



The Coverage You Need, the Options You Want.

Enroll Online at www.AllegisMarketplace.com

People. Service. Performance.

That is what Allegis Group and our operating companies are all about. One way we recognize our employees' contributions is by offering an extensive benefits package. The Allegis Group Benefit Program gives access to plans that help you protect the health and security of you and your family.

We realize benefit needs vary from person to person, so we provide a range of plans that let you choose the level of coverage and the combination of benefits you want and need. And, we know the benefits and health insurance marketplace is more confusing than ever. So, we offer our employees The Allegis Marketplace—a one-stop online shopping experience where you can easily compare plans and enroll in coverage.

This guide highlights the benefits available to you for 2018 and explains how to enroll. In this guide, you will find:

- Your 2018 Benefits-at-a-Glance;
- Who is eligible and how to enroll;
- Summaries of each benefit plan; and
- Phone numbers and websites where you can obtain more information about each plan.

Need Assistance?

Contact the Benefits Service Center at 1-866-886-9798 to speak with a Benefits Advisor.

We may refer in this guide to “ACA”, which stands for the Affordable Care Act. We also refer to your “Individual Mandate” obligation. By this, we mean your obligation under the ACA to have Minimum Essential Coverage (which can simply mean an employer group medical plan) or to pay a penalty on your tax return for not carrying such coverage.

If you decline coverage under the medical plans offered by Allegis Group, and you do not have other coverage that meets this requirement through another source, or you are not eligible for an exemption, you may be subject to the Individual Mandate tax. For additional information regarding the exemptions to the Individual Mandate and general information regarding the Affordable Care Act, please visit www.healthcare.gov.

Important Information About the Benefits Available to You Through Allegis Group

This benefit guide provides a general description of the benefits available to you through Allegis Group. More detailed information about our benefits, including certain legal notices, our plan documents and summary plan descriptions is also available.

Accessing Legal Notices, Plan Documents and Summary Plan Descriptions

Important information about your legal rights under the Allegis Group programs can be found online at www.AllegisMarketplace.com. Our plan document/SPDs are available in the Documents section of the Resource Center.

Summaries of Benefits and Coverage

Copies of the Summaries of Benefits and Coverage (SBCs) for each of the medical plan options are also available at www.AllegisMarketplace.com. As an employee, the medical benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. SBCs help you make an informed choice regarding your medical coverage by summarizing important information about the plan options in a standard format. In doing so, SBCs are designed to help you compare across options.

Right to Free Paper Copies

You have the right to request a free paper copy of any of the documents described above. You can request these documents by calling the Benefits Service Center at 1-866-886-9798, Monday through Friday 8am to 6pm ET, or sending an email to AskBenefits@allegisgroup.com.

We've got you covered!

The Allegis Marketplace is a one-stop online shopping experience where you can easily compare plans, rates and coverage options, and enroll in plans.

The Allegis Marketplace provides you with a wide variety of plan options that can be combined together or purchased by themselves so you can Build a Plan that is right for you and your budget, including:

- A choice of two (2) BlueCross BlueShield Medical Plans that meet the Individual Mandate
- Hospital Cost Protection Plans
- Critical Illness Protection
- Accident Protection
- Health Savings Account (HSA)

The Allegis Marketplace also offers:

- Dental
- Vision
- Life Insurance and Accidental Death and Dismemberment (AD&D) for you and your family
- Short and Long Term Disability Coverage
- Health Advocacy Services and Health Cost Estimator+™ if you elect either of the two (2) BlueCross BlueShield Medical Plans
- Employee Assistance Program (EAP) at no cost to you

Advantages of purchasing your benefits through the Allegis Marketplace:

- Savings by paying for your Medical, Dental and Vision premiums with pre-tax dollars
- Convenient premium payment through payroll deduction
- Access to BlueCross BlueShield's national network of preferred providers
- Enhanced customer service through trained Benefits Advisors (866) 886-9798
- Easy online enrollment at www.AllegisMarketplace.com
- Tax-advantaged savings if you open a Health Savings Account (High-Deductible Comprehensive Medical Plan Only)
- Potential savings available on individual coverage under the BlueCross BlueShield High-Deductible Comprehensive Medical Plan for those that qualify

Your Allegis Group Benefits At-A-Glance

PAGE 10 **MEDICAL PLAN OPTIONS¹** | BLUE CROSS BLUE SHIELD

- Both plans pay 100% with no deductible for most preventive care in-network
 - Both plans include prescription drug coverage through Caremark
 - Both plans satisfy the Individual Mandate under the ACA
- (1) Basic Medical Plan
- Pays 100% of basic services, such as in-network physician and specialist office visits and in-network generic drugs and preferred brand drugs (**no coverage for major services such as hospitalization, emergency room services, surgery, diagnostic imaging (e.g., x-rays, or MRIs)** or specialty medications and no coverage for any out-of-network services).
- (2) High Deductible Comprehensive Medical Plan
- Pays 80% for most in-network services including pre and post natal after deductible is met
 - Is compatible with Health Savings Account (“HSA”)

PAGE 16 **HEALTH SAVINGS ACCOUNT (HSA)⁴** | OPTUM

- Allows you to set aside pre-tax dollars to pay for current or future medical expenses
- Keep your HSA account even if you end employment with Allegis (No “Use It or Lose It”)
- Only available if you elect the High-Deductible Comprehensive Medical Plan

PAGE 18 **HOSPITAL COST PROTECTION PLANS¹** | SYMETRA LIFE INSURANCE COMPANY

- Three (3) options available, with different maximum benefits per covered person, per year: Advantage –\$25,500; Advantage Plus– \$50,500; and Advantage Premium: \$101,500
- Pays a daily cash benefit for medical services such as hospitalization, major diagnostic testing, emergency room visits, and more, up to the annual maximum
- Designed to be used in combination with either Medical Plan option, or coverage can be purchased separately
- **Does not satisfy the Individual Mandate under the ACA**

PAGE 21 **CRITICAL ILLNESS PROTECTION¹** | SYMETRA LIFE INSURANCE COMPANY

- Two (2) plan options: \$10,000 or \$20,000 lump sum benefits
- Provides cash benefits if you or a covered family member is diagnosed for the first time with a covered serious medical condition
- Can be used in combination with either Medical Plan option, or purchased separately
- **Does not satisfy the Individual Mandate under the ACA**

PAGE 21 **ACCIDENT PROTECTION¹** | SYMETRA LIFE INSURANCE COMPANY

- Plan pays up to \$10,000 per year
- Plan pays for medical services related to an accidental injury not incurred at work
- Cash benefits paid directly to you regardless of any other insurance you have
- Designed to be used in combination with either Medical Plan option, or coverage can be purchased separately
- Does not satisfy the Individual Mandate under the ACA

PAGE 22 **HEALTH COST ESTIMATOR+™** | HEALTH ADVOCATE

- Allows you to compare prices and other information for medical procedures by provider in your area to help you be a more educated health care consumer.
- Available at no cost to you if you elect either Medical Plan option

PAGE 22 **HEALTH ADVOCACY SERVICES** | HEALTH ADVOCATE

- Access to a Personal Health Advocate, typically a registered nurse, supported by a team of physicians and administrative experts, who will help in handling health care and insurance related issues.
- Available at no cost to you if you elect either Medical Plan option

PAGE 22 **EMPLOYEE ASSISTANCE PROGRAM (EAP) & WORK/LIFE BENEFIT** | HEALTH ADVOCATE

- Confidential counseling for emotional, legal, financial, and other personal issues
- Company paid, automatically enrolled at hire

PAGE 24 **DENTAL¹ | METLIFE**

- Pays 100% for preventive and diagnostic care
- Pays 50% to 80% for other services
- Deductible \$50 per person

PAGE 26 **VISION¹ | VISION SERVICE PLAN (VSP)**

- In and out-of-network option (eye exam every 12 mo., lenses/frames/contacts every 24 mo.)
- Interim Benefits for lenses and frames

PAGE 32 **LIFE INSURANCE² | RELIANCE STANDARD LIFE**

- Employee Life – You can purchase up to \$150,000; cost is based on age and level of coverage
- Spouse/Domestic Partner Life – You can purchase up to \$30,000; cost is based on age and level of coverage
- Child Life – You can purchase up to \$10,000; cost is based on level of coverage

PAGE 33 **ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)² | RELIANCE STANDARD LIFE**

- Provides a benefit in the event of death or dismemberment
- Employee AD&D – You can purchase up to \$500,000
- Family AD&D – Spouse/Domestic Partner's benefit is 60% of the employee's benefit. The benefit for dependent children is 15% of the employee's benefit.

PAGE 34 **SHORT TERM DISABILITY² | THE HARTFORD**

- Plan pays 60% of pre-disability weekly pay up to a maximum benefit of \$600 per week
- Benefits begin on the 8th day of total disability and are paid for up to 13 weeks
- Weekly premiums are based on age and weekly benefit amount

PAGE 34 **LONG TERM DISABILITY² | METLIFE**

- 2 plan options – “five year” option or “to age 65” option
- Plan pays 60% of pre-disability monthly base pay after 90 days of disability
- Maximum monthly benefit is \$5,000
- Weekly premiums are based on age, monthly earnings, and plan option

PAGE 35 **TRANSPORTATION BENEFITS | OPTUM**

- Allows you to use pre-tax payroll dollars to pay for qualified parking and transit expenses

PAGE 35 **EMPLOYEE DISCOUNT PROGRAM | ABENITY**

- Access to over 100,000 discounts and provides employees with an elite collection of local and national discounts from thousands of hotels, restaurants, movie theaters, retailers, florists, car dealers, theme parks, national attractions, concerts, and events

PAGE 35 **AUTO & HOME INSURANCE^{***} | METLIFE**

- Buy MetLife auto, renters, boat, and personal liability coverage
- Special group rates and policy discounts

PAGE 35 **401(k) PLAN³ | WELLS FARGO**

- Save up to \$18,500 of your income for 2018
- Wide range of investment options
- You can contribute to 401(k) plan via pre-tax contributions or to the Roth via post-tax contributions

¹You may elect or change these benefits during the annual Open Enrollment period or anytime during the year with a qualifying status change.

²You may elect or change these benefits anytime during the year with medical underwriting requirements.

³You may elect or change these benefits anytime during the year once you meet eligibility, without restriction.

⁴You may elect to open an HSA through Allegis during the annual Open Enrollment period or anytime during the year with a qualifying status change provided you elect the High Deductible Comprehensive Medical plan offered by Allegis. You may change your contribution level to your HSA at any time during the year.

Eligibility

All employee's working at least 20 hours a week are eligible for benefits. The following individuals are also eligible:

- **A spouse:** A spouse is an individual who is recognized as the Employee's spouse under applicable state law, excluding, however, a common law spouse unless the individual qualifies as the employee's Domestic Partner.
- **Domestic Partners:** Same-sex and opposite-sex couples who have registered with any state or local government agency authorized by state or local law to perform such registrations. In other words, you must have filed with the authorized agency and the agency must maintain a record of your domestic partnership.

A civil union partner is neither a spouse nor a domestic partner, unless otherwise registered on a state or local government agency's domestic partnership registry.

Allegis Group may request documentation of relationships, including marriage certificates, domestic partner registry certificates, and birth certificates. Any requirements for proof of relationship for domestic partnerships are also applied to marriages. For example, domestic partner registry certificates are recognized as fully equivalent to marriage certificates. *Please note, if you are adding a dependent with a last name that is different than yours, you will be required to provide proof of relationship, such as a birth certificate or adoption certificate.*

- **A child who:**
 - A. Is under the age of 26 or is permanently and totally disabled (and meets the eligibility requirements described below); and
 - B. Is related to you in one of the following ways:
 1. You or your spouse's or domestic partner's child by birth or legal adoption;
 2. Under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, and who resides with, and is the dependent of you or your spouse or domestic partner;
 3. A child who is the subject of a Medical Child Support Order or a Qualified Medical Support Order that creates or recognizes the right of the child to receive benefits under a parent's health insurance coverage;
 4. A grandchild who is in court-ordered custody who resides with, and is the dependent of you or your spouse or domestic partner.

Children whose relationship to you is not listed above, including, but not limited to grandchildren (except as provided above), foster children or children whose only relationship is one of legal guardianship (except as provided above) are not eligible, even though the child may live with you and be dependent upon you for support.

Employee contributions for health care coverage are generally taken on a pre-tax basis. However, according to federal law, employee benefit contributions for domestic partners who are not tax dependents as defined by the Internal Revenue Code, and children of domestic partners who are not tax dependents of the employee as defined by the Internal Revenue Code, cannot be provided tax-free.

If you and your spouse both work for Allegis Group and its operating companies, each family member—you, your spouse, and your eligible children—can be covered only once for medical, dental and vision. One of you can enroll in a plan and cover all eligible children, and the other can waive coverage, or you can both enroll. Children cannot be covered by each parent separately.

DISABLED CHILDREN

Coverage may be available to your disabled child who is over age 26, provided the child is financially dependent on you, is unmarried and was enrolled in the plan prior to attaining age 26. If you have an over age disabled dependent child, documentation of the disability may be required to continue coverage under the Plan.

Enrolling an individual that is not eligible for Allegis's plans is a fraudulent act and could result in disciplinary action up to and including termination.

When Benefits Begin

Your benefit coverage begins on the first of the month following or coinciding with your date of hire (your "Effective Date") if you are on active service. Active service means you are doing your regular duties in the usual manner on a scheduled work day at one of the places of business where you normally work or where your work sends you. Coverage for your dependents begins when yours does, unless you add them to your coverage later. You have until the last day of the month in which your coverage is effective to enroll for benefits and you will be responsible for all missed premiums.

Example 1:

Hired: March 7, 2018
Benefit Coverage Begins: April 1, 2018
Must Enroll By: Midnight, April 30, 2018

Example 2:

Hired: May 1, 2018
Benefit Coverage Begins: May 1, 2018
Must Enroll By: Midnight, May 31, 2018

Please keep in mind, you pay for benefits through weekly payroll deductions and if you miss deductions, payment will automatically be made up with double deductions. Please see the "Paying for Your Benefits" section of the guide for more detailed information.

How to Enroll

Enroll Online at www.AllegisMarketplace.com, an online benefits service that puts benefits information and enrollment at your fingertips 24 hours a day, seven days a week. www.AllegisMarketplace.com lets you look at your personal benefits record, including current coverage, dependents, and costs. You can also find details about all the available plans, so you can choose benefits that will work best for you and your family. In addition:

- You DO NOT have to fill out a paper enrollment form.
- www.AllegisMarketplace.com is private, secure, and accessible from any computer, anywhere, anytime.
- You can enroll online and print a confirmation.
- You can print a Temporary Benefit Confirmation to present to your providers in the event you have not received your ID cards.
- You can access www.AllegisMarketplace.com after the enrollment period whenever you have questions about your benefits.

If you do not have web access, please contact your local office for a paper application. You may fax your enrollment form and all other forms to the Benefits Service Center at 410-785-1637. If you have questions, you may contact the Benefits Service Center at 1-866-886-9798 and speak with a Benefits Advisor.

Logging on to www.AllegisMarketplace.com

www.AllegisMarketplace.com is private, secure, and accessible from any computer, anytime, anywhere.

FIRST TIME [WWW.ALLEGISMARKETPLACE.COM](http://www.ALLEGISMARKETPLACE.COM) USERS

- Go to www.AllegisMarketplace.com. (We strongly recommend the most recent version of Internet Explorer or Firefox).
- Click on the "Register Now" link located on the right-hand side of your screen.
- When prompted, enter your **Last Name, Date of Birth, and your Social Security Number**. For security purposes you will also be asked to type a randomly generated security code that will be presented when the page loads. Select Next.
- Follow the directions provided on the site to complete your registration and setup your online account.

RETURNING [WWW.ALLEGISMARKETPLACE.COM](http://www.ALLEGISMARKETPLACE.COM) USERS

- Go to www.AllegisMarketplace.com. (We strongly recommend the most recent version of Internet Explorer or Firefox).
- You will see a "Login" on the right of your screen where you can enter your Username and Password. Enter your Username and Password and then select Login. Please note: If you have forgotten your username and/or password, click on "Login Help" link.

The Enrollment Process

Once you log in, just follow these steps:

1. Review your personal information,
 - a. Demographic (if you need to make changes, you may do so at this screen. If you need to change a field you do not have access to, please contact your local office).
 - b. Employment information (if this information is incorrect, please contact your local office).
 - c. Dependent Review (if you need to add or remove a dependent, you should do so from this screen). Please note, adding a dependent here DOES NOT enroll them in benefits. You must add them to each plan you wish to enroll them in.
2. Review all benefit options.
3. Elect your benefits or waive those you do not wish to elect. When doing so, choose your coverage level (Employee, Employee & Spouse/Domestic Partner, Employee & Children, Family) or waive coverage. If you choose coverage other than employee only, you must add your other covered members to the plan.
 - a. Medical **The BlueCross BlueShield medical plans offered will help you meet your Individual Mandate under the Affordable Care Act (ACA).*
 - b. Health Savings Account (HSA) contributions
 - i. Elect to open an HSA or elect to waive it. (you can only elect it if you enroll in the High Deductible Comprehensive medical plan).
 - ii. If you elect to open an HSA, your contribution maximums are based on the coverage level you choose for your medical plan (Employee, Employee + One, Family).
 - iii. Enter your annual Health Savings Account contribution amount. You must elect a minimum of \$260.
 - iv. Read the Agreements and select "I Accept" or "I Decline".
 - c. Hospital Cost Protection Plans
 - d. Critical Illness Protection
 - e. Accident Protection
 - f. Dental
 - g. Vision
 - h. Life Insurance (if you enroll outside of your eligibility period or increase your existing coverage you will be subject to approval by Reliance)
 - i. AD&D
 - j. Short Term Disability (STD)
 - k. Long Term Disability (LTD)
4. Review the Online Enrollment User Acknowledgment and complete the online enrollment process.
5. Review the Online Enrollment User Acknowledgment and complete the online enrollment process.
6. Print your online Enrollment Election form and keep this copy for your records.

Beneficiaries

Many people overlook and underestimate the importance of designating a beneficiary. In many cases, people don't designate a beneficiary at all, and in other cases, the information is outdated. Taking the time to designate or update your beneficiaries today can eliminate many challenges for your family in the event of your death.

HOW TO DESIGNATE OR UPDATE YOUR BENEFICIARIES

Below is a list of the benefits that need a beneficiary as well as step-by-step instructions on how to check and update your beneficiaries.

Life Insurance and AD&D:

Log on to www.AllegisMarketplace.com. Click on the "My Benefits & Personal Information" tab at the top of the page. Click "Change Beneficiary Designations".

401(k)

Log on to www.wellsfargo.com. Click on "My Profile". Click on "Beneficiary Maintenance".

Health Savings Account (HSA)

Log on to www.optumbank.com. Click on "Manage Profile" at the bottom of the page. Click on "Beneficiary Designation" to complete your beneficiary info.

Benefit Identification (ID) Cards

Your medical and hospital cost protection plan ID cards will arrive at your home approximately 3 weeks from the time your enrollment is received by the carrier. You will not receive ID cards for the critical illness, accident, dental and vision plans, as Symetra, MetLife and VSP do not require you to have an ID card for these plans. You may print a Temporary Benefit Confirmation if you have not received your medical ID card or if you would prefer to have your dental and vision information on hand when you visit your provider. To print your Temporary Benefit Confirmation, log on to www.AllegisMarketplace.com and select the "My Benefits & Personal Information" tab at the top of the Homepage. Under the Benefits Information Column, select "Print Temporary Benefit Confirmation". Select the benefits you would like to print a temporary confirmation for and select "Retrieve ID Cards".

If You Do Not Enroll

If you do not enroll during your initial eligibility period, (generally 30 days from your Effective Date), you cannot enroll or make changes to your coverage under the following plans until the next Open Enrollment period, unless you have a qualifying status change (described later in the guide): medical/prescription, hospital cost protection plans, critical illness protection, accident protection, dental and vision. You may enroll for short-term disability, long-term disability, life and/or AD&D insurance at any time, but you must complete the Evidence of Insurability (EOI) questionnaire if you do not elect during your initial eligibility period.

Remember that you must meet your Individual Mandate under the Affordable Care Act (ACA) or pay an IRS tax. If you do not have coverage outside of Allegis, we encourage you to enroll in the medical PPO plan offered by Allegis to ensure you meet your Individual Mandate and avoid the IRS tax.

If You Do Not Have Web Access

If you do not have access to www.AllegisMarketplace.com, you may complete a paper enrollment to enroll in your benefits. To obtain a paper enrollment form, please contact your local office. You may fax your completed forms to the Benefits Department at 410-785-1637, inter-office the forms to; Allegis Group Benefits Department, Mail Stop- AG-29 OR mail them to: Allegis Group Benefits Department, 7320 Parkway Drive, Hanover, MD 21076.

Paying for Your Benefits

Under Section 125 of the Internal Revenue Code, you may not change or cancel pre-tax benefits unless you incur a qualifying status change, described later in this guide. Your contributions to your Health Savings Account, and your premiums for Medical (includes Prescription), Hospital Cost Protection Plans, Critical Illness, Accident, Dental, and Vision coverage will be deducted from your paycheck on a pre-tax basis. Participation in these plans reduces your taxable income and may affect other compensation-based benefits such as life, disability, and Social Security. However, according to federal law, premiums for a Domestic Partner and his/her respective child(ren) cannot be paid on a pre-tax basis unless the Domestic Partner or child qualifies as your dependent as defined under the Internal Revenue Code. In addition, if you are covering Domestic Partners and their children who do not qualify as your tax dependents as defined under the Internal Revenue Code, you will also be required to pay income taxes on the value of any contributions we made as the employer towards coverage for your non-federally recognized Domestic Partners and their children. State-specific withholding rules may also apply.

401(k) contributions are made on a pre-tax basis (unless you elect to make after-tax Roth 401(k) contributions). Deductions for Voluntary Life and AD&D insurance are made post-tax.

Please keep in mind:

- Weekly payroll deductions begin the first full week of benefit coverage.
- **If you enroll but wait until the latter part of the month in which your coverage first becomes effective, your benefits will still begin on the first of the month and you will be responsible for all missed premiums via double deductions.**
- **Missed deductions will be made up with double deductions in subsequent weeks.**
- You must pay for your benefits every week, regardless of how often you use them.
- Your election remains in place for the year unless you experience a qualifying event.

If You Have Questions

If you have questions about your benefit choices or the enrollment process, contact your local office or a Benefits Advisor by contacting the Benefits Service Center at 1-866-886-9798, Monday through Friday 8am to 6pm ET, or send an email to AskBenefits@allegisgroup.com. Phone numbers and web addresses for the various benefit plan providers are found on the back of this guide.

Build Personalized Coverage That Works for You...

Allegis Group offers a variety of plans that you can choose separately or combine to create coverage that works for you. Our comprehensive benefits program features:

- Two Medical Plans that provide access to the National BlueCross and BlueShield network of providers. Choose either the Basic option or the High Deductible Comprehensive option. Each allows you to meet your Individual Mandate under the ACA.
- Three Hospital Cost Protection Plans—These are supplemental plans that pay you cash for covered hospital services.
- Critical Illness Protection—Provides cash benefits in the event that you or a family member is diagnosed for the first time with a covered serious medical condition.
- Accident Protection—Provides cash benefits for medical services related to a covered accidental injury not incurred at work.
- Health Savings Account (HSA)—Available in conjunction with the High Deductible Comprehensive Medical Plan option, a tax-advantaged savings account that allows you to put aside pre-tax income for eligible medical expenses.
- A variety of plans which include Dental, Vision, Disability and Life Insurance coverage options to provide you with the coverage you need at the price you can afford.

Medical Coverage

Since everyone’s health care needs are different, we offer a variety of plans so you can customize your own coverage. By enrolling in a BlueCross BlueShield Medical Plan, you can have medical and prescription coverage and access to BlueCross BlueShield’s national network of providers. And, you will avoid the IRS penalty tax for not satisfying the Individual Mandate (i.e., not carrying “Minimum Essential Coverage.”)

To learn more about how to personalize your medical coverage, call a Benefits Advisor at 1-866-886-9798—Monday– Friday, 8 am–6 pm EST or visit www.AllegisMarketplace.com.

How to Build Personalized Medical Coverage...	 BCBS Basic Medical Plan Option (No Hospitalization Coverage)	 BCBS High-Deductible Comprehensive Medical Plan Option	 Hospital Cost Protection	 Critical Illness Protection	 Accident Protection
I need...					
A budget friendly, basic medical plan with no up-front deductible and no copays that satisfies my Individual Mandate responsibility under the ACA (No Hospitalization Coverage)	✓				
A comprehensive medical plan with no annual or lifetime limits that satisfies my Individual Mandate responsibility under the ACA		✓			
A budget friendly, basic medical plan with no up-front deductible that satisfies my Individual Mandate responsibility under the ACA AND additional cash reimbursement for hospitalization expenses	✓		✓	✓	✓
A comprehensive medical plan with no annual or lifetime limits that satisfies my Individual Mandate responsibility under the ACA AND additional cash reimbursement for out-of-pocket expenses (like deductibles)		✓	✓	✓	✓
Options to provide me with cash reimbursements even though I have coverage elsewhere (through an exchange, spouse’s plan, parental coverage, etc.)			✓	✓	✓



BLUECROSS BLUESHIELD MEDICAL PLANS

You have a choice of two plans—the Basic Medical Plan and the High Deductible Comprehensive Medical Plan. Both satisfy the Individual Mandate and give you access to the BlueCross BlueShield nationwide network of providers and prescription drug coverage through CareMark.

The High Deductible Comprehensive Medical Plan is affordable under the Affordable Care Act (ACA).

Since the High Deductible Comprehensive Medical Plan is affordable under the ACA, you will not qualify for a tax credit or subsidy if you purchase health insurance through Federal or State run exchanges.

The High Deductible Comprehensive Medical Plan allows you to choose to go in-network or out-of-network for care. Using in-network providers will cost you less.

If you use a doctor outside the network (a “non-preferred provider”), your costs will usually be higher. If you live in an area with no network providers, benefits will be paid at the in-network levels, but network discounts will not apply. Percentages of remaining charges you pay are based on Negotiated Charges* in network and Recognized Charges* out of network.

A provider outside the network may require that you pay more than the Recognized Charge, and this additional amount would be your responsibility. For a network provider near you, visit www.AllegisMarketplace.com for a direct link to the BlueCross BlueShield website or go to www.bcbs.com.

Below are some highlights of the BlueCross BlueShield medical plans. For a full description of covered services and exclusions, please see the Evidence of Coverage document available online at www.AllegisMarketplace.com. For additional information or questions, contact a Benefits Advisor at 1-866-886-9798.

Coordination of Benefits

IRS regulations specify you (and your spouse/domestic partner, if you have family coverage and wish to contribute to an HSA) generally cannot have any other health coverage if you are enrolled in the High Deductible Comprehensive Medical Plan. However, you can have additional insurance that provides benefits for the following items.

- Liabilities incurred under workers’ compensation laws, tort liabilities, or liabilities related to ownership or use of property;
- A specific disease or illness;
- A fixed amount per day (or other period) of hospitalization.

You can also have coverage (whether provided through insurance or otherwise) for the following items.

- Accidents
- Disability
- Dental care
- Vision care
- Long-term care

Courtesy of the Department of Treasury Internal Revenue Service

*Negotiated Charges and Recognized Charges are the allowed amount that BlueCross BlueShield will pay for covered services regardless of a provider’s actual charge.

IN-NETWORK SERVICES	BASIC MEDICAL PLAN	HIGH DEDUCTIBLE COMPREHENSIVE MEDICAL PLAN	
	YOU PAY	IN-NETWORK—YOU PAY	OUT-OF-NETWORK—YOU PAY
Deductible <i>(per calendar year)</i>	\$0	Individual - \$5,000; Family - \$10,000	Individual - \$10,000; Family - \$20,000
Out-of-Pocket Maximum <i>(per calendar year)</i>	\$0	Individual - \$6,550; Family - \$13,100	Individual - \$13,100; Family - \$26,200
Lifetime Maximum Benefit	None	None	None
Preventive Services Well-Child Care <i>(including exams & immunizations)</i> Adult Physical Exam <i>(including routine GYN visit)</i> Breast Cancer Screening Pap Test Prostate Cancer Screening Colorectal Cancer Screening	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit
Office Visits, Labs and Testing Office Visits for Illness <i>(physician and specialist)</i> Lab Work, X-ray/Imaging (e.g., MRI)	\$0 X-ray & diagnostic imaging not covered. Outpatient lab work covered at 100%	100% until the deductible is met, then \$40 copay per visit 100% until the deductible is met, then \$40 copay per visit	100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit
Emergency Care and Urgent Care Urgent Care Center Emergency Room – Facility Services Emergency Room – Physician Services Ambulance <i>(if medically necessary)</i>	\$0 Not Covered Not Covered Not Covered	100% until the deductible is met, then \$50 copay per visit 100% until the deductible is met, then \$250 copay per visit <i>(waived if admitted)</i> No charge* after deductible 100% until the deductible is met, then 20% of Allowed Benefit	100% until the deductible is met, then \$50 copay per visit 100% until the deductible is met, then \$250 copay per visit <i>(waived if admitted)</i> No charge* after in-network ded 100% until the deductible is met, then 20% of Allowed Benefit
Hospitalization Outpatient Facility Services Outpatient Physician Services Inpatient Facility Services Inpatient Physician Services	Not Covered Not Covered Not Covered Not Covered	100% until the deductible is met, then 20% of Allowed Benefit 100% until the deductible is met, then \$40 copay per visit 100% until the deductible is met, then 20% of Allowed Benefit 100% until the deductible is met, then 20% of Allowed Benefit	100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit
Maternity Preventive Prenatal and Postnatal Office Visits Delivery and Facility Services Nursery Care of Newborn	\$0 Not Covered Not Covered	\$0 100% until the deductible is met, then 20% of Allowed Benefit 100% until the deductible is met, then 20% of Allowed Benefit	100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit
Mental Health and Substance Abuse Outpatient Facility Services Outpatient Physician Services Inpatient Facility Services Inpatient Physician Services	Not Covered Not Covered Not Covered Not Covered	100% until the deductible is met, then 20% of Allowed Benefit 100% until the deductible is met, then \$40 copay per visit 100% until the deductible is met, then 20% of Allowed Benefit 100% until the deductible is met, then 20% of Allowed Benefit	100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit 100% until the deductible is met, then 50% of Allowed Benefit

This summary is for descriptive purposes only. It is not an agreement or contract. Further information can be found in the applicable plan documents.

For more information, including how services are covered when you use out-of-network providers, visit www.AllegisMarketplace.com or talk with a Benefits Advisor at 1-866-886-9798.



BLUECROSS BLUESHIELD MEDICAL PLANS WEEKLY PREMIUMS

COVERAGE LEVEL	BASIC MEDICAL PLAN WEEKLY PREMIUMS
Employee	\$40.98
Employee & Spouse/Domestic Partner	\$74.25
Employee & Children	\$67.60
Family	\$114.19

COVERAGE LEVEL	HIGH DEDUCTIBLE COMPREHENSIVE MEDICAL PLAN WEEKLY PREMIUMS
Employee	\$79.64
Employee & Spouse/Domestic Partner	\$149.79
Employee & Children	\$115.17
Family	\$215.03

To learn more about how to personalize your medical coverage, call a Benefits Advisor at 1-866-886-9798, Monday–Friday, 8 am–6 pm EST or visit www.AllegisMarketplace.com.

PRESCRIPTION DRUG BENEFITS

The BlueCross BlueShield Basic and High Deductible Comprehensive Medical Plan options include prescription drug coverage through CVS Caremark.

Prescription Benefits Summary

IN-NETWORK SERVICES	BASIC MEDICAL PLAN YOU PAY...	HIGH DEDUCTIBLE COMPREHENSIVE MEDICAL PLAN YOU PAY...
Deductible	\$0	Combined Medical/Prescription In-Network Deductible Individual -\$5,000; Family - \$10,000 Combined Medical/Prescription Out-of-Network Deductible Individual - \$10,000; Family - \$20,000
Generic Prescriptions	\$0	100% until deductible is met, then \$15 copay
Preferred Brand Prescriptions	\$0	100% until deductible is met, then \$35 copay
Non-Preferred Brand Prescriptions	Not Covered	100% until deductible is met, then \$60 copay

This summary is for descriptive purposes only. It is not an agreement or contract. Further information can be found in the applicable contract.

Please note, Specialty Prescriptions are not covered under the Basic Medical Plan.

For a full description of covered services and exclusions, please see the Evidence of Coverage document available online at www.AllegisMarketplace.com.

Filling Prescriptions

Allegis Group has a partnership with CVS/Caremark and through that partnership is able to negotiate better rates on maintenance drugs for our employees. This will require you to fill prescriptions for certain medications at a CVS pharmacy or by mail order, as explained below.

If you fill prescriptions of maintenance drugs at a pharmacy other than CVS (such as Rite Aid, Walgreens, etc.), our plan will not cover the cost, meaning the prescription cost will not be at the discounted CVS price nor will the amount you pay count toward your deductible.

Through a Participating Retail Pharmacy

For non-maintenance drugs, you can choose to have your prescriptions filled at any in-network pharmacy. A non-maintenance drug is a drug you do not take on a regular, ongoing basis (such as antibiotics). CVS CareMark has a wide network of participating pharmacies throughout the country. To locate participating pharmacies including CVS and other in-network pharmacies (e.g., Walmart, CVS, and Walgreens), visit www.AllegisMarketplace.com for a direct link to the CareMark website through www.carefirst.com, or call 1-800-241-3371.

Through Mail Order

Non-Maintenance medications - You can choose to have your non-maintenance prescriptions filled through the CVS mail order program.

Maintenance Medications – **A maintenance medication is a medication that is prescribed for long-term conditions and are taken on a regular, recurring basis.** Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma, and diabetes. You must either fill your prescription for maintenance medications through a local retail CVS pharmacy or through the CVS mail order program.

Members can sign up for mail order three ways:

- **Doctor Call-In:** You can tell your doctor to either call CVS/Caremark's mail order program or e-fax them the prescription. If you need the medication quickly, the doctor call-in is the fastest method.
 - You should give your doctor this phone number: 800-378-5697 (then press Option 3).
 - You should give your doctor this e-fax number: 800-378-0323
- **By Phone:** Call CVS Customer Care (this is also the toll-free number for Pharmacy on the back of your CareFirst member ID card [800-241-3371]). A CVS/Caremark representative will walk you through the full process to set up your mail order prescriptions. Once you provide the representative with the necessary information, CVS/Caremark can contact your doctor directly regarding your prescription(s).
- **Mail:** If you already have a paper prescription from the doctor, you can mail it to CVS/Caremark along with a completed Mail Service Order Form. You can access a Mail Order form through My Account, under My Coverage, Drug and Pharmacy Resources, My Drug Home, Order Prescriptions, then Forms for Print.
- **Online:** You can open an online account by going to www.carefirst.com. Under Already a Member?, click on Register Now to create your account. Once registered, go to My Coverage, Drug and Pharmacy Resources, My Drug Home. You will then be able to submit the new prescription online. You will need the exact name of the medication, as well as your doctor's name. CVS will then contact your doctor for you to fill the prescription through mail order. If CVS is unable to reach your doctor after four attempts, they will reach out to you. To see all the steps for opening an account online, please see the question below.

How do I open up an online account and what can I do with it?

To access and manage your prescription drugs:

- Go to www.carefirst.com and log in to "My Account"
- Click on My Coverage, Drug and Pharmacy Resources, My Drug Home.
- Once you open the online account, you will be able to view your prescription information and manage your prescriptions through the mail order program.
- Once you have accessed your online account, the website will provide instructions regarding the various tools you have available to manage your prescriptions.

How to Reduce Medication Costs

Here are simple steps you can take to help lower your prescription drug costs:

- **Request generic prescriptions** whenever available.
- **Go to www.carefirst.com/myaccount.** In the prescription drug section of this helpful website, you can look up medicines using the online database. You can also use the price comparison tool to learn more about the costs associated with the medicines you may be taking.
- **Talk with your doctor.** Review the medicines you are taking with your physician and ask if there are more affordable alternatives that may be right for you.
- **Use a participating pharmacy.** There are more than 59,000 participating pharmacies nationwide that accept your prescription drug card. Choose one that is convenient, but remember to shop around. Some pharmacies charge more than others.
- **Do not forget your benefit card.** Take your BlueCross BlueShield card to a participating pharmacy near you to help ensure you receive proper service.
- **Be on the lookout for alternatives.** New medicines become available often, so the price of your prescription may rise or fall as a result.
- **Use CVS retail pharmacies or CVS mail order** for all maintenance drugs.



HEALTH SAVINGS ACCOUNT (HSA)

Who can have an HSA?

To be eligible to open an HSA, you must be covered by a qualified high deductible health plan such as the Allegis Group BlueCross BlueShield High Deductible Comprehensive Medical Plan*. You are not eligible if:

- You can be claimed as a tax dependent of another individual;
- You are currently enrolled in Medicare; or you have medical plan coverage other than a high deductible health plan, including secondary coverage under your spouse/domestic partner’s plan. There cannot be coordination of benefits with another plan.

What is an HSA?

An HSA is a tax-advantaged savings account that allows you to put aside pre-tax income, invest your savings, and use your tax-free savings for eligible medical expenses. Unlike other medical savings accounts, any money you do not use stays in your account.

An HSA helps you save for health care expenses over your lifetime. If you use the account to pay for eligible medical expenses, (a list can be found at www.irs.gov/pub/irs-pdf/p502.pdf), you will not have to pay federal income taxes on your savings. You may choose to use the funds for ineligible expenses, but you will be taxed on the amount, and if you are under age 65, you will also be subject to an additional 20% tax penalty. (Please note you may want to keep your receipts for IRS purposes).

In addition to being an excellent way to put money aside for current expenses, an HSA is a tax-free way to save for future expenses— such as the need to cover retiree health premiums (excluding Medicare Supplement plans) or to pay for uncovered healthcare expenses at some time in the future.

Your HSA is your personal account and is entirely portable. This means if you leave Allegis Group, you can take the account with you. Allegis Group has partnered with Optum to manage your Health Savings Account. Once you set up your HSA, you will receive a Welcome Package from Optum (which will include your Healthcare Payment card), quarterly Health Savings Account statements and other information pertaining to your HSA.

You may contribute to your HSA through pre-tax payroll deductions or through post-tax contributions of your own (you will set this up directly with Optum), up to the amount allowed by the IRS. If you choose to contribute through post-tax contributions, you will adjust your gross income when filing your income tax return the following year.

It is important to note although some expenses are eligible for reimbursement from your HSA, they may not count toward your annual deductible or annual out-of-pocket maximum (such as certain over-the-counter medications or long term care insurance premiums). For additional information about eligible and ineligible expenses, please refer to IRS Publication 502 www.irs.gov/pub/irs-pdf/p502.pdf.

HSA Contributions

You determine how much you want to contribute to your HSA on an annual basis however you must contribute at least \$260 per year (\$5 per pay).

You may contribute up to the following IRS maximums:

2018 HSA ANNUAL CONTRIBUTIONS	
COVERAGE LEVEL	YOU MAY CONTRIBUTE (PRE-TAX)
Individual	\$3,450
Employee & Spouse/Domestic Partner	\$6,900
Employee & Children	\$6,900
Family	\$6,900

If you are age 55 or older, for the 2017 plan year and beyond you are also eligible to make an additional contribution of \$1,000 to your HSA by logging into your account at www.optumbank.com. From the main dashboard page, click on “make a deposit” and follow the prompts to make a deposit from the bank account of your choosing. Call Optum customer service at 1-844-326-7967 if you have questions or need assistance.

How to Set Up Your HSA

You will set up your HSA with Optum via www.AllegisMarketplace.com at the time you enroll in the BlueCross BlueShield High Deductible Comprehensive Medical Plan. After enrolling in your medical benefits, you will be asked to enter an annual election amount you wish to contribute to your HSA. Once you complete this step, choose your other benefits and submit your enrollment, your information will be sent to Optum and your HSA will be established.

HSA Changes

You may change your HSA contributions at any time during the year by logging on to www.AllegisMarketplace.com. A voluntary HSA contribution change will take effect on the following week's paycheck.

States Not Recognizing the Tax-Free Status of HSA Contributions

While the pre-tax contributions to your HSA made through payroll always provide tax savings on the federal level, the following states do not currently recognize those contributions for state income tax purposes. Please note, this is the most current list at the time this guide was created.

1. Alabama
2. California
3. New Jersey

Account Balance

Depending on your health care expenses in a given year, you may not need to use all of the funds in your HSA. In this event, the remaining balance in your HSA will be available for your use in future years.

Interest and Earnings on Your Account Balance

Initially, the contributions made by you through payroll are deposited into an FDIC Insured interest bearing account.

Once your account balance reaches \$1,000, you may choose to invest your HSA savings in a variety of mutual funds. Please keep in mind mutual funds carry a certain level of risk and return. You should consult a financial advisor when making investment decisions.

Additional Supplemental Plan Options

Allegis offers several supplemental plans, which can be purchased in addition to a medical plan, or on their own.

Please remember that none of the supplemental plans are considered minimum essential coverage under the ACA and therefore does not meet your Individual Mandate.



HOSPITAL COST PROTECTION PLANS

The Hospital Cost Protection Plans, offered by Symetra, are designed to supplement the Basic Medical Plan or the High-Deductible Comprehensive Medical Plan (described in the previous section), but can also be purchased on a stand-alone basis. The Hospital Cost Protection Plans can also supplement other medical plans, such as a spouse’s medical plan.

The Hospital Cost Protection Plans pay a fixed daily cash benefit directly to you to help you offset the cost of medical services such as hospitalization, major diagnostic testing, emergency room visits, and more, up to the shared and annual allowed maximums (see details below). Coverage is “guaranteed issue”, which means you cannot be denied coverage, regardless of current or prior personal or family health history.

While the plans work well together, the Hospital Cost Protection Plans do not coordinate benefits with the BlueCross BlueShield Medical plans and are purchased separately.

Three coverage options are available: Advantage (\$25,500/Covered Person/Year); Advantage Plus (\$50,500/Covered Person/Year); Advantage Premium (\$101,500/Covered Person/Year).

Personalize Your Coverage...Consider the Basic Medical Plan + Hospital Cost Protection Plan...

The Basic Medical Plan features low premiums and no deductible while providing you with 100% coverage for unlimited sick and well visits to doctors and coverage for generic and preferred brand name prescription drugs. However, the Basic Medical Plan **does not cover surgery, hospitalization, emergency room services, x-ray/diagnostic imaging or non-preferred brand name or specialty prescription drugs**. Combining the Basic Medical Plan with a Hospital Cost Protection Plan allows you to expand your coverage and build a personalized program that suits your needs and is budget friendly. Any one of the Hospital Cost Protection Plans can supplement the Basic Medical Plan or any other coverage you may have. You can also choose to further expand your coverage by choosing Critical Illness Protection and/or Accident Protection Plan.

Basic Medical Plan + Hospital Cost Protection Plan

IN-NETWORK SERVICES	BASIC MEDICAL PLAN - YOU PAY
Deductible <i>(per calendar year)</i>	\$0
Out-of-Pocket Maximum <i>(per calendar year)</i>	\$0
Office Visits	\$0
Preventive Care <i>(Adult Physical Exams, Routine GYN visit, Well-Child Care exams/immunizations)</i>	\$0
Lab Work, X-ray/Imaging <i>(e.g., MRI)</i>	X-ray & Diagnostic Imaging not covered. Outpatient lab work covered at 100%
Inpatient Hospitalization	Not Covered
Outpatient Hospitalization	Not Covered
Prescription Drugs	Generic & Preferred Brand-Name Drugs: Covered at 100% In-Network Non-Preferred Brand-Name / Specialty Drugs: Not Covered

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HOSPITAL COST PROTECTION PLANS –THREE OPTIONS

SERVICES	ADVANTAGE		ADVANTAGE PLUS		ADVANTAGE PREMIUM	
	Benefit	Annual Benefit Maximum \$25,500/ Covered Person/Year	Benefit	Annual Benefit Maximum \$50,500/ Covered Person/Year	Benefit	Annual Benefit Maximum \$101,500/ Covered Person/Year
Hospital Admission	None	\$15,000 shared maximum	None	\$50,000 shared maximum	None	\$100,000 shared maximum
Hospital Stay ¹ , regular room	\$900/day		\$1,000/day		\$1,600/day	
Hospital Stay ¹ , ICU	\$1,800/day		\$2,000/day		\$3,200/day	
Hospital Stay ¹ , Substance Abuse Facility	\$900/day		\$1,000/day		\$1,600/day	
Hospital Stay ¹ , Mental Health (180 day lifetime limit)	\$450/day		\$500/day		\$800/day	
Post-Hospital Nursing Facility ³	\$450/day		\$500/day		\$800/day	
Doctor Office Visits	\$75/day		\$95/day		\$100/day	
Outpatient Diagnostic X-Ray and Lab Class "A"	\$250/day		\$300/day		\$550/day	
Outpatient Diagnostic X-Ray and Lab Class "B"	\$35/day		\$55/day		\$75/day	
Outpatient Diagnostic X-Ray and Lab Class "C"	\$10/day		\$15/day		\$30/day	
Surgery (inpatient) Surgery (outpatient)	Per day, per schedule "C"*	\$10,000	Per day, per schedule "C"*	Per day, per schedule "D"*		
Surgical Anesthesia	None		\$375 per surgery day	\$550 per surgery day		
Emergency Room	\$75/day	\$150	\$95/day	\$150/day	\$500	
Outpatient Surgical Facility	\$350 /day	\$350	\$500/day	\$500	\$500/day	\$1,000

All benefits are per covered person per calendar year

¹ 500 days per lifetime maximum except that mental health facility stay is limited to 180 days lifetime maximum.

³ This benefit is paid only if following a covered hospital stay of at least 3 consecutive days and the insured is under age 65.

*See applicable contract for details.

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Why enroll in a Hospital Cost Protection Plan?

- **First Dollar Benefits**—This plan pays cash benefits without making you satisfy a deductible first.
- **Enrollment Guaranteed**—No doctor exam required and you can't be turned down during Open Enrollment.
- **Easy to Use**—The plan pays regardless of any other insurance coverage you may have.

HOSPITAL COST PROTECTION PLANS 2018 WEEKLY PREMIUMS

COVERAGE LEVEL	ADVANTAGE	ADVANTAGE PLUS	ADVANTAGE PREMIUM
Employee	\$28.96	\$39.60	\$56.57
Employee & Spouse/Domestic Partner	\$61.71	\$84.39	\$120.56
Employee & Children	\$47.47	\$64.92	\$92.74
Family	\$85.92	\$117.50	\$167.85

Which coverage options are right for you?

Contact the Benefits Service Center to speak with a Benefits Advisor 1-866-886-9798 or email AskBenefits@allegisgroup.com for help.



CRITICAL ILLNESS PROTECTION

Critical Illness Protection provides a lump sum payment upon the first diagnosis of a covered condition once coverage take effect for the individual. Covered critical illness conditions are grouped into benefit categories. The benefit is payable once for a specific covered critical illness, up to 100% of the benefit amount payable for each category of critical illness.

- Category 1: Invasive Cancer: 100%. Minor Cancer: 25%
- Category 2: Heart Attack and Stroke: 100%. Coronary Artery Disease needing surgery or angioplasty: 25%
- Category 3*: Coma due to accident, Occupational HIV infection, Loss of Sight, Loss of Speech, Loss of Hearing, Major Organ Failure, End-Stage Renal Failure, Paralysis due to accident, Sever Burns: 100%

You may elect \$10,000 (Option 1) or \$20,000 (Option 2) worth of coverage for yourself and your spouse/domestic partner, and the benefit is always 100% of the lump sum benefit you enrolled for. Benefits for children are 25% of the adult benefit.

Critical Illness Protection can be purchased separately, or it can be purchased in combination with either the Basic Medical Plan or High Deductible Comprehensive Medical Plan option, providing a lump sum cash benefit to help with out-of-pocket costs and unforeseen expenses.

The benefits of Critical Illness Protection include:

- Helps you have money for deductibles, copays, lost income, experimental treatment, spousal income.
- Benefits are paid directly to you in addition to the major medical insurance you may already have in place.
- With this first occurrence ever policy, each category condition is independent. So, if you have a heart attack while covered and a year later you are diagnosed with invasive cancer, then you may get paid the full benefit amount twice. Pre-existing conditions and other limitations apply.
- Payroll deductions are taken pre-tax and paid benefits are not taxed (except for Domestic Partners).

**Category 3 benefits are limited for residents of Washington state and New Hampshire due to state regulations. Refer to the policy for more information.*

CRITICAL ILLNESS PROTECTION – 2018 WEEKLY PREMIUMS		
COVERAGE LEVEL	OPTION 1 — \$10,000	OPTION 2 — \$20,000
Employee	\$4.07	\$8.13
Employee & Spouse/Domestic Partner	\$8.13	\$16.28
Employee & Children	\$5.43	\$10.86
Family	\$9.50	\$18.99



ACCIDENT PROTECTION

Accident Protection, offered by Symetra, pays for medical services related to an accidental injury not incurred at work (up to 3 per calendar year per covered person). The plan covers any type of accident and pays your actual billed expenses up to the maximum plan benefit of \$10,000 per year. Accident Protection can be purchased separately, or it can be purchased in combination with either the Basic Medical Plan or High Deductible Comprehensive Medical Plan option, providing a lump sum cash benefit to help with out-of-pocket costs and unforeseen expenses.

Note: Due to state regulations, the Accident Protection Plan is not available to employees who live in Idaho and New Hampshire.

For more information on the plans, rates, and how to select what's best for you, visit the Allegis Marketplace at www.AllegisMarketplace.com, review the Benefits Guide, or contact a Benefits Advisor at 1-866-886-9798.

ACCIDENT PROTECTION – 2018 WEEKLY PREMIUMS	
COVERAGE LEVEL	\$10,000 PLAN BENEFIT
Employee	\$8.51
Employee & Spouse/Domestic Partner	\$18.14
Employee & Children	\$13.95
Family	\$25.26

Health Advocate Services



HEALTH COST ESTIMATOR+™

Healthcare is an important purchase, and knowing how much you will pay before you get care can save you a lot of money. Health Cost Estimator+™, offered by Health Advocate, is a tool that allows you to compare prices for medical procedures by provider in your area to help you be a more educated healthcare consumer. Health Cost Estimator + not only provides you the ability to shop around and compare costs for medical procedures and services, but you can also review quality scores and patient reviews for hospitals, doctors and care centers—giving you the power to choose before you get care. You can access the Health Cost Estimator+™ by downloading the mobile app on your phone or tablet, visiting the Health Advocate member website, www.HealthAdvocate.com/members, or by calling a Personal Health Advocate at 1-866-799-2728.

Employees who participate in the Basic Medical Plan or the High Deductible Comprehensive Medical Plan are eligible to use the Health Cost Estimator+™ and Allegis provides this benefit at no cost to you. You will be automatically enrolled when you enroll in a medical plan.

HEALTH ADVOCACY SERVICES

Advocacy Services, offered by Health Advocate, the nation's leading health advocacy company, provides confidential, personalized, one-on-one assistance to you and eligible family members to help navigate many aspects of the health care world. You will have access to a Personal Health Advocate, typically a registered nurse, supported by a team of physicians and administrative experts, who will help in handling healthcare and insurance related issues.

Top Ten Reasons to call Health Advocate

1. Finding the best doctors, hospitals, dentists, and other leading healthcare providers anywhere in the country. This includes locating providers in your health insurance plan's network.
2. Scheduling appointments with providers including hard to reach specialists and critical care providers and arranging for specialized treatments and tests.
3. Helping to resolve insurance claims and assisting with negotiating billing and payment arrangements, and related administrative issues.
4. Working with our insurance companies to obtain appropriate approvals for needed services often fostering communications between physicians and insurance companies.
5. Assisting with eldercare and related healthcare issues facing your parents and parents-in-law. They work with Medicare and other government insurance programs and help make arrangements following discharge from a hospital for in-home or needed institutional service.
6. Answering questions about test results, treatment recommendations and medications recommended or prescribed by your physician.
7. Obtaining unbiased health information to help make an informed decision.
8. Assisting in the transfer of medical records, x-rays and lab results.
9. Locating and researching the newest treatments for a medical condition.
10. Assisting with finding qualified wellness programs, providers and services.

To utilize the services offered by Health Advocate, simply call 1-866-799-2728 or send an email to answers@HealthAdvocate.com. When you request service, you will be asked to complete a Medical Information Release Form. Please be assured Health Advocate will keep all information strictly confidential and will protect your privacy. For more information about the company and services, visit www.HealthAdvocate.com.

Employees who participate in the Basic Medical Plan or the High Deductible Comprehensive Medical Plan are eligible to use Advocacy Services and Allegis provides this benefit at no cost to you. You will be automatically enrolled when you enroll in a medical plan.

EMPLOYEE ASSISTANCE PROGRAM (EAP) & WORK LIFE BENEFITS

What is EAP and Work/Life?

The EAP and Work/Life program, offered by Health Advocate, is designed to help you lead a happier and more productive life at home and at work. Balancing the needs of work, family and personal responsibilities isn't always easy. This program offers the right support at the right time.

What does it do?

The EAP and Work/Life program provides a professional counselor or work life specialist to listen and;

1. Help define the problem clearly,
2. Assess the type of help needed, and
3. Either provide the required help or make the most appropriate, cost-effective referral for you.

How does it work?

Your counselor can address:

- Stress, depression, anxiety
- Marital relationships, family/parenting issues
- Work conflicts
- Anger, grief and loss
- Drug and alcohol abuse

Work/Life Specialist can assist with:

- Eldercare, childcare, in-home care
- Legal, financial issues
- Summer camps
- Time management
- Parenting and Adoption
- Pet sitting

Simply call 1-866-799-2728 (toll-free) or visit online at www.HealthAdvocate.com/members to access EAP or Work/Life services.

Who can use it?

The EAP and Work/Life program is available to you, your spouse, your domestic partner, and dependent children at no cost to you. You will be automatically enrolled when you are hired and work at least 20 hours a week.

How long does coverage last?

Termination/Reduction in Hours

You, your spouse or domestic partner, and your dependent children remain eligible for the EAP and Work/Life program for 18 months after termination of your employment or a reduction in your hours of employment to below 20 hours a week.

If you or a family member is determined by Social Security to be disabled and you notify Allegis in a timely fashion (as specified below), all of your family may be covered by the EAP and Work/Life program for up to an additional 11 months of coverage, for a maximum of 29 months from your termination or reduction in hours. The disability must have started at some time before the 61st day after your termination of employment or reduction of hours and must last at least until the end of the original 18-month period that would have been available without the disability extension.

The disability extension is available only if you notify Allegis in writing (as specified below) of the Social Security Administration's determination of disability within 60 days after the latest of the date: (1) of the Social Security Administration's disability determination and (2) the end of the 18-month period after your termination of employment or reduction in hours.

If your family experiences a second qualifying event, your spouse or domestic partner, and dependent children, may be covered by the EAP and Work/Life Program for up to 36 months from your termination or reduction in hours, if Allegis is notified in writing (as specified below) about the second qualifying event.

This second qualifying event extension may be available to your spouse or domestic partner and any dependent child if, during the original 18-month period of continued coverage after your termination of employment or reduction in hours, you: (1) die; (2) get divorced or terminate your domestic partnership; or (3) if your child no longer qualifies as a dependent.

Your Death

Your spouse or domestic partner, and your dependent children, remain eligible for the EAP and Work/Life program for 36 months from your death if you die while working for Allegis at least 20 hours a week.

Divorce or Child Losing Dependent Status

If you experience a divorce or a termination of your domestic partnership, or a dependent child losing eligibility for coverage as a dependent child, you must notify Allegis in writing (as specified below) within 60 days after the later of the event. If timely notice is provided, then your former spouse or domestic partner, and child(ren), as applicable, will be entitled to extended coverage under the EAP and the Work/Life Program for 36 months from the event.

Notices

All notices required under this section must be made in writing to:

Allegis Group, Inc. Benefits Service Center, 1 Kelly Way, Sparks, MD 21152. Tel: 1-866-886-9798 | Fax: 410-785-1637.

Dental Benefits - MetLife

The MetLife dental plan covers preventive, basic, and major dental services and supplies. Generally, when you receive care from a MetLife participating dentist, your out-of-pocket expenses will be lower than if you receive services from a non-participating dentist.

This chart provides highlights of some covered services. For a full description of covered services and exclusions, please see the detailed plan description provided on www.AllegisMarketplace.com.

DENTAL BENEFITS SUMMARY CHART

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Annual (calendar year) Deductible (for Type B and C Expenses Combined)	\$50 per person	\$50 per person
Annual (calendar year) Plan Limit Maximum Benefit	\$1,000 per person	\$1,000 per person
Type A Expenses - Preventive Oral Exams once every six months Cleaning, polishing once every six months	Plan pays 100%* no deductible	Plan pays 100%** no deductible
Type B Expenses - X-rays, fillings, minor oral surgery	Plan pays 80%* after deductible	Plan pays 80%** after deductible
Type C Expenses - Crowns, dentures, bridgework, complex oral surgery	Plan pays 50%* after deductible	Plan pays 50%** after deductible
Type D Expenses - Orthodontia	Not Covered	

This summary is for descriptive purposes only. It is not an agreement or contract. Further information can be found in the applicable contract.

Additional Type A, B & C information can be found in the MetLife Dental Plan Certificate of Insurance. *Plan Benefits subject to the Maximum Allowed Charge for the types of dental services shown in section C of the Plan Certificate of Insurance. The Maximum Allowed Charge is the lower of: a. the amount charged by the Participating Provider for the service or supply; and b. the maximum amount that the Participating Provider agreed with us to charge for that service or supply. This maximum amount is specified or based on the amounts specified in the Preferred Dentist Program Table of Maximum Allowed Charges. ** Plan Benefits subject to Reasonable and Customary (R&C) limits for the types of dental services shown in section C of the Plan Certificate of Insurance. The Reasonable and Customary Charge is the lowest of: a. the usual charge by the Dentist or other provider of the services or supplies for the same or similar services or supplies; or b. the usual charge of most other Dentists or other providers in the same geographic area for the same or similar services or supplies; or c. the actual charge for the services or supplies.

MYBENEFITS BY METLIFE

MyBenefits is a secure, online portal that enables you to manage your MetLife dental benefits quickly and easily from your own desktop. At the MyBenefits website, what you need is in one place—so you can manage your dental benefits in less time than ever before.

With MyBenefits, you can:

- View, manage and gain a better understanding of your dental benefits
- Review recent claims
- Elect to receive automatic e-mail alerts when there are updates to your dental claims
- Access information on oral health news
- Locate an in-network dentist

You also have access to:

- A home page with access to personalized information which highlights the benefits available to you, and gives you quick links to other valuable tools
- Special message boxes with timely benefits information
- A My Account section that gives you a quick snapshot of your benefit options and activities

You can access MyBenefits directly from www.AllegisMarketplace.com by selecting the MyBenefits by MetLife link located on the left side of your home page or go to www.metlife.com/mybenefits.

*When you sign in to MyBenefits, you should enter "Allegis Group" in the box where it says "Enter Your Company Name".



METLIFE DENTAL PLAN WEEKLY PREMIUMS

COVERAGE LEVEL	DENTAL PLAN WEEKLY PREMIUMS
Employee	\$6.54
Employee & Spouse/Domestic Partner	\$14.99
Employee & Children	\$13.15
Family	\$16.94

For more information on the Dental Plan, including how to find a participating dentist, visit www.AllegisMarketplace.com for a direct link to MetLife or go to www.metlife.com/dental. You can also call MetLife at 1-800-942-0854 or contact the Benefits Service Center at 1-866-886-9798 to speak with a Benefits Advisor.

Vision Benefits - VSP

Vision care benefits are provided through Vision Service Plan, or VSP. Generally, when you receive care from a VSP participating provider, your out-of-pocket expenses will be lower than if you receive services from a non-participating provider. To find a VSP provider, visit www.AllegisMarketplace.com for a direct link to the VSP website or go to www.vsp.com. Select “Members and Consumers” and “Find a VSP Network Doctor.” Or, call VSP at 1-800-877-7195.

When you make an appointment, indicate you are a VSP member. The provider will obtain the necessary approvals. If you use non-participating providers, you must pay for services and then submit a claim form to VSP for reimbursement.

VISION BENEFITS SUMMARY CHART

BENEFIT	FREQUENCY*	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	Well/Vision: Once every 12 months	\$15 copay, then plan pays 100%	Plan pays up to \$50
Contact Lens Exam ¹ (Fitting & Evaluation)	Once every 24 months	\$60 copay (maximum), then plan pays 100%	Plan pays up to \$105
Frames	Once every 24 months	Plan pays 100% for selected frames up to \$130	Plan pays up to \$70
Lenses: Single vision Bifocal (lined) Trifocal (lined) Lenticular	Once every 24 months	Combined \$15 co-pay for lenses and frames, then plan pays 100%	Plan pays up to: \$50 \$75 \$100 \$125
INTERIM BENEFITS for lenses (including contact lenses) and frames every 24 months—If your lens prescription changes before you are eligible for new lenses, lenses & frames will be replaced at a 12 month frequency if your new prescription meets at least one of the following criteria: a) your new prescription differs from the original by at least a .50 diopter sphere or cylinder; b) an axis change of 15 degrees for more; c) a 5 prism diopter change in at least one eye.			
Visually Necessary contact lenses	Once every 24 months	\$15 co-pay, then plan pays 100%	Plan pays up to \$210
Elective contact lenses	Once every 24 months	Plan pays up to \$130	Plan pays up to \$105

This summary is for descriptive purposes only. It is not an agreement or contract. Further information can be found in the applicable contract.

*Frequency is based on your last date of service with any VSP plan. VSP will not cover eye exams more than once in a 12-month period, or contact lenses and eyeglasses/frames in the same 24-month period.

¹Member receives 15% off of contact lens exam services.

VSP MEMBERS PORTAL

The VSP Members Portal offers features for you to use that make managing your VSP benefits and eye health simple.

- View Your Benefits provides a concise benefits overview and a member reference card that you may print and carry with you.
- Find a VSP Doctor assists you in finding a participating VSP doctor and provides you information about VSP doctors.
- Member Resources guides you in using your VSP benefits; provides Frequently Asked Questions and much more.

Visit www.vsp.com and select “Members”. To access the Members Portal you will need to register by selecting “Log In/Registration” at the top of the page and select “Register Now”. If you have already registered simply select “Log In/ Registration” and enter your user-name and password.



VSP VISION PLAN WEEKLY PREMIUMS

COVERAGE LEVEL	VISION PLAN WEEKLY PREMIUMS
Employee	\$1.69
Employee & Spouse/Domestic Partner	\$2.66
Employee & Children	\$2.71
Family*	\$4.37

*Please see the eligibility section of this guide for further details regarding eligibility.

For more information on the Vision Plan, contact the Benefits Service Center at 1-866-886-9798 to speak with a Benefits Advisor.

Changing Your Benefits During the Plan Year

Once you enroll in the Medical Plans, Hospital Cost Protection Plan, Critical Illness Protection, Accident Protection, Dental, and Vision, you generally cannot change elections during the plan year unless you have a qualifying status change as defined by the IRS.

QUALIFYING STATUS CHANGES AND EFFECTIVE DATES

STATUS CHANGE EVENT	WHAT YOU MAY CHANGE	EFFECTIVE DATE
Marriage	Add yourself, spouse/domestic partner, child(ren), children of domestic partners and/or stepchild(ren)	First of the month following the event
Birth or adoption or placement for adoption of a child(ren)	Add yourself, spouse/domestic partner, child(ren), children of domestic partners and/or stepchild(ren)	Date of Event
Divorce/Legal Separation (only in states that recognize legal separation)	Cancel coverage for your spouse/domestic partner and stepchildren if enrolled in your employer's plan/ Add coverage for yourself and your children if enrolled in your spouse's plan	First of the month following the event
You, spouse, domestic partner, child(ren), or children of domestic partners loses other coverage¹	Add yourself, spouse, your domestic partner, child(ren), and children of domestic partners	First of the month coinciding with or following the event
You, spouse, domestic partner, child(ren), or children of domestic partners gains other group coverage²	Cancel coverage for yourself, spouse, domestic partner, children, and/or child(ren) of domestic partners who gain coverage	End of the week in which coverage is gained
Change in dependent's eligibility for benefits, such as change	Cancel coverage for your dependent	End of the month following the event

¹Cancelling an individual health plan is not ordinarily considered a qualifying change and does not allow you to add coverage with Allegis Group.

²Purchasing an individual health plan is not considered a qualifying change and does not allow you to cancel your coverage with Allegis Group.

This is a brief overview of some potential qualifying events. Eligible qualifying events are dictated by Internal Revenue Code Section 125.

Also note that you may be able to add coverage mid-year for yourself and/or your dependents (including your spouse or domestic partner) if you decline enrollment for yourself or your dependents because of other health insurance or group health plan coverage, and if you or your dependents subsequently lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Benefit Service Center at 1-866-886-9798 or via e-mail at askbenefits@allegisgroup.com.

You have 30 days from the date of the status change to change your benefits. However, if you or your dependent become eligible for a state premium subsidy for Medicaid or through a state children's health insurance program with respect to coverage under this plan, you have 60 days from the date of such eligibility determination to enroll in the plan. If you or your dependent decline to participate in the plan because you have Medicaid coverage or coverage under a state children's health insurance program and you later lose that coverage you have 60 days from the date of such loss of coverage to enroll in the plan.

You may make your change on www.AllegisMarketplace.com or submit a change form. In either case, you need to submit hard copy proof of the change, such as a birth or marriage certificate. You can only make changes consistent with the status change. For example, if you add a child, you may add dependent life insurance and change your medical plan coverage level (i.e. employee plus one or family), but you may not change or cancel your medical plan.

Additionally, you may be able to drop your medical coverage during the year if your position changes and you are no longer expected to work at least 20 hours a week, or you become eligible for an open enrollment or special enrollment on a government health insurance exchange. You will be required to certify that you will intend to enroll in other medical coverage. Please contact a Benefits Advisor at 1-866-886-9798 for more information.

HSA CHANGES

You may change your HSA contributions at any time during the year by logging on to www.AllegisMarketplace.com. A voluntary HSA contribution change will take effect on the following week's paycheck.

When Coverage Ends

Your coverage under the following plans will end at midnight on the Saturday following your last day of employment: BlueCross BlueShield Medical Plans, Hospital Cost Protection Plans, Critical Illness Protection, Accident Protection, Dental, and Vision.

Example 1:

Employment Ends: June 8, 2018
Benefit Coverage Ends: Midnight, Saturday, June 9, 2018

Example 2:

Employment Ends: August 1, 2018
Benefit Coverage Ends: Midnight, Saturday, August 4, 2018

Disability, Life and AD&D coverage end on your last day of work. Your benefit coverage also ends when you are no longer eligible, when you stop paying premiums, or when the group plan ends, whichever comes first. Coverage for dependents ends when they are no longer eligible, when dependent coverage is no longer offered, or when your coverage ends. Please see the Eligibility section of this guide for the definition of an eligible dependent.

COBRA information will be mailed to you when your COBRA eligible coverage ends. This information will come in the mail to you from Kelly & Associates Insurance Group in Sparks, Maryland. You may want to verify that your address is correct in the Benefits System to prevent any delays in receiving your information.

COBRA eligible plans include: BlueCross BlueShield Medical plans, Dental, Vision, and EAP.

Please note, Hospital Cost Protection Plans, Critical Illness Protection, and Accident Protection are not COBRA eligible plans. You may elect to continue these plans after your Allegis Group coverage ends. Please contact Symetra for instructions.

Life Insurance, AD&D Insurance and Disability Insurance are also not COBRA eligible plans. However, you may elect to continue Life Insurance and AD&D Insurance for yourself and your dependents under the Portability and Conversion terms of the plan. You have 30 days to send your completed application to the Allegis Group Benefits Department. Please refer to the plan certificate, which can be located on www.AllegisMarketplace.com for more details.

REINSTATEMENTS

If you are rehired within 30 days from the date your employment ended, you have the option to have your medical/prescription, dental, and vision coverage reinstated without a lapse in coverage. In order to do so, you must contact the Benefits Service Center. You will be reinstated with the same coverage and contributions you had prior to your employment ending. Please keep in mind, you will be responsible for any missed weekly premiums—payment will automatically be made up with double deductions.

Continuation of Health Care Coverage – COBRA

COBRA (Consolidated Omnibus Budget Reconciliation Act) provides for continuation of health care coverage for employees and covered dependents that lose their group coverage for a variety of reasons. It requires employers to offer the same medical coverage as is offered to active employees and their families. You and your eligible dependents covered at the time your Company medical coverage ends may elect to continue coverage, but you must pay the full (employee plus company) premium plus an additional administrative fee.

WHEN YOU CAN ELECT COBRA COVERAGE

You can continue medical coverage for yourself and your covered dependents for up to 18 months, if your group coverage ends because:

- You separate from service with the Company (for reasons other than gross misconduct on your part).
- Your hours are reduced so that you are no longer eligible for the Company Plan.

If you—or a dependent—qualify as disabled (for Social Security benefit purposes) when the group coverage ends or within the first 60 days of COBRA coverage, coverage for the disabled person may continue for up to a total of 29 months. Your spouse and covered children can elect to continue coverage for up to 36 months if their coverage ends due to:

- Your death
- Divorce or legal separation
- If a termination or reduction of hours occurs less than 18 months after the employee's Medicare entitlement 36 months of COBRA coverage is allowed from the date of the Medicare entitlement. Your dependent children can also elect to continue medical coverage for up to 36 months when they no longer qualify as your dependents.

APPLYING FOR COBRA COVERAGE

When your coverage under the Company Plan ends, you or your dependents have 60 days to elect continued coverage. If you lose coverage due to separation from service or a reduction in work hours, the Company will automatically notify you of your COBRA rights. In the case of a divorce, legal separation, or when a child no longer qualifies for dependent coverage, you, your spouse, or dependent child must notify the Company within 60 days of the event. You then will be provided with information on your COBRA rights.

WHEN COBRA COVERAGE ENDS

The Company has the right to end your COBRA coverage if:

- The Company stops providing medical coverage for all employees.
- You do not pay your premium on time.
- You become covered by another group health plan.
- You become covered by Medicare.
- You extended COBRA coverage to 29 months due to disability, but are not longer considered disabled.



2018 COBRA MONTHLY PREMIUMS

COVERAGE LEVEL	BASIC PLAN	HIGH DEDUCTIBLE COMPREHENSIVE MEDICAL PLAN	DENTAL PLAN	VISION PLAN
Employee Only	\$181.12	\$352.01	\$28.93	\$7.48
Employee & Spouse/Domestic Partner	\$328.21	\$662.07	\$66.24	\$11.74
Employee & Children	\$298.78	\$509.05	\$58.14	\$11.98
Family	\$504.71	\$950.43	\$74.86	\$19.32

Please note, the Hospital Cost Protection Plans, Critical Illness Protection and Accident Protection are not COBRA eligible. You may elect to continue these plans after your Allegis Group coverage ends. Please contact Symetra for instructions.

Life and AD&D Plans

LIFE INSURANCE – RELIANCE STANDARD LIFE

The Allegis Group Life Insurance plans let you choose coverage for yourself, your spouse/domestic partner, and dependent children under age 19 (26 if full-time student). You may elect coverage for your spouse/domestic partner without buying coverage for yourself. However, in order to buy coverage for your child(ren), either you or your spouse/domestic partner must elect coverage. Coverage is portable—you may purchase an individual policy if your Allegis Group employment ends.

- **Employee Life Insurance**—You may buy up to \$150,000 in term life insurance coverage. Evidence of Insurability is not required if you enroll within your original eligibility period. If you enroll outside of your original eligibility period, you must provide Evidence of Insurability. Coverage is available in increments of \$10,000. When you enroll, you must name a beneficiary. The amount of insurance in effect is subject to automatic reduction beginning at age 75.
- **Life Insurance for your Spouse/Domestic Partner**—You may buy up to \$30,000 in term life insurance for your spouse/domestic partner. Evidence of Insurability is not required if you enroll your spouse/domestic partner within your original eligibility period. If you enroll outside of your original eligibility period, you must provide Evidence of Insurability. Coverage is available in increments of \$10,000. You are the beneficiary for your spouse/domestic partner’s coverage. On the date of application, your spouse/domestic partner must be under age 70. Insurance on a spouse/domestic partner terminates at age 75.
- **Life Insurance for Dependent Children**—You may elect \$2,500, \$5,000, \$7,500, or \$10,000 for dependent children up to age 19 (26 if full-time student). This benefit covers all of your eligible children. Coverage for children 14 days of age but less than 6 months is \$1,000. Coverage for children age 6 months but less than 26 years is the elected amount. You are the beneficiary.

The cost of employee and spouse/domestic partner’s term life insurance is based on age and the amount of coverage you select. The rates are the same for the employee and spouse’s coverage. Weekly premium multipliers are shown on the following chart. When completing your new hire enrollment on [www. AllegisMarketplace.com](http://www.AllegisMarketplace.com), you will be able to automatically calculate your weekly Life Insurance premiums.

The cost of life insurance for dependent children is based on the coverage level you choose, regardless of how many eligible children you have. Weekly premium multipliers are shown on the chart above.

Please note, Life Insurance is not a COBRA eligible plan. However, if your employment ends you may elect to continue Life Insurance for yourself and your dependents under the Portability and Conversion terms of the plan. You have 30 days to send your completed application to the Allegis Group benefits department.

Please refer to the plan certificate, which can be located on www.AllegisMarketplace.com for more details, or contact the Benefits Service Center at 1-866-886-9798 to speak with a Benefits Advisor.

YOUR AGE	EMPLOYEE/SPOUSE/DOMESTIC PARTNER LIFE INSURANCE WEEKLY PREMIUM MULTIPLIER*
Under 30	\$.141
30–34	\$.171
35–39	\$.247
40–44	\$.351
45–49	\$.653
50–54	\$1.057
55–59	\$1.638
60–64	\$2.993
65–69	\$4.403
70 and over	\$7.145

AMOUNT OF INSURANCE	AGE	DEPENDENT CHILD(REN) LIFE INSURANCE WEEKLY PREMIUM MULTIPLIER
\$2,500*	6 months but less than 26 years	\$.136
\$5,000*	6 months but less than 26 years	\$.205
\$7,500*	6 months but less than 26 years	\$.275
\$10,000*	6 months but less than 26 years	\$.344

*The costs shown above are per \$10,000 of life insurance coverage.
Example – for an individual age 46 with \$50,000 in life insurance, the weekly cost is \$3.27 [\$.653 (weekly rate for age 46) times 5].

* If 14 days but less than 6 months, benefit will be \$1,000.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE - RELIANCE STANDARD LIFE

Accidental Death and Dismemberment (AD&D) insurance covers you if you die or suffer serious injury as a result of an accident. You may buy AD&D coverage of up to \$500,000 in \$10,000 increments.

- Benefits are paid to your beneficiary if you die, or to you if you suffer certain injuries as a result of an accident.
- AD&D benefits are paid in addition to your life insurance coverage if you die as a result of an accident.
- Proof of good health is not required.
- You may choose employee-only coverage or family coverage (family includes coverage for yourself).
- If you choose family coverage, your spouse/domestic partner's benefit is 60% of yours and dependent children's benefit is 15% of yours. You are the beneficiary for your dependents' AD&D coverage.

The cost of AD&D coverage depends on the coverage level you choose, as shown on the following chart. When completing your new hire enrollment on www.AllegisMarketplace.com, you will be able to automatically calculate your weekly AD&D premiums.

Please note, AD&D Insurance is not a COBRA eligible plan. However, if your employment ends you may elect to continue AD&D Insurance for yourself.

COVERAGE LEVEL	EMPLOYEE/FAMILY AD&D WEEKLY PREMIUM MULTIPLIER*
Employee Only	\$.090
Family	\$.210

*The costs shown above are per \$10,000 of coverage.

Example: For an individual who chooses family AD&D coverage of \$50,000, the weekly cost is \$1.05 [\$.210 (weekly rate for family coverage) times 5].

Family and Medical Leave (FMLA)



The company provides Family and Medical Leaves of Absence without pay to eligible employees. Qualified individuals must have worked for the Company for at least 12 months in the last seven (7) years, and must also have worked at least 1,250 hours during the 12 months immediately preceding the request. Qualified individuals may be eligible to take up to 12 weeks of unpaid Family and Medical Leave within a rolling 12-month period for the following reasons:

- To care for the employee's child during the first 12 months following birth, adoption or foster care.
- To care for the employee's spouse/domestic partner, child, child of domestic partner, or parent with a serious health condition.
- For incapacity due to the employee's pregnancy or child birth.
- For the employee's own serious health condition.
- Furthermore, qualified individuals may be eligible to take up to 26 weeks of unpaid Family and Medical Leave within a rolling 12 months period for the following reasons:
- To care for the employee's spouse/domestic partner, child, child of domestic partner, parent or next of kin who is a service member recovering from serious illness or injury sustained in the line of active duty.
- Due to a qualifying exigency arising because the employee's spouse/domestic partner, child or parent is on active duty or has been notified of an impending call to order to active duty in support of a contingency operation.

In addition to FMLA leave, employees may also be eligible for leave under a similar state law. For more information about the availability of state leave, please contact the Benefits Service Center at 1-866-886-9798 or via email at Leave_Disability@allegisgroup.com.

Disability Plans

SHORT-TERM DISABILITY COVERAGE (STD) – THE HARTFORD

The company offers a Short-Term Disability (STD) plan through The Hartford that protects you against loss of income if you cannot work due to a sickness or injury that is not work related.

- If you become totally disabled, your benefit will be 60% of your pre-disability weekly pay up to a maximum benefit of \$600 a week.
- Benefits begin on the 8th day of total disability, and will be paid for up to 13 weeks.
- If you enroll during your initial eligibility period, you will not be subject to approval by The Hartford. Late enrollees are subject to approval by The Hartford and medical questions will be required to be answered.
- If you become disabled in the first 12 months after you enroll for STD coverage, benefits will not be paid for a disability caused by any medical condition for which you have been treated or diagnosed within the six months before joining the STD plan, including pregnancy.

The cost of coverage is based on your age and weekly benefit amount, as shown in the following chart. When completing your new hire enrollment on www.AllegisMarketplace.com, you will be able to automatically calculate your weekly STD premium.

YOUR AGE	STD WEEKLY PREMIUM MULTIPLIER*
Under 25	\$.164
25–29	\$.139
30–34	\$.139
35–39	\$.122
40–44	\$.129
45–49	\$.145
50–54	\$.182
55 and over	\$.219

*The costs shown above are per \$10 of weekly benefit.

Example – For an individual age 36 with \$480 in weekly pay, the weekly benefit is \$288 and the weekly cost to the employee is \$3.51.

- The weekly STD benefit of \$288 is based on 60% of the \$480 weekly pay.
- Weekly premiums are calculated for every \$10 of weekly benefit amount (i.e. $\$288/\$10 = \$28.80$).
 - Using the age of the employee (36) and the chart above, the premium multiplier in this example is \$.122.
 - When the \$.122 is multiplied by \$28.80, the employee arrives at his/her weekly premium of \$3.51.

LONG-TERM DISABILITY COVERAGE (LTD) - METLIFE

The company offers a Long-Term Disability (LTD) plan through MetLife that pays benefits if total disability lasts more than 90 days.

- The monthly LTD benefit is 60% of your pre-disability monthly base pay, reduced by Social Security and other disability income benefits.
- LTD benefits are not paid for more than 24 months for mental or nervous disabilities. Conditions existing within three months of your effective date of coverage are considered pre-existing and are not covered until you are continuously insured for 12 months.
- The maximum monthly LTD benefit is \$5,000. The minimum monthly LTD benefit is the greater of \$100 or 10% of your monthly benefit before reductions for Social Security and other income benefits.
- If you enroll during your initial eligibility period, you will not be subject to approval by MetLife. Late enrollees are subject to approval by MetLife and medical questions will be required to be answered. When you enroll, you can choose a five-year benefit period or a benefit period to age 65.

The cost of coverage is based on your age, monthly earnings, and benefit period you choose, as shown in the following chart. When completing your new hire enrollment on www.AllegisMarketplace.com, you will be able to automatically calculate your weekly LTD premium.

YOUR AGE	LTD WEEKLY PREMIUM MULTIPLIER*	
	5 YEAR PLAN	TO AGE 65 PLAN
Under 25	\$.026	\$.039
25–29	\$.031	\$.048
30–34	\$.042	\$.069
35–39	\$.057	\$.100
40–44	\$.077	\$.133
45–49	\$.123	\$.216
50–54	\$.201	\$.302
55 and over	\$.343	\$.384

*The costs shown above are per \$100 of monthly earnings.

Example – For an individual age 36 with \$3,000 in monthly earnings who chooses benefits to age 65, the monthly LTD benefit is \$1,800 and the weekly premium cost to the employee is \$3.00.

- The monthly LTD benefit of \$1,800 is based on 60% of the \$3,000 monthly pay.
- Monthly premiums are calculated for every \$100 of monthly earnings (i.e., $\$3,000/\$100 = 30$).
 - Using the age of the employee (36) and the chart above, the premium multiplier in this example is \$0.100.
 - When the \$0.100 is multiplied by 30, the employee arrives at his/her weekly premium of \$3.00.

(Please note, the maximum insurable monthly earnings amount is \$8,333.33 (\$100,000 annually)

For information about the availability of state leave, please contact the Benefits Service Center at 1-866-886-9798 or via email at Leave_Disability@allegisgroup.com.

Transportation Benefits – ConnectYourCare

Transportation Benefits allow you to use pre-tax payroll dollars to pay for qualified parking and transit expenses.

HOW DO I PLACE MY ORDER?

You can place your order by selecting the ConnectYourCare link located on the left side of your www.AllegisMarketplace.com home page. Once you arrive at the ConnectYourCare home page, you will then:

- Select New Members and Existing User Log in Here » in the upper right-hand corner.
- If it is your first time visiting the site, choose New User Registration to select your user name and password.
- From My Account, select Transportation Benefits to be taken to the Transit and Parking Home Page.
- Once you have selected your metropolitan area, you can select your transit and/or parking provider and the type of pass you require.

You can set your order up as recurring, meaning ConnectYourCare will automatically process it each month until you notify them otherwise. ConnectYourCare can also send you an email each month reminding you that you have an order in the system and prompting you to re-enter the site if you need to make a change.

You can enroll in Transportation Benefits at any time during the year. Orders must be placed by the 10th of each month for use the following month (example: orders placed by March 10 are for vouchers to be used in April). The amount of your purchase, plus a \$2.00 post-tax administrative fee, will be deducted from your paycheck on or around the 12th of the month. After you place your order your passes or vouchers will be mailed directly to you, or if you elect, your parking provider will be paid directly. Additional information regarding Transportation Benefits, including eligible and ineligible expenses, can be found in IRS publication 15B. You may also call ConnectYourCare at 1-866-468-7010.

Employee Discount Programs – Allegis Group/Abenity

Allegis Group offers access to over 100,000 discounts and provides employees with an elite collection of local and national discounts from thousands of hotels, restaurants, movie theaters, retailers, florists, car dealers, theme parks, national attractions, concerts, and events through Abenity.

Abenity provides more than \$4,500 in available savings from vendors including Costco, Sam's Club, Sprint, Firestone, Papa Johns, DirecTV, T-Mobile, Dell, Target.com, Verizon Wireless, Overstock.com, Brooks Brothers, Gold's Gym, LA Fitness, Bally's Total Fitness and Hewlett Packard. Offers are also available from over 150 national attractions and theme parks including the Walt Disney World® Resort, Universal Studios®, SeaWorld, Cirque du Soleil, and Six Flags! Discount offers are redeemable in-store through printable and mobile coupons, online, and over the phone. Join the Employee Discount Program. Register Online at <http://allegisbenefits.employee discounts.com>. Registration Code: allegisworklife.

Auto and Home Insurance - MetLife

MetLife Auto & Home is a voluntary group benefit program offering special group rates and policy discounts for personal insurance coverage needs. Policies include auto, landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat, and personal excess liability ("umbrella") policies. For more information or to get a quote, visit www.AllegisMarketplace.com or call MetLife at 1-800-438-6388.

Allegis Group 401(k) Plan

The Allegis Group 401(k) plan gives you an opportunity to build retirement savings. Here is how it works:

- Employee are eligible to participate and enroll in the 401(k) plan on the 1st of the month following 30 days of employment.
- When an employee becomes eligible for the 401K plan Wells Fargo establishes an account whether the employee contributes or not.
- You can contribute up to 100% of your eligible compensation up to the maximum permitted by the IRS. The dollar limit is \$18,500* for 2018.
- Deductions usually begin during the first full week of payroll.
- The plan offers a variety of different investment options, so you can tailor an investment strategy that suits your current situation and your future needs.
- The plan offers you two ways to save. You can make traditional 401(k) pre-tax contributions and lower your taxable income today or make Roth 401(k) post-tax contributions and your investments will grow tax-free.
- Employees age 50 or over may contribute an additional "catch-up contribution." The maximum catch-up contribution is \$6,000 for 2018. This full amount can be contributed even if you are "highly compensated," as defined by the IRS. Employees must elect a deferral percentage to the "Catch-up" Contribution in order to have those deductions begin. Deductions will begin the first of the month following the deferral elections.
- The plan allows up to one loan at a time. The amount of the loan is limited to the lesser of one half of your vested account balance or \$50,000. The minimum loan amount is \$1,000. All loans must be repaid within 5 years (or 10 years if such loan is taken to purchase a primary residence). A \$75 initiation fee for loans will be taken out of the proceeds of your loan.

*Highly compensated employees may not be able to defer the statutory maximum.

For more information or to enroll, visit www.AllegisMarketplace.com for a direct link to the Wells Fargo website or go to www.wellsfargo.com.

Key Contacts, Telephone Numbers, & Websites

For Enrollment, Eligibility or Administrative Questions, contact the [Benefits Service Center](#)

1-866-886-9798 | www.AllegisMarketplace.com • askbenefits@allegisgroup.com

For Medical Coverage or Claim Questions, or Questions About How the Benefits Work, contact [CareFirst BlueCross BlueShield](#)

1-877-691-5856 | www.bcbs.com

For Prescription Coverage or Claim Questions, or Questions, contact [CVS Caremark](#)

1-800-241-3371 | www.carefirst.com

For Hospital Cost Protection Plans Coverage or Claim Questions, or Questions About How the Benefits Work, contact [Symetra](#)

1-800-497-3699

For Critical Illness Coverage or Claim Questions, or Questions About How the Benefits Work, contact [Symetra](#)

1-800-497-3699

For Accident Insurance Coverage or Claim Questions, or Questions About How the Benefits Work contact, [Symetra](#)

1-800-497-3699

For Advocacy Services, Health Cost Estimator+™ Services, Employee Assistance

Plan (EAP) and Work Life Benefits Services, contact [Health Advocate](#)

1-866-799-2728 | www.healthadvocate.com/members email • Answers@healthadvocate.com

For Health Savings Account (HSA), contact [Optum](#)

1-844 326-7967 | www.optumbank.com

For Dental Benefits, Claim Questions, or Participating Dentists, contact [MetLife](#)

1-800-942-0854 | www.metlife.com/dental

For Vision Benefits, Claim Questions, or Participating Eye Care Providers, contact [VSP](#)

1-800-877-7195 | www.vsp.com

For Short Term Disability claim filing and claim questions, contact [The Hartford](#)

1-877-543-7052 | Leave_Disability@allegisgroup.com

For Long Term Disability, contact [MetLife](#)

1-800-300-4296

For Life and Accidental Death & Dismemberment (AD&D) Insurance, contact [Reliance Standard Life Insurance](#)

1-800-351-7500

For 401(k), contact [Wells Fargo](#)

1-800-728-3123 | www.wellsfargo.com

For Transportation Benefits, contact [ConnectYourCare](#)

1-866-468-7010 | www.connectyourcare.com

FILING CLAIMS

- **Medical/Prescription/Dental/Vision Claims** – If you see a participating provider, the provider will submit the claim to the insurance carrier. If you see a non-participating provider, you will pay the claim out-of-pocket and submit the claim to the appropriate carrier using the appropriate claim form.
 - **Hospital Cost Protection Plans/Critical Illness Protection/Accident Protection Claims** – Mail a copy of your itemized receipt for services (given to you by your provider to the address on the claim form.
 - **Life Insurance/Long Term Disability Claims** – Follow the instructions on the appropriate claim form.
 - **Short Term Disability Claims** – Contact The Hartford at the number listed in the chart above or file a claim online at [www.TheHartford AtWork.com](http://www.TheHartfordAtWork.com).
- All Claim Forms can be located in the Document Library under the Resource Center at www.AllegisMarketplace.com.

Benefits Acknowledgement

Please initial each of the statements below to acknowledge the following:

- _____ I understand that I have been given an offer of health care coverage, including medical coverage, by my employer. I have received the summary of the benefit plans that explains the offer of this coverage and understand that I am eligible to enroll in health care coverage following the applicable waiting period (which is the first of the month coinciding with or following my hire date).
- _____ I have received the notice titled "New Health Insurance Marketplace Coverage Options and Your Health Coverage." I understand that this notice indicates that my employer is offering me a medical plan that meets the requirements of Minimum Value (as defined in the notice) and is intended to be affordable based on my wages.
- _____ I understand that if my employer offers me the Minimum Value coverage noted above and that coverage is affordable based on my wages that I am not eligible for a premium tax credit from any state or federal healthcare marketplaces. If I receive a premium tax credit I am not eligible for, I will need to refund the government for the credits. For more information on eligibility for premium tax credits, I can go to: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Premium-Tax-Credit>.
- _____ I have received a Summary of Benefits and Coverage describing the medical benefits available to me. I understand that this Summary of Benefits and Coverage indicates that my employer is offering me a medical plan that meets the requirements of Minimum Value (as defined in the Summary of Benefits and Coverage).
- _____ I acknowledge the Benefits Guide I received is only a summary of the benefits. Complete descriptions of the plans are contained in the applicable plan documents. If there is any disagreement between the Benefits, Guide, this acknowledgement and the wording of the applicable contract or plan document, the contract or plan document will govern. Allegis Group, Inc. and its operating companies reserve the right to modify, amend, suspend, or terminate any plan in whole or in part, at any time.
- _____ I understand that I may access more information about the medical benefits available to me at any time by visiting www.AllegisMarketplace.com or by calling 1-866-886-9798 to request a paper copy of relevant documents at any time free of charge.
- _____ I acknowledge if I choose to participate in the benefit for which I am eligible, I will need to visit www.AllegisMarketplace.com or complete the required paper enrollment forms to enroll.
- _____ I acknowledge that I have received the Notice of Automatic Contribution Arrangement and Qualified Default Investment Alternative related to the Allegis Group 401(k) Plan. I acknowledge that if I would like more information regarding the Allegis Group 401(k) Plan, I can visit www.AllegisMarketplace.com or go directly to www.wellsfargo.com.

This acknowledgement does not constitute a guarantee of employment.

Please Note: If you enroll in benefits during the first month in which you are eligible to participate, your enrollment will be retroactive to the first of the month and you will be double deducted from your paycheck for any missed weekly premiums.

Printed Name of Employee: _____

Signature of Employee: _____ Date: _____

A Final Word

In this guide, we describe your employee benefits in a clear, simple, and concise manner. Complete descriptions of the plans are contained in the corresponding contracts or plan documents. If there is any disagreement between this guide and the wording of the corresponding contract or plan document, the contract or plan document will govern. Allegis Group reserves the right to modify, amend, suspend, or terminate any plan, in whole or in part, at any time. This guide does not constitute a guarantee of employment.

Designed & Prepared by:



KELLY | Benefit Strategies
The Business of Better

A Division of Kelly & Associates Insurance Group, Inc.
www.kellyway.com

Kelly & Associates Insurance Group, Inc (KELLY) provides administrative services that include: billing, enrollment and call center service for insurance benefits. The administration of benefits by KELLY does not guarantee coverage. Billing and collecting premiums or sending payroll deduction files, does not constitute coverage being bound. Please refer to specific insurance carrier contract for rules requiring evidence of insurability (EOI) or other underwriting requirements regarding final insurance carrier approval. KELLY is not an insurer and is not responsible for paying insurance benefit claims relative to KELLY's involvement with billing and collecting insurance premiums.

*This booklet summary is only intended as a brief summary of your benefits. Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts.