



BENEFITS (2009 - 2010)
These policies are effective 9/1/2009

HEALTHCARE

After completion of six (6) months of employment with us (six months from the start date), as well as completion of 500 hours of work during this six (6) months period of time, The Execu | Search Group temporary employees are eligible for medical, dental and vision benefits*. If you decide to receive benefits, you must elect to do so within 30 days of eligibility.

The Execu | Search Group offers you the choice of Oxford (Medical) and/or Guardian (Dental and/or Vision). Below is a brief summary of the plan designs.

HEALTH / DENTAL / VISION CARE

On the first of the month and after 90 calendar days of employment, an employee working at least 20 hours per week is eligible for medical, dental and/or vision benefits. An employee may choose from the following plans; a summary of which follows:

Oxford Health Plans – This program includes major medical, hospitalization, prescription benefits, mail order prescription program, gym reimbursement, mental health care, chiropractic care and more. You may choose to participate in the POS (Freedom), EPO (Freedom) or the EPO (Liberty) Plan.

POS (FREEDOM NETWORK)

The POS program is a health plan that provides members the option of receiving their care on both an In-Network or, for some services, Out-of-Network basis.

In-Network Providers

- Office Visit : \$25 PCP / \$40 Specialist Co-payment
(No co-payment for preventive care and immunization for children who are 19 years of age or younger.)
- Emergency Room: \$100 Co-payment
- Deductible: \$2,000 (Single) / \$4,000 (Family) -**Execu | Search reimburses the last \$500**
(Services subject to deductible include: Outpatient Facility Surgery, Radiology Services, Hospital Care, Hospice Care, In-patient Alcohol & Substance Abuse Care, In-patient Mental Health Care, In-patient Short Term Rehabilitation)
- Coinsurance: 20% of Eligible Expenses - **Execu | Search reimburses the full amount**

Out-of-Network Providers

- Deductible: \$2,000 (Single) / \$4,000 (Family)
- Coinsurance: 40% of Eligible Expenses- **Execu | Search reimburses 10%**

- Prescription Drugs** (Only covered at Participating Pharmacies)
- \$15 Generic
 - \$100 Deductible (Preferred/Non-Preferred Brand)**
 - \$35 Preferred Brand
 - \$75 Non-Preferred Brand

T: 212-922-1001
F: 212-922-0033
675 Third Avenue
New York, NY
10017-5704

T: 914-653-9000
F: 914-653-9001
2700 Westchester Avenue
Purchase, NY
10577-2547

T: 908-947-3030
F: 908-947-3031
200 Somerset Corporate Blvd.
Bridgewater, NJ
08807-2862

info@execu-search.com
www.execu-search.com

EPO (FREEDOM NETWORK)

The EPO (Freedom Network) program is a health plan that provides care for members on an In-Network basis only.

In-Network Providers

- Office Visit: \$30 PCP / \$50 Specialist Co-payment
(No co-payment for preventive care and immunization for children who are 19 years of age or younger.)
- Emergency Room: \$100 Co-payment
- Deductible: \$2,000 (Single) / \$4,000 (Family)-**Execu | Search reimburses the last \$500**
(Services subject to deductible include: Outpatient Facility Surgery, Radiology Services, Hospital Care, Hospice Care, In-patient Alcohol & Substance Abuse Care, In-patient Mental Health Care, In-patient Short Term Rehabilitation)
- Coinsurance: 20% of Eligible Expenses - **Execu | Search reimburses the full amount**

- Prescription Drugs** (Only covered at Participating Pharmacies)
\$15 Generic
\$100 Deductible (Preferred/Non-Preferred Brand)
\$35 Preferred Brand
\$75 Non-Preferred Brand

EPO (LIBERTY NETWORK)

The EPO (Liberty Network) program is a health plan that provides care for members on an In-Network basis only.

In-Network Providers

- Office Visit: \$30 PCP / \$50 Specialist Co-payment
(No co-payment for preventive care and immunization for children who are 19 years of age or younger.)
- Emergency Room: \$100 Co-payment
- Deductible: \$2,000 (Single) / \$4,000 (Family)-**Execu | Search reimburses the last \$500**
(Services subject to deductible include: Outpatient Facility Surgery, Radiology Services, Hospital Care, Hospice Care, In-patient Alcohol & Substance Abuse Care, In-patient Mental Health Care, In-patient Short Term Rehabilitation)
- Coinsurance: 30% of Eligible Expenses - **Execu | Search reimburses the full amount**

- Prescription Drugs** (Only covered at Participating Pharmacies)
\$15 Generic
\$100 Deductible (Preferred/Non-Preferred Brand)
\$35 Preferred Brand
\$75 Non-Preferred Brand

Guardian Dental - There are two plans from which to choose dental coverage:

(1) Guardian’s Managed DentalGuard Pre-Paid Dental Plan

To have your dental services covered, you must go to the dental office that you choose when you enroll. You can find a conveniently located dentist in the Managed DentalGuard Directory of Participating General dentists or locate a dentist on the Internet using their on-line listing at www.GuardianLife.com. All of your dental care will be provided by, or arranged by, your selected dental office.

(2) DentalGuard Maximum Rollover Preferred Provider Organization (PPO) Program

If you go to a DentalGuard Preferred Network Provider, the benefits described on the Benefit Illustration will be paid based on a reduced fee schedule (this will mean less out-of-pocket). The network provider cannot balance bill charges in excess of the fee schedule and you get more services with your yearly maximum. If you go to a non-contracted dentist, the benefits will be based on usual, customary and reasonable rates for a given area.

	<u>Managed DentalGuard In-Network (ONLY)</u>	<u>DentalGuard Preferred (PPO)</u>	
		<u>In-Network</u>	<u>Out-of-Network</u>
Deductible	No deductible	\$0 – Ind. / \$0 – Fam.	\$50 – Ind. / \$150 – Fam.
Preventive	Subject to Fixed Copay See Prepaid Dental Plan	100%	100%
Basic	Subject to Fixed Copay See Prepaid Dental Plan	80%	80%
Major	Subject to Fixed Copay See Prepaid Dental Plan	50%	50%
Annual Max	N/A		\$2,000
Orthodontic Coverage	Subject to Fixed Copay See Prepaid Dental Plan		50%
Lifetime Ortho Max	Not Applicable		\$2,000

* Rates are available upon request. The employee is responsible for 100% of the cost of this plan.

This communication is not intended to be the Summary Plan Description. If there is a conflict between this communication, the Summary Plan Description and the legal Plan documents, the Plan documents will govern.

Vision - VSP Network

With Guardian’s VisionGuard, you and your covered family members can visit a provider from the extensive Vision Service Plan (VSP) network or any doctor. This includes any licensed optometrist or ophthalmologist. But remember, if you see a VSP network provider, you’ll usually save money.

When you seek network care:

1. Find a VSP doctor by calling the VSP customer service line **(1-800-VSP-7195)**; or accessing the VSP provider directory on the Internet at <http://www.vsp.com>

If you choose non-network care:

1. Pay the doctor in full at the time services are rendered.
2. No claim form is necessary, just submit your payment receipt to VSP at: *Vision Service Plan, P.O. Box 997105, Sacramento, CA 95899-7105*. Be sure to note your name and address, employee’s Social Security Number, date-of-birth, relationship to the insured (employee or dependent), plan number and employer/group name.
3. The amount of reimbursement is based on your plan’s Schedule of Benefit Allowances. Note that you are responsible for any costs above the scheduled amount, as well as any applicable co-pay(s).

Vision Service Plan (VSP)
Benefit Illustration

PLAN FEATURES

Co-payment	Exam: \$10.00 Materials: \$20.00	
	In-Network	Out-of-Network
<u>Eye Exams</u>	Covered in Full after Copay	\$46.00 Maximum after Copay
Lenses		
Single Vision	Cover in Full after Copay	\$47.00 Maximum after Copay
Bifocal	Cover in Full after Copay	\$66.00 Maximum after Copay
Trifocal	Cover in Full after Copay	\$85.00 Maximum after Copay
Lenticular	Cover in Full after Copay	\$125.00 Maximum after Copay
<u>Contact Lenses</u>		
Medically Necessary	Covered in Full after Copay	\$210.00 Maximum after Copay
Elective	\$120.00 Maximum (Copay Does Not Apply)	
<u>Frames</u>	\$120.00 Retail Allowance	\$47.00 Maximum after Copay

* Rates are available upon request. The employee is responsible for 100% of the cost of this plan.

This communication is not intended to be the Summary Plan Description. If there is a conflict between this communication, the Summary Plan Description and the legal Plan documents, the Plan documents will govern.

401(k) PLAN

Effective at the completion of 12 months of continuous employment, the employee has a choice of a diverse group of mutual funds to invest in, and can contribute up to the maximum dollar amount set each year by the IRS, which is \$16,500 in 2010. There are four (4) open enrollment periods, January 1, April 1, July 1 and October 1 of every year.

This communication is not intended to be the Summary Plan Description required by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this communication, the Summary Plan Description and the legal Plan documents, the Plan documents will govern.

SECTION 125 - CAFETERIA PLAN (FLEX PLAN)

The following describes our "Flex Plan" employee benefit program. This program allows you to set aside pre-tax dollars for any of the following:

- Out-of-pocket health care expenses (e.g., eyeglasses, contacts, eye exams, dental care, deductibles or co-pays) for you and your family up to \$4,000 per year
- Eligible child or dependent day care up to \$5,000 per year
- Qualified mass transit to or from your residence and workplace up to \$230.00 per month
- Allowed parking expenses near your workplace up to \$230.00 per month

Your participation in this plan will not change any other benefits we provide. As an employee working at least 500 hours during a consecutive 6 months period, you are eligible, even if you are not using any of the insurance plans we provide. These are optional benefits that can save you money by using pre-tax dollars for health care not paid by any insurance or for child/dependent day care. Pre-tax dollars can mean savings of 20% - 40% (Federal, State, Local and FICA taxes) on moneys which you and your family will be spending anyway. These tax savings work with any insurance plan.

We will be using The Seneca Group to assist us with the enrollment and the administration. Their representatives will be available by phone to answer your questions and explain: key IRS rules, how pre-tax contributions impact your paycheck, examples of allowed deductions, and how to enroll. Please call 866-487-4157 or visit their website at www.tpaexchange.com.

This communication is not intended to be the Summary Plan Description. If there is a conflict between this communication, the Summary Plan Description and the legal Plan documents, the Plan documents will govern.

Please note: These policies supersede any previously released benefit policies.

Working Advantage Program

The Execu|Search Group has a valuable membership with Working Advantage and our employees now have access to exclusive discounts for movie theatres, movie rentals, theme parks, ski tickets, Broadway theatre, special family events, online shopping and much more.

Registering is easy. Please call your staffing coordinator for the required ID #. Simply go to the Working Advantage website at <http://www.workingadvantage.com> and click on "Register". You may complete your one-time registration for free and create your own personal account with a password of your choice. Once you have registered, you can order either online or by phone at 1-800-565-3712 Monday through Friday 8:00 a.m. to 6:30 p.m. and Saturday 9:00 a.m. to 5:00 p.m. ET.

We hope you will take advantage of their discount offers so you can save up to 40% on popular attractions such as Universal Studios, Sea World, Regal Cinemas, AMC Theatres, BLOCKBUSTER®, sporting events and some of the hottest shows on Broadway! If you have any questions about any discounts, please call Working Advantage at 1-800-565-3712.