

2017 Benefits Guide for Specialty Associates – Non-Variable



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Your health and well-being are very important to you, your family, and Adecco Group NA. Our benefit plans are designed to encourage and reward employees who engage in healthy lifestyles. Inside, you will find information to help you select the benefits that are right for you and your family.

How to Enroll

Our online enrollment process makes it easy to select your benefits. You will find additional information regarding your plan options, legal notices, and provider contacts on this site. Visit www.mybenefitharbor.com/adecco to enroll.

You must complete your online enrollment before your benefits effective date. If you miss this date or choose not to elect benefits at this time, your next opportunity to make benefit elections will be during the Company's Annual Enrollment period unless you have experienced a Qualifying Life Event (see Eligibility on page 2).

Adecco Group North America Benefits Service Center

Enrollment Site: www.mybenefitharbor.com/adecco

Enrollment or Questions regarding your benefits: (866) 664-6420, Option 1

Eligibility

The benefits summarized in this guide are available to US based full time Adecco Group NA Associates who work a minimum of 30 hours per week and their dependents. Eligible dependents include:

- **Legally Married Spouse**
- **Domestic Partner** (certain tax implications may apply)
- **Children up to age 26** regardless of their living, employment, student, or marital status. Coverage terminates on the last day of the month the child turns 26.
- **Disabled adult child age 26 and older** is eligible for coverage under the plan if the child is primarily supported by you, is incapable of self-sustaining employment due to a mental or physical disability, and was covered by the plan prior to age 26

Newly Eligible

Benefits become effective the first of the month after a 60-day waiting period. You must complete your online enrollment by your benefits effective date.

Annual Enrollment

During this period, you have the opportunity to enroll or make changes to your benefit elections for the upcoming plan year. A plan year is January 1st to December 31st. Elections made during Annual Enrollment will become effective on January 1st.

Change in Family Status

Federal regulations restrict changes to your benefits during the plan year unless you have a change in status or qualifying life event. If you report an eligible status change within 31 days of the event, you will be permitted to make mid-year changes to your benefit elections. Dependents may be added or removed from coverage based on the change in eligibility, but new plan elections are generally not allowed.

Qualifying Life Events:

- Birth or adoption
- Marriage or divorce
- Loss or gain of other coverage—for you, your spouse/domestic partner, or dependent child
- Death of a dependent

Contact the Adecco Group NA Benefits Service Center to request changes due to a Qualifying Life Event. Proper documentation is required for all Qualifying Life Events.

Missed Premium Policy

Benefits are voluntarily elected; therefore, they will remain active while on assignment. If you miss 1 or 2 consecutive paychecks, the missed premiums will be deducted from subsequent paycheck(s).

When Coverage Ends

Aetna Medical plans will end on the last day of the month following your last day worked.

Dental, Vision, Life Insurance, Short Term Disability, Indemnity, and Voluntary Benefit plans will end on the Sunday following your last day worked.

Please Note: Three consecutive weeks without a paycheck will result in the termination of all coverage. You will have the opportunity to re-enroll once you begin receiving paychecks. Eligibility rules will apply.

Health Plans

You have the choice to select the Aetna MedSure Minimum Value Plan (MedSure MVP), along with the Fixed Benefit and/or the Hospital Indemnity plans to provide additional benefits to assist with out of pocket expenses under the Health Plans. To locate a participating doctor, you can call Aetna One Choice PPO Network at (844) 899-3392 or visit www.aetna.com/docfind/custom/avp.

An alternative option to the Adecco provided plans would be the Health Insurance Marketplace at www.healthcare.gov or call 1-800-318-2596. Please note, these state or government provided plans only allow enrollment during their Annual Enrollment Period unless you have experienced a Qualifying Life Event.

Does Adecco's Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. Since Adecco offers health coverage that meets the Affordable Care Act standards, you will not be eligible for a tax credit through the Marketplace. You may still elect a health care plan through the Marketplace, if you feel the plans offered meet your family's needs.

The information below corresponds to the Marketplace Employer Coverage Tool.

1. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
☒ Yes, if the employee is not eligible today as result of a waiting or probationary period, the employee will be eligible for coverage the 1st of the month following a 60-day waiting period from date of hire.
☐ No
2. Does the employer offer a health plan that meets the minimum value standard?
☒ Yes ☐ No
3. For the lowest-cost plan that meets the minimum value standard offered only to the employee (dependent coverage not included): Premiums are weekly at 9.69% of weekly earnings. (Weekly earnings equal the employee's hourly pay rate times 30 hours at time of enrollment).

PLEASE NOTE: Adecco's Aetna MedSure MVP plan meets both the "minimum value" and "affordability" provisions for the employee only coverage under the Affordable Care Act. If you enroll in the Marketplace plans, you will lose the employer subsidy under this plan and the pre-tax savings of the payroll deducted premiums. You will not be allowed to enroll in Adecco's plans until the next annual enrollment, unless you have a qualified life event.

The **Aetna MedSure MVP** is compliant under the Affordable Care Act and meets the individual coverage mandate requirements (Massachusetts is now included). You may want to also consider electing the Aetna Fixed Benefit Plan that provides supplemental benefits which you may use to help pay your deductible and out of pocket expenses under the MedSure MVP.

Medical Benefits – MedSure MVP	In-Network	Out-of-Network
Annual Medical/RX Deductible Individual / Family	\$6,000 / \$12,000	\$12,000/ \$24,000
Plan Pays Coinsurance (after deductible is met)	60%	50%
Annual Out of Pocket Maximum (RX, Deductible, Co-pay, & Coinsurance)	\$6,400 / \$12,800	\$12,800 / \$25,600
Lifetime Maximum (covered services)	Unlimited	
Physician Office Visit	60%	50%
Pre-Natal Maternity (after deductible)	100%	50%
Preventive Screening, Immunization Services (deductible does not apply for in-network)	100%	50%
Diagnostic Lab, X-ray and Complex Imaging	60%	50%
In-Patient Hospital	60%	50%
Outpatient Surgery	60%	50%
Mental Health, Alcohol/Drug Abuse Services	60%	50%
Urgent Care Provider (after deductible)	\$75 co-pay	30%
Emergency Room (after deductible)	\$100 co-pay	Same as in-network
Durable Medical Equipment	60%	50%
Prescription Drug Benefits (deductible applies)	30-day Retail	90-day Mail Order
Network	In-Network	Out-of-Network
Generic	70%	70%
Preferred Brand	70%	70%
Non-Preferred Brand	50%	50%
Covered Members	Weekly Pre-Tax Premiums	
Employee Only	Age and zip code banded rates	
Employee Calculated Premium PLUS Spouse/Domestic Partner	Age and zip code banded rates	
Employee Calculated Premium PLUS Child(ren)	Age and zip code banded rates	
Employee Calculated Premium PLUS Family	Age and zip code banded rates	

Please note: If you enroll in this plan you will not be subject to the individual penalty.

Certification Requirements –

Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required – excluded amount applied separately to each type of expense is \$400 per occurrence.

Teladoc (Telemedicine)

Teladoc's U.S. Board Certified Doctors are available 24 hours a day, 365 days a year to resolve many of your medical issues through phone or video consults. This eliminates the need to schedule an appointment and miss work. Teladoc doctors diagnose non-emergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice when necessary. It's easy to use, private, and secure. ***It's completely free to enroll and your visits cost \$40 or less which is less than a urgent care or ER visit.***

Set up your account today so when you need care, a Teladoc doctor is just a call or click away. Visit www.Teladoc.com/Aetna, call (855) Teladoc (835-2362).

Teladoc includes:

- Quality, affordable healthcare when and where you need it
- 24 hours a day, 365 days a year on-demand consults with Online Care Group Physicians
- Live web and mobile video consultations, chat, phone, and secure messaging
- Membership cards once enrolled
- E-prescribing

Medical Definitions

DEDUCTIBLE—An amount you pay for covered expenses each plan year before the plan pays benefits.

CO-INSURANCE—A percentage of eligible expenses shared between you and the plan, after you satisfy the deductible.

BALANCE BILLING – A payment that may be required by out-of-network providers for the difference between what they bill and the amount the plan allows for a service.

OUT-OF-POCKET LIMIT—The most you will pay out of your pocket for medical and prescription expenses (including deductibles, co-insurance and co-pays) in any plan year.

IN-NETWORK—Refers to providers or health care facilities that are part of the plan's network. You can pay less by using an in-network provider because the insurance company has negotiated lower rates for services provided.

OUT-OF-NETWORK (OON) — Claims are subject to the OON deductible but do not count toward the in-network deductible. You may also be billed for the balance by the provider.

PREVENTIVE SERVICES – In-network preventive services are paid at 100% and are limited to American Medical Association Guidelines for preventive care based on age and gender appropriate screenings.

Prescription Benefit Plan Information

The Prescription Drug List organizes all brand and generic prescription drugs into tiers based on total healthcare value. Every drug is evaluated to determine how well it works, how it compares to others in its class and the total cost to ensure that the medications with the highest health care value are the most affordable. The list is updated twice a year. Aetna also complies with FDA guidelines by applying quantity level limits and quantity per duration limits to prescriptions. You can find the most up-to-date Prescription Drug List on the benefits center website or by visiting www.aetna.com.

QUANTITY LEVEL LIMITS (QLL)—This program defines the maximum quantity of medication that is covered for one prescription or co-payment.

QUANTITY PER DURATION (QD)—This program defines the maximum quantity of medication that can be covered in a specified time period.

MAINTENANCE MEDICATION - IMPORTANT NOTE: You must use Home Delivery for maintenance medications. Maintenance medications purchased at a retail pharmacy will not be covered by the Plan after the second refill and you will be responsible for the full cost of future refills.

The cost of your prescription may vary throughout the year.

GENERIC PRESCRIPTIONS— If the member or the physician request brand when generic is available, the member pays the applicable coinsurance plus the difference between the generic price and the brand price.

Aetna Fixed Benefit Plan

This supplemental plan provides a set cash payment to help with expenses incurred for physician office visits, lab and diagnostic testing, outpatient surgery, emergency room, and prescription drug expenses. You are responsible for the difference between what the provider charges and the plan benefit. Receipts must be submitted to Aetna for reimbursement.

New Enhancements to the Aetna Fixed Benefits Plan: We've added a second plan option for 2017. Both plans have been enhanced to maximize their potential benefit to you:

- The plans pay supplemental fixed benefits for specific covered services
- Payments can be made directly to you or your health care provider. And if you have a health insurance plan with a big deductible, the Aetna Fixed Benefits Plan can help you meet it
- New Inpatient Hospital Benefit: Receive a lump sum cash payment when you have an inpatient hospital stay
- New Benefits for urgent care & emergency room visits

Review the detailed enrollment materials on the enrollment site. Choose the option that best fits your personal needs.

Medical Benefits	Aetna – Fixed Benefit	
	Option 1	Option 2
Physician Office Visit	\$60/day up to 6 days maximum	\$75/day up to 6 days maximum
Outpatient Laboratory and X-Ray Services	\$110/day up to 3 days maximum	\$120/day up to 3 days maximum
Outpatient Surgery	\$500/day up to 2 days maximum	\$600/day up to 2 days maximum
Inpatient Surgery	\$1,000/day up to 2 days maximum	\$1,000/day up to 2 days maximum
Emergency Room	\$200/day up to 2 days maximum	\$400/day up to 2 days maximum
Accidental Injury Benefit (off the job accidents only)	\$500/day up to 2 days maximum	\$500/day up to 2 days maximum
Inpatient Hospital Confinement (includes maternity)	\$300/day up to 2 stays per calendar year	\$700/day up to 2 stays per calendar year
Prescription Drug Benefits		
Generic or Brand	\$35 up to 12 days	\$50 up to 12 days
Covered Members	Weekly Pre-Tax Premiums	Weekly Pre-Tax Premiums
Employee Only	\$18.58	\$24.93
Employee plus Spouse or Domestic Partner	\$41.33	\$55.45
Employee plus Child(ren)	\$39.00	\$52.32
Employee plus Family	\$59.53	\$79.87

Please note: This plan ONLY provides partial reimbursement for Medical expenses and does not count as minimum essential coverage under the Affordable Care Act. This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes under the Affordable Care Act (ACA).

Aetna - Hospital Indemnity Plan

The Aetna Hospital Indemnity plan pays fixed cash benefits to help pay for your out-of-pocket expenses, such as your medical plan deductible.

This plan can assist with covering expenses incurred that are not covered under the MedSure MVP plan.

Medical Benefits	Aetna – Hospital Indemnity
In-Patient Hospital Benefit Lump Sum	\$1,000 for 1 stay per year
Daily Hospital Confinement	\$100/up to 100 days/calendar year
Covered Members	Weekly Pre-Tax Premiums
Employee Only	\$3.99
Employee plus Spouse or Domestic Partner	\$8.13
Employee plus Child(ren)	\$7.59
Employee plus Family	\$11.97

Please note: This plan ONLY provides partial reimbursement for Medical expenses and does not count as minimum essential coverage under the Affordable Care Act. This is a supplement to health insurance and is not a substitute for major medical coverage. A lack of major medical coverage (or other minimum essential coverage) may result in additional payment with your taxes under the Affordable Care Act (ACA).

Dental Plans

Associates and their dependents have the opportunity to enroll in Dental coverage. You have the choice between the Value Dental PPO Plan and the High Dental PPO Plan through UnitedHealthcare.

UnitedHealthcare Value Dental PPO Plan

You and your dependents can choose to enroll in the UnitedHealthcare Value Dental PPO Plan. UHC offers a nationwide network of dentists. If you choose an in-network dentist, you will have lower out-of-pocket costs and will not have to file any claims. To locate a participating dentist, you may view the online directory at www.myuhc.com (select "PPO National Network").

UHC Value Dental PPO Plan	In-Network	Out of Network*
Deductible (calendar year, applies to all services)	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Diagnostic Services	80%	80%
Basic Services (subject to deductible)	60%	60%
Major Services (subject to deductible)	50%	50%
Plan Annual Maximum (combined in & out of network)	\$500	\$500
New Enrollee Waiting Period	3 months Basic; 12 months Major Services	
Covered Members	Weekly Pre-Tax Premiums	
Employee Only	\$3.97	
Employee plus One	\$7.77	
Employee plus Family	\$12.96	

*Premiums for a Domestic Partner's coverage may require both pre and post-tax designations

*Out of network co-insurance is based on reasonable and customary charges.

Preventive Services

Oral Exams
Cleanings
X-rays
Fluoride
Space Maintainers
Sealants

Basic Services

Fillings
Simple Extractions
General Anesthesia
Oral Surgery

Major Services

Bridges
Dentures
Crowns
Crown, Denture and
Bridge Repair
Endodontics
Periodontics

Reasonable and customary charges

The amount that is determined as the normal range of payment for a specific service within a given geographic area. If the charges submitted are higher than what UHC considers normal for a service, you may be required to pay the full difference to out of network providers.

UnitedHealthcare High Dental PPO Plan

You and your dependents can choose to enroll in the UnitedHealthcare High Dental PPO Plan. UHC offers a nationwide network of dentists. If you choose an in-network dentist, you will have lower out-of-pocket costs and will not have to file any claims. To locate a participating dentist, you can view the online directory at www.myuhc.com (select "PPO National Network").

Plan Benefits	UHC High Dental Plan	
	In-Network	Out-of-Network*
Deductible (does not apply to preventive & diagnostic services)	\$50 Individual \$100 Family	\$50 Individual \$100 Family
Preventive Diagnostic Services	100%	100%
Basic Services (subject to deductible)	60%	60%
Major Services (subject to deductible)	50%	50%
Orthodontia Services (subject to deductible)	50%	50%
Orthodontia Lifetime Maximum (children up to age 19, combined in and out of network)	\$1,500	\$1,500
Plan Annual Maximum (combined in & out of network)	\$1,500	\$1,500
Covered Members	Weekly Pre-Tax Premiums	
Employee Only	\$5.47	
Employee plus One	\$10.72	
Employee plus Family	\$17.88	

*Out-of-network co-insurance is based on reasonable and customary charges

Preventive Services*

Oral Exams
Cleanings
X-rays
Fluoride
Sealants

Basic Services*

Simple Fillings
Space Maintainers
Simple Extraction

Major Services*

Bridges
Dentures
Crowns
Endodontics
Periodontics
Oral Surgery

Orthodontic Services*

All dental procedures performed in connection with orthodontic treatment

*Refer to Summary Plan Description for full covered services and limitations.

Reasonable and Customary Charges

The amount that is determined as the normal range of payment for a specific service within a given geographic area. If the charges submitted are higher than what UHC considers normal for a service, you may be required to pay the full difference to out of network providers.

Vision Plans

Associates and their dependents have the opportunity to enroll in Vision coverage administered through UnitedHealthcare. You have the choice between the High Vision and the Value Vision Plan. To locate participating providers, you may view the online directory at www.myuhcvision.com.

Plan Benefit	UHC High Plan		UHC Value Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision				
Exam Co-pay	\$0	Not applicable	\$10	Not applicable
Material Co-pay (Frames and Contacts)	\$0	Not applicable	\$25	Not applicable
Service Frequency				
Exams/Lenses/Contacts	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months	Every 24 months	Every 24 months
Lenses				
Single Vision	100%	Up to \$40	100%	Up to \$40
Lined Bifocal	100%	Up to \$60	100%	Up to \$60
Lined Trifocal	100%	Up to \$80	100%	Up to \$80
Lenticular	100%	Up to \$80	100%	Up to \$80
Frames				
Retail Frame Allowance	Up to \$150	Up to \$45	Up to \$130	Up to \$45
Discount on Frame over Allowance	30%	Not applicable	30%	Not applicable
Elective Contact Lenses				
Covered Selection Contacts	Up to 6 boxes	Up to \$150	Up to 4 boxes	Up to \$105
Non-Selection Contacts	Up to \$150	Up to \$150	Up to \$105	Up to \$105
Necessary Contact Lenses	100%	Up to \$210	100%	Up to \$210
Weekly Premiums (Pre-tax)	UHC High Plan		UHC Value Plan	
Employee Only	\$2.97		\$2.25	
Employee + Spouse (DP)	\$6.16		\$4.67	
Employee + Child(ren)	\$6.16		\$4.67	
Family	\$8.87		\$6.72	

Life and AD&D Insurance

Supplemental Life/AD&D Insurance

You have the option to purchase additional supplemental life insurance through The Hartford in increments of \$25,000 to a maximum of \$200,000. The guaranteed issued amount for a new hire is up to \$100,000

Enrolled Associates who have **not** reached the \$200,000 supplemental life maximum can increase their coverage up to \$25,000 each year during annual enrollment without Evidence of Insurability (EOI). Increased amounts above \$25,000 will require EOI.

Dependent Life/AD&D Insurance

Spouse

- Increments of \$12,500 up to 50% of employee Supp. life
- Coverage is guaranteed up to \$25,000 if enrolled as a new hire
- EOI required for amounts greater than \$25,000 for newly eligible or during annual enrollment

Dependent Child(ren)

- Birth to age 26: \$10,000

Weekly Premiums for Employee & Spouse

Age	Weekly Rate per \$1,000 of Benefit
less than 30	\$0.016
30-34	\$0.018
35-39	\$0.023
40-44	\$0.028
45-49	\$0.040
50-54	\$0.060
55-59	\$0.106
60-64	\$0.152
65-69	\$0.267
70-74	\$0.435
75 plus	\$0.482
Child Coverage	Weekly Premium
\$10,000	\$0.215

Short Term Disability

Short Term Disability (STD) insurance provides you with income protection if you become disabled from an off the job injury, illness, or pregnancy. STD is administered by The Hartford and provides benefits after a 14 calendar day waiting period. Two plan options are available.

	Option One	Option Two
60% Benefit Amount	Regular weekly earnings up to \$600	Regular weekly earnings up to \$600
Maximum Weeks	13 weeks	26 weeks

- Regular earnings include 3-months average earnings, but exclude bonuses, overtime pay, shift differential pay, and any other earnings
- Benefits are excluded for pregnancy and medical conditions on or before effective date of coverage for up to twelve (12) months
- Evidence of Insurability is required if enrolling any time other than as a new hire

To file a claim, contact The Hartford at (866)689-5707.

Monthly Premiums

Short Term Disability	Option 1 - 13 week	Option 2 - 26 week
Age	STD Monthly Rate per \$10 of Weekly Benefit	STD Monthly Rate per \$10 of Weekly Benefit
less than 29	\$0.309	\$0.405
30-34	\$0.279	\$0.380
35-39	\$0.233	\$0.314
40-44	\$0.233	\$0.339
45-49	\$0.243	\$0.365
50-54	\$0.284	\$0.421
55-59	\$0.344	\$0.531
60-64	\$0.400	\$0.654
65 and above	\$0.461	\$0.753

Supplemental STD Premium 26-week Calculation Example

Age 40-44

- Weekly premiums are calculated on your weekly base earnings
- Weekly earnings of (hourly rate * normal work week) example \$10 x 40 hours = \$400 units
- \$400 units divided by 60% = \$240 benefit
- \$240 benefit divided by \$10 = \$24 units
- \$24 units x \$0.339 premium = \$8.14 monthly
- \$8.14 x 12 months, divided by 52 weeks = \$1.87 per week (cost for 42 year old employee)

Voluntary Benefits

Voluntary Benefits are offered through Aetna. Premiums are conveniently deducted from your paychecks on a post-tax basis.

Critical Illness

Aetna's Critical Illness policy is designed to provide cash benefits to help cover out of pocket costs that come with critical illness such as heart attack, stroke, or major organ failure. These benefits may be helpful in covering health insurance deductibles, co-insurance, co-payments, and other non-medical expenses.

Accident Insurance

No one knows when an Accident will occur. This policy provides a list of benefits available each time an unexpected event causing injury occurs. This benefit do not coordinate with any other benefits you may receive and may be used to cover those out-of-pocket costs such as medical deductibles, coinsurance, and co-payments not covered by your major medical plan.

To learn more about these voluntary plans, visit www.aetna.com/voluntary/employees.

Commuter Flexible Spending Account

You have the option to participate in the company's Commuter Flexible Spending Account program administered by HR Simplified. The Commuter FSA program consists of two flexible spending accounts which allow you to pay for eligible parking and transit expenses for your commute to and from work with pre-tax dollars. To enroll or change your elections, visit <https://AdeccoGroup.mypretax.com>.

Commuter Monthly	Mass Transit	Parking
Minimum	\$10	\$10
Maximum	\$255	\$255

Some benefits of the plan include:

- The Commuter FSA Program consists of two flexible spending accounts that allow you to pay with pre-tax dollars for eligible parking and transit expenses for your commute to and from work
- The plan offers a convenient debit card to make purchases simple and reduce paperwork
- Unlike a typical FSA, you can make changes to your monthly contributions any time throughout the year. Unused contributions will be rolled forward during your employment with Adecco Group as long as you remain eligible for the plan

Please note: Coverage ends the Sunday following your last day worked. Unused funds in your account will be forfeited. You have 90 days from your termination date to submit claims incurred prior to your separation date.

401(k) Plan

The Plan offers you an easy way to save for retirement through pre-tax payroll deductions. By saving now you can help maintain your current lifestyle in retirement while reducing your current taxable income. The Plan offers a wide variety of investment options to personalize your investment portfolio to reach your goals.

Eligibility: Full-time and part-time employees are eligible to contribute to the Plan on the first day of the month following three (3) months of employment. You may enroll about a month before you are eligible.

Employee pre-tax payroll deductions:

- **Regular contributions:** Contribute 1% to 75% of your compensation up to \$18,000*
- **Catch-up contributions:** If you are age 50 or over by the end of the calendar year, you may make a separate catch-up contribution election to contribute an additional 1% to 75%, up to \$6,000*

** Annual dollar limits for 2016 shown here. The IRS did not release the 2017 dollar limits when this Benefits Guide was distributed. For more information about the 2017 dollar limits, please visit www.irs.gov for the 2017 Cost-of-Living Adjustments. If you are identified as a Highly Compensated Employee (you earned at least \$120,000 working for Adecco or an affiliate company in 2016), your Regular contributions for 2017 will be limited to \$9,000. You may contribute the full Catch-up amount.*

Employer matching contributions: The Company will match \$0.50 on each dollar you contribute, up to 3% of your compensation. Matching contributions are allocated annually, usually by March 31 of the following year, based on eligibility and vesting requirements. Catch-up contributions are not matched.

Rollovers from IRA's or prior employers: You may rollover pre-tax money from qualified IRA's or other qualified Plans at any time. Call 1-800-728-3123 or sign on to your account at www.wellsfargo.com, click **Plan Information, Plan Forms**, and then print the form titled **WF Incoming Rollover Pretax Only**.

Flexibility to make changes to your account: Go to www.wellsfargo.com or call 1-800-728-3123

- You may increase, decrease or stop your payroll contribution percentage at any time. Wells Fargo sends deduction changes back to the Company every Thursday for the next available payroll period.
- You may perform investment transfers of your current balance (except if restricted by the fund) and make elections for future contributions each day.
- You are encouraged to designate a beneficiary any time.

Enrolling can be completed online or over the phone:

Enroll online: www.wellsfargo.com	Or Call: 1-800-SAVE123 (1-800-728-3123)
<p>The website offers you access to your account 24 hours a day, 7 days a week.</p> <p>Click Enroll at the top of the page to get started. If you have other Wells Fargo accounts that you access online, sign on using your existing username and password, then select the name of your retirement plan.</p> <p>Don't see your retirement account in your account summary?</p> <p>Once you've signed on, visit the Account Services tab, then under Account Information, select Add Accounts. Your retirement account should be available to add.</p>	<p>Representatives are available Monday through Friday, 7:00 a.m. to 11:00 p.m. Eastern Time.</p> <p>To access your account by phone, you'll need your Social Security number (SSN) and your personal identification number (PIN), which is initially the last four digits of your SSN. You'll be required to change your PIN the first time you call.</p> <p>The Retirement Service Center offers 24-hour automated account access through a touch-tone phone.</p>

Benefit Contacts

Benefit Plan Provider	Policy Number	Contact Information
Medical Aetna	867993	Customer Service (844) 899-3392 www.aetna.com
Teladoc Aetna	N/A	Customer Service (855) Teladoc (835-2362) www.teladoc.com/aetna
Dental Insurance UnitedHealthcare Value or High	712942	UHC Customer Service (877) 816-3596 www.myuhc.com
Vision Insurance United Healthcare Value or High	712942	Customer Service (800) 638-3120 www.myuhcvision.com
FMLA, Life and Disability Hartford Disability	675842	Life, STD and/or FMLA Claims (866) 689-5707 www.thehartfordatwork.com
Voluntary Benefits Aetna, Critical Illness or Accident coverage	N/A	Customer Service (844) 899-3392 www.aetna.com/voluntary/employees
Commuter Benefit HR Simplified	N/A	Customer Service (888) 318-7472 https://adeccogroup.mypretax.com
401(k) Plan Wells Fargo	N/A	Retirement Service Center (800) 728-3123 www.wellsfargo.com
<p style="text-align: center;">Adecco Group North America Benefits Service Center 10151 Deerwood Park Blvd. Bldg. 200, Suite 400 Jacksonville, FL 32256</p> <p style="text-align: center;">Enrollment Site: https://www.mybenefitharbor.com/adecco</p> <p style="text-align: center;">Email: benefits@adeccona.com Phone: (866) 664-6420, Option 1 Fax: (888) 902-4588</p>		

Important Notice: This guide is an overview of Adecco Group NA's benefit plans meant to cover the major points of each plan. Details of these plans are contained in the Summary Plan Descriptions (SPD's). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the SPD's, the formal wording in the Summary Plan Descriptions will govern.

The SPD's can be found on <https://www.mybenefitharbor.com/adecco.html> or by contacting the Adecco Benefits Service Center at (866) 664-6420 Option 1.

Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Adecco Group NA.