



**BENEFITS (2010 - 2011)**  
*These policies are effective 9/1/2010*

**HEALTHCARE**

The Execu|Search Group temporary employees are eligible for medical, dental and vision benefits\* on the first of each calendar month, 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. 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 Emblem (Medical) and/or United Healthcare (Dental and/or Vision). Below is a brief summary of the plan designs.

**MEDICAL / DENTAL / VISION CARE**

An employee may choose from the following plans; a summary of which follows:

**EmblemHealth Plans** - This program includes major medical, hospitalization, prescription benefits, mail order prescription program, mental health care, chiropractic care and more. You may choose to participate in the Non Gated PPO or Non Gated EPO Plan.

**Non Gated PPO**

The PPO plan 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 / Specialist Co-payment  
\$0 Co-payment for all dependent children
- 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, Some 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**
- Network: To view doctors in the plan please visit their website [www.emblemhealth.com](http://www.emblemhealth.com).  
New York - Emblem/GHI PPO  
New Jersey - QualCare PPO  
All Other States - MultiPlan PPO

**Out-of-Network Providers**

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

- Prescription Drugs:** \$15 Generic  
**\$100 (Individual) / \$200 (Family) Deductible (Preferred/Non-Preferred Brand ONLY)**  
\$35 Preferred Brand  
\$75 Non-Preferred Brand

T: 212-922-1001  
Temporary Division Fax: 212-973-1075  
Permanent Division Fax: 212-922-0033  
675 Third Avenue  
New York, NY  
10017-5731

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T: 203-653-4700  
F: 203-653-4701  
707 Summer Street  
Stamford, CT  
06901-1026

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

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T: 973-939-0900  
F: 973-939-0901  
300 Interpace Parkway  
Parsippany, NJ  
07054-1129

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

### Non Gated EPO

The EPO plan provides care for members on an In-Network basis only.

#### **In-Network Providers**

- Office Visit: \$25 PCP / Specialist Co-payment  
\$0 Co-payment for all dependent children
- 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, Some 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**
- Network: To view doctors in the plan please visit their website [www.emblemhealth.com](http://www.emblemhealth.com).  
New York - Emblem/GHI PPO  
New Jersey - QualCare PPO  
All Other States - MultiPlanPPO
- Prescription Drugs:** \$15 Generic  
**\$100 (Individual) / \$200 (Family) Deductible (Preferred/Non-Preferred Brand ONLY)**  
\$35 Preferred Brand  
\$75 Non-Preferred Brand

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

(1) UnitedHealthcare In Network ONLY PPO (INO)

To have your dental services covered, you must go to the dental office in the UnitedHealthcare network. You can find a dentist in the INO Network by using their on-line listing at [www.myuhcspecialtybenefits.com](http://www.myuhcspecialtybenefits.com). All of your dental care will be provided by, or arranged by, your selected dental office.

(2) UnitedHealthcare Options PPO

If you go to an Options PPO 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.

	<b><u>INO</u></b> <b><u>In-Network (ONLY)</u></b>	<b><u>In-Network</u></b>	<b><u>Options PPO</u></b> <b><u>Out-of-Network</u></b>
Deductible	\$50.00 (Ind.) / \$100 Fam.	\$0 - Ind. / \$0 - Fam.	\$50 - Ind. / \$150 - Fam.
<b>COPAY</b>			
Preventive	100%	100%	100%
Basic	50%	80%	80%
Major	50%	50%	50%
Annual Max	\$1,500		\$2,000
<b>ORTHODONTIC</b>			
Coverage	N/A		50%

\* 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.*

**UnitedHealthcare Vision**

With UnitedHealthcare’s Vision, you and your covered family members can visit a provider from the extensive Spectera network. This includes any licensed optometrist or ophthalmologist. But remember, if you see a Spectera network provider, you’ll usually save money.

***When you seek network care:***

1. Find a Spectera network doctor by calling the provider location line (1-800-839-3242); or accessing the provider directory on the Internet at [www.myuhcspecialtybenefits.com](http://www.myuhcspecialtybenefits.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 itemized paid receipt(s), along with the primary insured’s unique identification number and patient’s name and date of birth, to the following address: UnitedHealthcare Vision, Attn: Claims Dept., PO Box 30978, Salt Lake City, UT 84130.
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).

<b><u>PLAN FEATURES</u></b>	<b><u>UnitedHealthcare Vision</u></b>	
	<b><u>In-Network - Covered in Full</u></b>	<b><u>Out-of-Network Reimbursement</u></b>
<b><u>Eye Exam</u></b>		
Co-payment	Exam: \$10.00 Materials: \$25.00	Exam: \$40.00
<b><u>Lenses</u></b>		
Single Vision	Covered in Full after Copay	\$40.00
Bifocal	Covered in Full after Copay	\$60.00
Trifocal	Covered in Full after Copay	\$80.00
Lenticular	Covered in Full after Copay	\$80.00
<b><u>Contact Lenses</u></b>		
Medically Necessary	(in lieu of eyeglasses)	(in lieu of eyeglasses)
Elective	Covered in Full after Copay	\$105.00
<b><u>Frames</u></b>	Covered in Full after Copay	\$210.00
		\$45.00

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

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## **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](http://www.tpaexchange.com).

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**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.