits.com). To register and complete the enrollment process, log on to electmybenefits.com. Click [here](#) or visit bit.ly/judgegroupEMBinstructions to access registration instructions. Please note, you will need a valid email account and have access to that email account to complete the registration process.

Medical Plans

Because there's nothing more important than your health, The Judge Group offers three medical plans from which you may choose. With all plans, you have the flexibility to see the provider of your choice; however, you will pay significantly less money if you choose an in-network provider or facility. Please see the chart on the next page for highlights on your medical plan options.

Preferred Provider Organization (PPO)

For most doctor visits and specialist visits, you simply pay a copayment at the time of service. Preventive care services are generally covered at 100%, with no cost share to you. You have a great deal of flexibility and choice with a PPO and can manage your out-of-pocket costs by remaining in-network.

High Deductible Plan (HDHP)

Preventive care services are covered 100% as long as your physician bills your visit as preventive. For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until you have met your annual deductible.

Understanding the Difference Between Embedded and Non-Embedded Deductibles When Electing Plans other than Single Coverage

Should you elect a plan with an embedded deductible, each family member's claims contribute to meet the full family deductible amount. If a single family member meets the plan's individual deductible amount, then that family member's claims are covered according to that plan's coinsurance; the other family members' claims will continue to be applied to the family deductible amount. On a plan with a non-embedded deductible, all family members' claims together must reach the family deductible amount before the plan's coinsurance will start. For example, we will use employee Mike, his wife Mary, and their daughter Maggie. Mike has a lot of claims this year and Mary and Maggie have had very few.

The **Gold** plan has an embedded deductible that applies to claims for services that are out-of-network. There are also embedded out-of-pocket maximums for in-network and out-of-network services. If Mike reaches the individual out-of-pocket maximum of \$5,000, the plan will cover the rest of his medical bills at 100%. Mary and Maggie will continue to pay their copays until one of them reaches another individual \$5,000 out-of-pocket, or their claims combined make up the remaining \$5,000. If the \$10,000 total is met, the plan will pay 100% of their bills for the remainder of the plan year. This plan is the only plan set on a calendar year, meaning the deductible and out-of-pocket maximum reset January 1st, not July 1st as with the other plans.

The **Bronze** plan is unique in that the deductible is non-embedded and the out-of-pocket max is embedded. There is a \$6,000 non-embedded family deductible, which means that all family members' claims contribute to the deductible amount. Once the \$6,000 is reached, the coinsurance will kick in. The exception to this is if one family member meets the individual embedded out-of-pocket maximum of \$5,600. At that point, that one individual's claims will be covered at 100%. Due to Mike's high claims, once he reaches the \$5,600, the plan pays 100% of his ongoing claims. Mary and Maggie will continue to work toward the additional \$400 deductible and the additional \$5,600 out-of-pocket.

The **Compliant** plan is embedded. Mike satisfies the \$5,500 individual deductible and the co-insurance kicks in for all of his further claims. When he meets the individual \$6,350 out-of-pocket maximum, the plan pays 100% of his ongoing claims after that. Mary and Maggie work towards the additional family deductible and out-of-pocket maximum.

Medical Plans (continued)

Choice of plan options:	Gold Plan PPO PC C4-F5-02	Bronze Plan HDHP HD4-HC2	Compliant Plan HDHP 115705*	*Payroll Deductions:	You Pay Weekly:	You Pay Bi-Weekly
Network	PPO	PPO	PPO		Gold Plan	
Deductible* Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$0 / \$1,500 \$0 / \$4,500	\$3,000 / \$5,000 \$6,000 / \$10,000	\$5,500 / \$10,000 \$11,000 / \$20,000		You Pay	You Pay
Deductible Type	Embedded	Non-Embedded	Embedded	Employee Only	\$178.37	\$356.74
Out of Pocket Type	Embedded	Embedded	Embedded	Employee & Spouse	\$425.45	\$850.90
Coinsurance In-Network / Out-of-Network	100% / 50%	80% / 50%	60% / 50%	Employee & Child(ren)	\$327.07	\$654.14
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$5,000 / \$10,000 \$10,000 / \$30,000 Includes Deductible	\$5,600 / \$10,000 \$11,200 / \$20,000 Includes Deductible	\$6,350 / \$20,000 \$12,700 / \$40,000 Includes Deductible	Family	\$545.66	\$1,091.32
Physician Services (In-Network) Well Adult / Well Child Physician Office Visit Specialist X-Rays / Lab Diagnostics	100% \$30 copay \$50 copay \$50 copay	100% Deductible then 80% Deductible then 80% Deductible then 80%	100% Deductible then 60% Deductible then 60% Deductible then 60%		Bronze Plan	
Inpatient Hospital In-Network / Out-of-Network	\$400 per day, max 5 days/ Deductible then 50%	Deductible then 80% / Deductible then 50%	Deductible then 60% / Deductible then 50%	Employee Only	\$69.90	\$139.80
Emergency Room	\$125 copay, then deductible	Deductible then 80%	Deductible then 60%	Employee & Spouse	\$198.36	\$396.72
Prescription Drugs (In-Network) Generic / Formulary / Non-Formulary	Copays: \$20 / \$40 / \$60	Copays after Ded: \$5 / \$20 / \$45	Copays after Ded: \$20 / \$40 / \$60	Employee & Child(ren)	\$147.21	\$294.42
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Family	\$260.87	\$521.74
					Compliant Bronze Plan	
					You Pay	You Pay
				Employee Only	\$27.19	\$54.38
				Employee & Spouse	\$150.55	\$301.10
				Employee & Child(ren)	\$110.16	\$220.32
				Family	\$199.90	\$399.80

* Deductible is Plan Year and will reset on 7/1/16.
Please note as of 7/1/15 vision is a stand-alone option through MetLife.

Independence Blue Cross Value-Added Benefits

Healthy Lifestyles Solutions Weight Management Programs



Get up to \$150 back when you participate in an approved weight management program.

No one said weight loss is easy, but support from others can make the challenge feel more manageable. Enroll in Weight Watchers®, Weight Watchers® Online, or an approved weight management program at any network hospital and you can get encouragement to manage your weight for the long haul. The Healthy Lifestyles Solutions Weight Management Program will reimburse you up to \$150 for the cost of an approved weight management program.

For more information, please contact Health Lifestyles solutions at 1-800-590-8880.

Healthy Lifestyles Solutions and Tobacco Cessation Program



Get up to \$150 back when you complete an approved program to help you quit using tobacco.

You probably know many of the reasons why you should quit smoking—it can help you breathe easier, live longer, and protect the health of those around you. Quitting isn't easy, and many people try more than once before they succeed, but it's worth it.

For more information, please contact Health Lifestyles solutions at 1-800-590-8880.

To help you quit for good, our Healthy Lifestyles Solutions Tobacco Cessation Program will reimburse you up to \$150 for completing an approved tobacco cessation program. If you're 18 or older and your program costs less than \$150, you can apply the difference towards reimbursement of nicotine replacement products or medications prescribed to you to help you quit.

With Independence Blue Cross' Fitness Program you can get up to \$150 back.



You don't have to enroll in the Healthy Lifestyles Solutions

Fitness Program to become eligible for reimbursement. When you meet the eligibility requirements, just submit your documentation to ibx.com/reimbursements to request reimbursement.

Questions? Call Healthy Lifestyles Solutions at 1-800-590-8880.

Independence Blue Cross members - Enroll in the Baby BluePrints® Maternity Program for Free

Your good health matters to us, and we want to help you have the healthiest pregnancy and delivery possible. Independence Blue Cross

Call toll-free to enroll
1-800-598-BABY
(1-800-598-2229)

members can enroll for free in the Baby BluePrints® Maternity Program for access to information that guides you through each stage of your pregnancy and support from an experienced Health Coach.



Give your baby a healthy start

Take control of your health now!

Independence Blue Cross (IBC) offers many tools and resources to help members stay healthy. Here are some easy ways you can stay on track with your health.

- Fitness
- Tobacco cessation
- Weight management
- Care management
- Blue365®

Stay motivated to reach your goals

The ordinary decisions we make every day are what help us stay on the road to good health. Healthy Lifestyles reimbursements reward you for taking the small steps that can add up to big changes in your health.

Independence Blue Cross Value-Added Benefits



Your Member Website - ibxpress.com

Find a doctor or hospital, view claims and benefits, and help manage your health with personalized WebMD® tools.

With ibxpress.com, you have quick and secure access to information you need to make smarter health care decisions—anytime and anywhere.

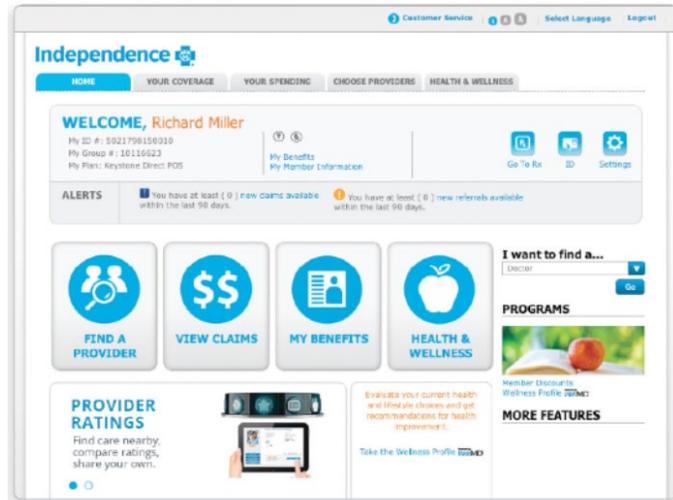
Easily navigate to the tools that help you manage your benefits and take control of your health, so you're getting the most from your health plan.

Log on or register at ibxpress.com

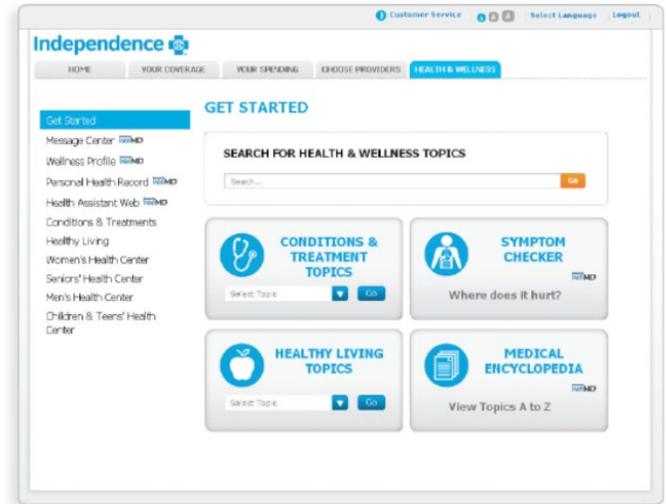
Current users - Log on with your current username and password

New users - Click *Register Now* and use the information on your member ID card to complete the registration

Get the information you need quickly.



Stay motivated to reach your health goals.



Find a Provider

Search for doctors, hospitals, specialists, and other health care professionals, view physician quality metrics, and compare provider profiles. Users will also have the ability to save searches and add favorites, create directories, and read and write patient reviews of doctors and facilities.

View Claims

See claims in real time and quickly search up to two years of claims history. View or download an Explanation of Benefits (EOB) to figure out what you owe and how much your health plan paid for covered services.

My Benefits

Review your coverage details, update your personal information, choose or change your primary care physician, and get money-saving tips to help you maximize your benefits.

Health & Wellness

Get reliable information and support to reach your health goals with personalized WebMD® tools, including the Personal Health Record, Wellness Profile, My Health Assistant, Symptom Checker, Medical Encyclopedia, and more.



Download the Free IBX App

Manage your health when you're on the go. Download the IBX app to your smartphone and log in using your ibxpress.com username and password.

Save time with quick links:

ID Card - Print a temporary copy of your member ID card or request a new one for you and anyone covered under your health plan.

Settings - Choose to receive your EOBs and other communications by email.

Dental Insurance

Carrier: MetLife
Effective: 07/01/2016 through 06/30/2017
Website: www.metlife.com
Phone: 800.275.4638

Preferred Provider Organization (PPO)

You have the flexibility to use any dentist of your choice, however, you can manage your out-of-pocket costs by remaining in-network. Negotiated fees extend to all in-network services, even to non-covered services like cosmetics and adult orthodontia and to services provided after the annual benefit maximum has been exceeded. Out-of-Network fees are based on the 90th percentile of Reasonable and Customary charges.

Plan:	PPO In-Network / Out-of-Network
Individual Deductible (Family = 3x)	\$50 / \$50
Office Visit Copay	None
Preventive Coinsurance	100% / 100%
Basic Coinsurance	80% / 80%
Major Coinsurance	50% / 50%
Annual Plan Maximum	\$1,000 / \$1,000
Orthodontia Coinsurance	50% / 50%
Orthodontia Lifetime Maximum	\$1,000 / \$1,000

Contributions	Weekly	Bi-Weekly
Employee Only	\$7.64	\$15.28
Employee & Spouse	\$17.63	\$35.26
Employee & Child(ren)	\$16.02	\$32.05
Family	\$26.02	\$52.03

Online dental ID cards support our ongoing efforts to go green. There is no need for a dental ID card to confirm eligibility when you go to the dentist, the dentist can easily contact MetLife to verify coverage.

Step 1: At the MyBenefits Welcome Page, click on the Dental Benefits (PDP) section. Then, from your "Dental Benefits" page, click "Tools & Resources."

Step 2: On the "Tools & Resources" page, click "Get Your Dental ID Card."

Step 3: Scroll down the page and you will find your personalized [Dental Identification Card](#) with all your vital coverage information. This page also provides you with some frequently asked questions and answers about your Dental ID card and participating MetLife PDP dentists.

Vision Insurance

Carrier: MetLife
Effective: 07/01/2016 through 06/30/2017
Website: www.metlife.com
Phone: 800.275.4638

The vision insurance plan provides reimbursement for vision related services (eye exams, glasses, contact lenses, etc.), however, you can manage your out-of-pocket costs by utilizing in-network vision providers.

Vision Plan Details	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Materials	Every 12 months	\$25 copayment	Allowance varies
Frames	Every 24 months	\$130 allowance	\$70 max allowance
Elective Contacts	Every 12 months*	\$130 allowance	\$105 max allowance

Contributions	Weekly	Bi-Weekly
Employee Only	\$0.58	\$1.15
Employee & Spouse	\$1.97	\$3.94
Employee & Child(ren)	\$1.54	\$3.08
Family	\$3.07	\$6.13

*Contact lens benefit is available every 12 months; however, you may not utilize the contact lens benefit in addition to lenses for frames within the same 12 months.

Hospital Indemnity Insurance

Enhance your medical plan with additional hospital benefits through Aflac. These benefits are designed to provide financial protection by paying you a benefit for hospital admission and daily benefits for inpatient stays and days in the ICU. You can use this benefit to pay for out-of-pocket expenses and extra bills that can occur relating to your hospitalization. During your initial enrollment period only, you can enroll without answering medical questions.

Hospital Benefits *available as an enhancement to your medical plan*

Event	Benefit
Hospital Admission	\$1,000 once per covered sickness/accident per year
Hospital Confinement	\$100 per day, up to 31 days per confinement
Hospital Intensive Care	\$100 per day, up to 10 days per confinement
Intermediate I.C. Step-Down Unit	\$50 per day, up to 10 days per confinement

Accident Insurance

Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to be prepared. This policy from Aflac can help cover the out-of-pocket costs associated with an accident by paying you a benefit depending on the injuries you suffer and the treatment you receive. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an emergency room copay, or to pay for childcare so you can get to the doctor for a follow up visit.

The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. Plus, the plan includes an annual \$50 wellness benefit once each 12-month period for each covered person when a qualifying wellness test or procedure is completed. Eligible wellness tests include annual physical exams, eye examinations, immunizations, mammograms, blood screenings, and more.

Benefit	Amount*
Ambulance	\$200
Emergency Room Treatment	\$200
Fractured Wrist	\$2,000
Crutches	\$100
Two Physical Therapy Sessions	\$60
Major Diagnostic (MRI, CT, CAT)	\$200
Wellness	\$50

**This example is for illustrative purposes only; your actual benefits may differ.*

Good news! If you participate in the hospital indemnity, accident, or critical illness program, you will also have access to free value-added services.

Critical Illness Insurance

We are happy to introduce critical illness insurance from Aflac. This policy provides you with a lump sum cash benefit in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important – getting better.

You can pick the level of coverage that provides the right protection for your family. During your initial enrollment period only, you will have the opportunity to elect up to \$30,000 of coverage for yourself and up to \$15,000 for your spouse without answering any medical questions. If you elect coverage for yourself, your dependent children (under the age of 26) will be covered at 50% of your benefit amount at no additional charge. The policy also includes an annual \$50 health screening benefit. The benefit is payable for you and your covered spouse when a covered health screening test is completed.

How the Plan Works

Critical illness insurance offers peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.*



Joe's Critical Illness policy provided the following benefits:

Wellness Benefit:	\$ 50
Heart Attack Benefit:	\$30,000
Cancer Benefit:	\$30,000
Total Benefits:	\$60,050

**This example is for illustrative purposes only; your actual benefits may differ.*

Aflac Value-Added Benefits

If you participate in Aflac's hospital indemnity, accident, or critical illness programs, you will have access to value-added services at no additional cost.

Health Advocacy from Health Advocate

More than just peace of mind. You have 24/7 access to Personal Health Advocates who start helping from the first call.

- Find doctors, dentists, specialists, hospitals, and other providers
- Schedule appointments, treatments, and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare, and more
- Help transfer medical records, lab results, and X-rays
- Work with insurance companies to obtain approvals and clarify coverage



Medical Bill Saver from Health Advocate

More than just cash benefits.

Aflac already pays claims quickly. Now, with Medical Bill Saver, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



Telemedicine from MeMD

More than just care. You can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care, fast.

- Create your account at www.MeMD.me/Aflac
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app, or phone
- Get ePrescriptions, referrals, and more
- Use it for a range of health issues, from allergies and colds to medication refills
- \$35 per visit



Life Insurance

Whole Life Insurance offers permanent life insurance protection. With a guaranteed death benefit that will never decrease, level premiums that will never increase, and cash value accumulation, whole life insurance goes beyond term life insurance. Because you pick the level of coverage, you can be sure that your family has the level of protection that best fits your needs. You also own the coverage, so you can take it with you if you leave employment or retire. During your initial enrollment period only, you will have a one-time only opportunity to elect up to \$100,000 of coverage for yourself, up to \$25,000 for your spouse, and up to \$10,000 per child without answering medical questions.

Disability Insurance

Short Term Disability (STD) Insurance from Aflac can protect a portion of your income for up to 12 months if you become disabled due to an injury or illness and are unable to work. The policy pays a benefit of up to 60% of your pre-disability earnings, not to exceed \$2,500 per month. Benefits begin after you have been disabled for 14 calendar days. During your initial enrollment period only, you can enroll without answering medical questions.

Benefit Contact Information

Plan	Plan Provider	Phone Number	Website
Medical	Independence Blue Cross	800-275-2583	www.ibx.com
Dental	MetLife	800-275-4638	www.metlife.com
Vision	MetLife	800-275-4638	www.metlife.com
Hospital Indemnity	Aflac	800-433-3036	www.aflac.com
Accident	Aflac	800-433-3036	www.aflac.com
Critical Illness	Aflac	800-433-3036	www.aflac.com
Whole Life	Aflac	800-433-3036	www.aflac.com
Short Term Disability	Aflac	800-433-3036	www.aflac.com

This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or The Judge Group Policy, the plan documents or policies shall govern. All Summary Plan Descriptions are available through Human Resources. We reserve the right to modify any of these plans at anytime.