2017 Benefits: Frequently Asked Questions (FAQs)
The following FAQs have been prepared to help you learn more about the benefits that Robert Half will offer to employees in 2017.

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Questions? If you have additional questions, contact the Mercer Marketplace at 855.879.6739. Benefits counselors are available Monday – Friday, 4 a.m. to 6 p.m., Pacific time.

If there is any discrepancy between the information presented here and the applicable official plan document, the official plan document will govern how your benefits are determined and administered. Robert Half reserves the right to terminate, suspend, withdraw or modify the benefits described in this document, in whole or in part, at any time.
1. **How do I choose a medical plan?**
   Only you can decide what coverage is right for you and your family. When thinking about your medical options, you should consider:
   - Whether your doctors or providers are in-network with the carrier you select
   - The types of health care services you and your family expect in the year
   - Upcoming planned treatments or surgeries
   - Any current medical conditions that require regular care and ongoing prescriptions
   - The impact of out-of-pocket expenses and paycheck deductions

2. **Robert Half has several medical plan options with different deductible amounts. How do I know which one is right for me?**
   We rarely think about medical insurance and auto insurance as similar, but both work on the same principle. When you purchase your auto insurance, you choose your coverage based on the deductible amount and the level of risk you want to assume in case you have an accident.

   Essentially, you ask yourself: Do I choose a lower deductible amount but pay higher premiums? Or, do I choose a higher deductible amount and pay lower premiums?

   These are the same questions you should be asking yourself about your medical coverage. In addition, you need to evaluate your family medical needs, such as chronic conditions or upcoming treatments. Ultimately, in order to choose well, you must find the plan that offers you the right balance of care, cost and peace of mind.

3. **Are there tools to help me decide which medical plan is right for my personal situation?**
   Yes. We recommend that you use the medical plan comparison tool on the Mercer Marketplace website. You can compare medical plan features side by side, estimate out-of-pocket expenses and look at cost estimates using general scenarios or one based on your anticipated needs. The comparison tool is a great feature that will provide insight into how you use medical services and what you can expect to pay.

   You can also contact Health Advocate to assist with reviewing your benefit plan options. See more information on Health Advocate below.

4. **How do I choose a medical plan carrier?**
   Robert Half's medical plan options allow you to choose the carrier that works best for you. Anthem or Cigna are available in all locations, except Hawaii. Kaiser is available only in California, Colorado, Georgia, Hawaii, Oregon, Washington and the mid-Atlantic region.

   With Anthem and Cigna, you can receive care from any licensed health care provider, but you save money when you receive care from providers who are contracted with the Anthem or Cigna network. You should check both networks before enrolling to see which one includes your doctors, hospitals and other providers.

   Kaiser requires you to receive care through Kaiser doctors and health care providers only. There’s no out-of-network option for providers who aren’t associated with Kaiser.
Use the information below to search for providers by carrier:

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Website</th>
<th>Steps</th>
</tr>
</thead>
</table>
| Anthem  | www.anthem.com/ca            | • Click “Find a Doctor.”  
• Choose your state from the drop-down menu.  
• When it asks you to select a plan/network use:  
  – In California, select Blue Cross PPO Prudent Buyer Large Group  
  – All other states, select National PPO (Blue Card PPO) |
| Cigna   | www.cigna.com                | • Click “Find a Doctor.”  
• Select “If Your Insurance Plan is Offered Through Work or School...”  
• When it asks you to “Select a Plan,” choose Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink. |
| Kaiser  | www.kp.org                   | • Click “Find a Doctor.”  
• Choose your location from the drop-down menu.  
• Enter the requested information for the type of provider you want to find. |

5. Will I receive a medical ID card?
You will only receive a medical plan ID card if you enroll in a new medical plan for 2017. (If you enroll in an Anthem or Cigna medical plan for the first time, you'll also receive an Express Scripts prescription drug ID card.) If you stay with your current medical plan, you will continue to use your current ID card.

6. What if I need medical care before I have my ID card?
You should have your doctor contact your new medical plan insurance company. Contact the Mercer Marketplace at 855.879.6739 for the correct number, or go to roberthalfbenefits.com to reference the 2017 Benefits Guide.

7. I don’t like my current doctor. What do I do?
If you don’t like your current provider, you should go to the carrier’s website to search for a new provider. Some carriers include ratings on their website, so you can see how other people would rate each doctor.

During Open Enrollment, you can also consider switching plans to a different carrier. However, it’s important that you search on that carrier’s website to make sure all the doctors, hospitals, urgent care centers, and other providers that you use participate in the carrier’s network before you make a switch. You pay lower costs when you use in-network providers.

8. What is Health Advocate?
Health Advocate provides one-on-one counseling to help you and your eligible dependents navigate the complex health care system and make the most of your medical care. Advocates can help you find an appropriate provider, resolve billing issues and much more. The service is free and can be used as many times as needed. Contact Health Advocate at 866.695.8622 or go to HealthAdvocate.com/members.
9. **What is Best Doctors?**

Best Doctors is a service that’s automatically available to you and your family when you enroll in a medical plan through Robert Half. Best Doctors ensures you’re receiving the right treatment for your condition.

If you or an eligible family member experiences a serious medical condition or illness, Best Doctors can help. Best Doctors provides you with a network of elite physicians who review your diagnosis and treatment plan to see whether there are alternative plans of action. Go to bestdoctors.com or call 866.904.0910.

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**PRESCRIPTION DRUG COVERAGE**

10. **Who is my prescription drug provider?**

If you enroll in an Anthem or Cigna medical plan, Express Scripts provides prescription drug coverage. Express Scripts administers all prescription claims for employees, and Anthem and Cigna administers all medical claims. Anthem and Cigna participants should have received a separate welcome packet from Express Scripts. (Note: For specialty medications, to help treat complex or rare diseases, Express Scripts has a specialty pharmacy, Accredo.)

If you enroll in Kaiser, your prescriptions are processed at a Kaiser pharmacy.

11. **Will I get a prescription drug card from Express Scripts?**

Yes. If you enroll in an Anthem or Cigna medical plans, you will receive a prescription ID card from Express Scripts in addition to your medical plan ID card.

12. **How does the Anthem/Cigna “mandatory generic” requirement work?**

You are required to use generic prescriptions when available. If you purchase a brand-name drug when a generic prescription is available, you’ll pay the difference between the brand drug and its generic equivalent in addition to your copay or coinsurance.

13. **What is the Express Scripts prescription drug formulary list?**

The Express Scripts drug formulary is a list of prescription drugs, both generic and brand name, used by providers to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary for Express Scripts.

14. **How do I find out if my current medications are on the Express Scripts formulary list?**

Go to express-scripts.com to see the Express Scripts formulary list or call 844.604.9159.

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**HEALTH SAVINGS ACCOUNT (HSAs)**

15. **Two medical plans, the $1,500 and $2,500 Deductible Plans, are compatible with a Health Savings Account (HSA). How does the HSA work?**

The HSA is a convenient and tax-free way to pay for qualifying medical expenses in 2017 or later. When you contribute to the HSA, pre-tax dollars will be deducted from your paycheck.
and deposited into your own interest-bearing account. Your contributions and any interest accumulated are not taxable as long as you use the account to pay for qualifying medical, dental and vision expenses. Unused balances roll over from year to year.

For 2017, you can contribute up to:
- **Individual coverage:** $3,400
- **Family coverage:** $6,750
- If you turn 55 during the year, you can contribute an additional $1,000 per year.

*Note: These contribution limits include both your contributions and any eligible matching contributions you receive from Robert Half.*

16. **What do I need to do to participate in an HSA?**
To participate in an HSA, you must enroll in either the $1,500 Deductible Plan or the $2,500 Deductible Plan. You select the amount you want to contribute each pay period to your HSA during Open Enrollment or at any time during the year. You can also make changes to your HSA contributions at any time during the year.

Note: If your spouse or dependent is enrolled for medical coverage through Robert Half, your spouse or dependent can’t enroll in a Health Care FSA through his or her employer. Additionally, if you contribute to an HSA, you can’t enroll in the Health Care Flexible Spending Account (FSA), but you can enroll in the Combination FSA. Refer to the FSA section to learn more.

17. **How does the HSA company match work?**
For 2017, Robert Half will make matching contributions to your HSA. For every $1 you contribute, Robert Half will make a matching contribution of $0.50 up to:
- $500 if you enroll in the $1,500 Deductible Plan
- $1,000 if you enroll in the $2,500 Deductible Plan

*Important! You must be enrolled in the HSA to receive matching contributions.*

*Note: Matching contributions are not provided to employees in the Salaried Professional Service program.*

18. **How do I use the money in my HSA?**
There are three ways to use your HSA to pay for eligible expenses:
- Use your HSA debit card to pay directly at the time of service
- Use your HSA debit card as a credit card to pay invoices you receive from providers
- Pay for services out of pocket and submit a claim for reimbursement

If you don’t want to use the money in your HSA, you may pay for services out of pocket but don’t submit a claim for reimbursement. This way, you save the money in your HSA for future medical needs.

You can use your HSA for out-of-pocket expenses that would generally qualify for the medical, dental and vision expense income-tax deductions, such as deductibles, office visits, prescription drugs, hospital stays, lab work and more.
Note: You’ll receive one debit card to be used for the HSA, FSA(s) and/or commuter benefits that you have elected.

19. **What will happen to my HSA if I don’t use it during the year?**
   Any money left in your account at the end of the year will roll over to the following year. This is how you can build your savings to help pay for future health care expenses.

20. **Can I take my HSA account with me when I leave Robert Half?**
   Yes, you can. Your HSA is portable — the account is yours, including the Robert Half matching contributions.

21. **What’s the difference between a Health Savings Account (HSA) and a Health Care Flexible Spending Account (FSA)?**
   Both accounts allow you to save pre-tax dollars to pay for eligible expenses, but there are several differences, as provided in the table below. For more information, visit mercermarketplace.com/roberthalf.

<table>
<thead>
<tr>
<th>Account Information</th>
<th>HSA Health Savings Account</th>
<th>FSA Flexible Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who’s eligible</td>
<td>Only employees enrolled in the $1,500 or $2,500 Deductible Medical Plan</td>
<td>All employees</td>
</tr>
<tr>
<td>Pre-Tax Contributions</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Earns Interest</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Unused Balance Rolls Over From Year to Year</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Company Match</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
| 2017 Annual Contribution Limits Apply | HSA:  
- Single coverage = Up to $3,400*  
- Family coverage = Up to $6,750*  

* The limits listed above include both your contributions and any matching contributions from Robert Half.  

When you turn age 55, you can contribute an additional $1,000 per year.  

Note: While annual contributions apply, there’s no limit to how much the account can grow over time.  

- Health Care FSA  
- Up to $2,550  

Combination FSA:  
Employees must meet one of the following IRS deductible limits:  
- Individual coverage: $1,300  
- Family coverage: $2,600  

Dependent Care FSA  
- Up to $5,000 for individuals or married couples filing joint tax returns  
- Up to $2,500 if you are married and file separate tax returns |  

* The limits listed above include both your contributions and any matching contributions from Robert Half.  

When you turn age 55, you can contribute an additional $1,000 per year.  

Note: While annual contributions apply, there’s no limit to how much the account can grow over time.  

- Health Care FSA  
- Up to $2,550  

Combination FSA:  
Employees must meet one of the following IRS deductible limits:  
- Individual coverage: $1,300  
- Family coverage: $2,600  

Dependent Care FSA  
- Up to $5,000 for individuals or married couples filing joint tax returns  
- Up to $2,500 if you are married and file separate tax returns |  

mercermarketplace.com/roberthalf.
FLEXIBLE SPENDING ACCOUNTS (FSAs)

22. **What is an FSA, and how does it work?**
A Flexible Spending Account, or FSA, is a special account you can contribute pre-tax funds to in order to pay for eligible out-of-pocket expenses. You can contribute and use the funds in your FSA throughout the year but must use the balance by December 31. Any remaining funds at year end will be forfeited, so plan accordingly. You can contribute to a Health Care FSA and Dependent Care FSA. The Combination Health Care FSA (also known as Post-Deductible FSA) is special FSA for those enrolled in an HSA. The funds are first used for dental and vision expenses only. Then, when you meet the following IRS deductible limits, you can use the funds in your Combination FSA for dental, vision, and medical expenses.

If you contribute to an FSA, you'll receive an FSA debit card that you can use to pay for expenses at the point of service, or you can submit claims for reimbursement. **Note: The FSA debit card will also be used for the HSA and/or the commuter benefits that you have elected.**

23. **What can you use a Health Care FSA for?**

<table>
<thead>
<tr>
<th>Eligible Expenses</th>
<th>Non-Eligible Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deductibles</td>
<td>• Late payments</td>
</tr>
<tr>
<td>• Copayments/coinsurance</td>
<td>• Missed appointment fees</td>
</tr>
<tr>
<td>• Out-of-pocket maximums</td>
<td>• Cosmetic procedures</td>
</tr>
<tr>
<td>• Over-the-counter medicines (e.g., cold remedies)*</td>
<td>• Personal trainers</td>
</tr>
<tr>
<td>• Bandages</td>
<td>• Supplements</td>
</tr>
</tbody>
</table>

You can use the money in a Health Care FSA to pay for eligible out-of-pocket health care expenses for you and your family. Below is a list of some eligible and ineligible expenses:

*Over-the-counter medications would be eligible with a prescription obtained from the doctor prior to the purchase. The purchase must be at a drug store, pharmacy, non-health care merchant that has a pharmacy or a mail/web based vendor that sells prescription drugs.*

24. **What can you use a Dependent Care FSA for?**
You can use the money in a Dependent Care FSA to pay for eligible out-of-pocket expense for the care of dependents under the age of 13 or disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you can work. Below is a list of some eligible and ineligible expenses:

<table>
<thead>
<tr>
<th>Eligible Expenses</th>
<th>Non-Eligible Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Licensed day- or adult-care facility fees</td>
<td>• Babysitter</td>
</tr>
<tr>
<td>• Summer day camp</td>
<td>• Child support payments</td>
</tr>
<tr>
<td>• Licensed home care fees</td>
<td>• Overnight camp</td>
</tr>
<tr>
<td>• Before- and after-school care programs</td>
<td>• Late payments</td>
</tr>
</tbody>
</table>
25. **How does the Combination Health Care FSA work?**

The Combination Health Care FSA is like any other FSA, in that you must elect to participate during Open Enrollment. Enrollment in the Combination FSA is required each year. During Open Enrollment, you will also indicate your contribution amount.

You can use the money in your Combination Health Care FSA to reimburse yourself for eligible dental and vision expenses you and your eligible dependents incur between January 1, 2017 and December 31, 2017. You can pay for expenses using your FSA debit card, or you can submit a receipt for reimbursement.

During the year, once you meet the IRS deductible limit, you will also be able to receive reimbursement for eligible medical expenses. When you meet the IRS deductible limit, you must submit proof to the Mercer Marketplace for verification. Once the Mercer Marketplace processes the proof you submit, your Combination Health Care FSA will be able to accept claims for medical expenses incurred after meeting the IRS deductible limit. Claims for eligible medical expenses can’t be paid using your FSA debit card — you must submit receipts for reimbursement.

For the Combination FSA, the IRS deductible limits are:

- Individual coverage: $1,300
- Family coverage: $2,600

26. **How does an FSA debit card work?**

The debit card is a convenient way for you to pay for eligible expenses at the point of service. You’ll use the same debit card for the Health Care, Combination Health Care and Dependent Care FSAs. The money is taken directly from your FSA, so you won’t have to pay out of pocket and request reimbursement later.

If you’re currently enrolled with an FSA plan and you elected to continue that plan through 2017, you will use the same debit card that you used in 2016. Debit cards remain active for three years if you continue to elect FSA plans year after year.

*Note: If your claim requires additional documentation, the Mercer Marketplace will contact you. An explanation of benefits, or EOB, is the best way to substantiate these claims.*

27. **Will I get my money back if I don’t use it by the end of the year?**

No. Unlike a Health Savings Account, FSAs have a “use-it-or-lose-it” rule. If you don’t use the money in your FSA by the end of the calendar year, your account balance will be forfeited. You have until March 31, 2018, to file a claim for reimbursement of expenses incurred on or before December 31, 2017. For more information, call the Mercer Marketplace at 855.879.6739.

28. **Can I transfer money between my Health Care FSA and Dependent Care FSA?**

No; these accounts are separate, and funds cannot be transferred between them.
DENTAL COVERAGE

29. I am planning to have dental work done in 2017, and my dentist is not in the Delta Dental network. How can I find out more about my out-of-pocket expense?
   Your dentist may submit a pre-treatment estimate to Delta Dental on or after January 1, 2017, for an estimate of benefits. Contact Delta Dental at 800.765.6003.

30. Will I receive a dental plan ID card?
   When you enroll for dental coverage, you won’t receive an ID card. However, you can register at deltadentalins.com, and download a mobile app or print a physical ID card.

VISION COVERAGE

31. Will I receive a vision plan ID card?
   If you enrolled in the VSP vision plan, you don’t receive an ID card. Just let your vision care provider know that you’re a VSP member, and the provider’s office will look up your membership information. VSP’s customer service number is 800.877.7195.

   If you enrolled in the Davis Vision plan, you will receive an ID card which you can show to your vision care provider. If you don’t receive an ID card after enrollment, contact the Mercer Marketplace at 855.879.6739.

32. Can I use any vision provider I want?
   You can use any vision provider. However, keep in mind that you pay the lowest out-of-pocket costs when you use providers that participate in VSP’s or Davis Vision’s network.

COMMUTER BENEFITS

33. How long do I have to submit claims for reimbursement?
   As of January 1, 2017, you have 180 days from the date the claim occurs to submit claims for reimbursement of commuter expenses.

34. Can I elect after-tax transit or parking deductions?
   The Mercer Marketplace doesn’t support commuter benefits on an after-tax basis. Therefore, after-tax elections for both transit and parking deductions are not available.

35. Whom do I contact if I don’t receive my transit debit card?
   Contact the Mercer Marketplace at 855.879.6739, Monday – Friday, 4 a.m. to 6 p.m., Pacific time.

   Note: You’ll receive one debit card to be used for commuter benefits, the HSA and/or the FSA(s) that you have elected.