

OMNIPLEX 2016 Benefits Enrollment

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OMNIPLEX WORLD[®]
SERVICES
C O R P O R A T I O N
Right People. Right Values.[®]



OMNIPLEX 2016 Benefits Enrollment

UnitedHealthcare Medical Plans Highlights

Welcome to OMNIPLEX Benefits Enrollment! We are pleased to present our offering of health care benefits for full-time employees of OMNIPLEX World Services Corporation and its subsidiary corporations (collectively “OMNIPLEX”) and their eligible family members. Please carefully read through this Enrollment Booklet as well as materials available to you on Employee Self Service (ESS) to understand your options and then complete the enrollment process.

Every full-time employee must log onto ESS to complete the benefit election process for the current year during the first 30 days of full-time employment and during the annual open enrollment period.

<https://www.omniwebapps.com/te>

Current coverage will end on December 31 of the current year.

UnitedHealthcare (UHC) Medical Plans

OMNIPLEX offers all full-time employees the option to participate in one of two Medical Plan options. The 2016 Medical Plans are HDHP (High Deductible Health Plans) with insurance coverage through UHC’s Choice Plus Network of providers, paired with a Health Savings Account (HSA). You will have your choice of paying a lower pre-tax payroll deduction and a higher deductible (Core plan), or a higher pre-tax payroll deduction with a lower deductible (Buy Up plan).

A Health Savings Account (HSA), when combined with lower-cost, high-deductible health insurance, reduces out-of-pocket claims costs while providing employees with a way to build savings for future medical expenses. Unlike a Flexible Spending Account (FSA), with

an HSA, the money is yours to keep. There is no “use it or lose it” penalty as with the FSA. OMNIPLEX is pleased to make a contribution into your account in 2016 if you enroll in a medical plan. See page 7 for details!

UHC will provide employees with nationwide medical coverage through the Choice Plus Network of participating providers. The Plans offer the freedom of visiting any physician or hospital in the PPO network, without a referral, and with lower out-of-pocket costs.

With the exception of preventive care, the annual deductible must be met before plan benefits are paid. There is a Quick Benefit Overview of the Medical/RX Plan Designs on page 4.

In-network preventive care is always covered at 100% (i.e., no Copayment,

Deductible, or other cost to you) to promote wellbeing and health awareness. Log onto www.myuhc.com to register to find a provider, access UHC tools and resources, and register for the HSA.

It is important for you to read the HSA section following the Medical Plans information in this Booklet. Details can be found on page 7 under the “Optum (UHC) Health Savings Account (HSA)” section in this Booklet.

In addition to reading this Booklet, please see the detailed Benefit Summary materials available to you on ESS for more information about the UHC Plans and premium contributions.

Choice Plus Network High Deductible Health Plan (HDHP) - Core Plan Offering

The Choice Plus PPO Core HDHP will cover 80% of the costs for services received at participating in-network providers after you have met the calendar year deductible of \$4,250 per individual and \$8,500 per family. One enhancement over 2015 is that this plan has an “embedded deductible” whereby only one family member needs to satisfy the single deductible amount of \$4,250 before the Plan pays benefits. The \$8,500 per family deductible must be met if two or more family members have claims.

In-network preventive care is

always covered 100% for all enrolled family members with no deductible, coinsurance, or copayment requirements. Examples of in-network care covered at 100% are listed under “Preventive Care Services” on page 5, but include well-child and well-adult visits and preventative screenings. Outside of preventive services, all services are subject to the deductible, including prescriptions.

Your total out-of-pocket maximum cost for medical expenses will remain \$6,350 per individual and \$12,700 per family in a calendar year. Expenses

incurred over these limits will be covered 100% by UHC. If you access services from an out-of-network provider, your deductibles and out-of-pocket maximums remain the same as in-network, however, the Plan will pay only 60% of allowable costs after the deductible is met, and until you reach your out-of-pocket maximum. As always, to keep your costs lower, we strongly recommend you remain in network.

OMNIPLEX 2016 Benefits Enrollment

UnitedHealthcare Medical Plans Highlights

Choice Plus Network HDHP - Buy Up Plan Offering

The Choice Plus PPO Buy Up HDHP will cover 80% of the costs for services received at participating in-network providers after you have met the calendar year deductible of \$1,500 per individual and \$3,000 per family. Unlike the “embedded deductible” in the Core Plan, no one in the family is eligible for benefits under the Buy Up Plan until the \$3,000 family coverage deductible is met. In-network preventive care is always covered 100% for all enrolled family members with no deductible, coinsurance, or copayment requirements. Examples

of in-network care covered at 100% are listed under “Preventive Care Services” on page 5, but include well-child and well-adult visits and preventative screenings. Outside of preventive services, all services are subject to the deductible, including prescriptions.

Your total out-of-pocket maximum cost for medical expenses will be \$6,350 per individual and \$6,850 per family in a calendar year. Expenses incurred over these limits will be covered 100% by UHC. If you access services from an out-of-

network provider, your deductibles and out-of-pocket maximums remain the same as in-network, however, the Plan will pay 60% of allowable costs after the deductible is met, and until you reach your out-of-pocket maximum. As always, to keep your costs lower, we strongly recommend you remain in network.

Important Information About The Affordable Care Act (Health Care Reform) – Employer Mandate and Health Insurance Marketplace

The Affordable Care Act (ACA) requires employers either to offer employees health insurance to employees working greater than 30 hours per week, or be subject to a penalty. This is called the “Employer Mandate.” OMNIPLEX became subject to the Employer Mandate effective January 1, 2015. OMNIPLEX complies with the Mandate by offering affordable, minimum essential coverage to all employees who work greater than 30 hours per week.

The Health Insurance Marketplace was created to help uninsured people enroll in health coverage. Effective January 1, 2014, almost everyone was required to be enrolled in medical insurance, or face a penalty on his/her federal tax return.

Under the ACA, only medical insurance coverage is required. However, OMNIPLEX offers additional benefits like dental, vision, AD&D, life and disability coverage, but you will not be penalized

under ACA if you do not participate in these plans.

You have a choice between one of OMNIPLEX’s medical plans and the Health Insurance Marketplace. The Marketplace offers “one-stop shopping” to find and compare alternative health insurance options through www.healthcare.gov. If you choose to participate in the Marketplace, be aware that no Federal subsidies are available for purchasing coverage in the Marketplace because OMNIPLEX offers affordable coverage that meets the standards required by law.

If you are a non SCA employee and you purchase a health plan through the Marketplace instead of accepting OMNIPLEX’s coverage, you will also lose OMNIPLEX’s contribution for your medical coverage and the employer HSA contribution. And, your payment to the Marketplace will be made

with after-tax dollars. Currently your employee contributions to OMNIPLEX’s medical plan are on a pre-tax basis and OMNIPLEX’s portion is not considered taxable income to you. This saves you money!

If you are a SCA employee actively working for OMNIPLEX as of 12/31/2015 and provide proof of comparable coverage, you may waive medical and/or dental coverage through OMNIPLEX and receive your Health & Welfare contribution in taxable cash compensation. Please see your enrollment packet for details about changes which may occur.

With the plan enhancements and reduced costs in 2016, all employees should look again at the OMNIPLEX Plans carefully before choosing the Marketplace.

UHC Medical Plans Overview

Quick Benefits Overview

2016 Medical/Rx Plan Designs		
	Core (CDHP + H.S.A)	Buy Up (CDHP + H.S.A)
Deductible		
<i>In-network</i>	\$4,250 individual \$8,500 family	\$1,500 individual \$3,000 family
<i>Out-of-network</i>	\$4,250 individual \$8,500 family	\$1,500 individual \$3,000 family
Member Coinsurance		
<i>In-network</i>	20%	20%
<i>Out-of-network</i>	40%	40%
Out of Pocket Maximum		
<i>In-network</i>	\$6,350 individual \$12,700 family	\$6,350 individual \$6,850 family
<i>Out-of-network</i>	\$6,350 individual \$12,700 family	\$6,350 individual \$6,850 family
Plan Lifetime Maximum		
	Unlimited	Unlimited
Office Visits, in-network		
PCP Office Visit	20%; after deductible	20%; after deductible
Mental Health	20%; after deductible	20%; after deductible
Specialist Office Visit	20%; after deductible	20%; after deductible
Office Visits, out-of-network		
PCP Office Visit	40%; after deductible	40%; after deductible
Mental Health	40%; after deductible	40%; after deductible
Specialist Office Visit	40%; after deductible	40%; after deductible
Preventive Care, in-network		
Adult Preventive Care/Immunizations	No Charge, No Deductible	No Charge, No Deductible
Child Preventive Care/immunizations	No Charge, No Deductible	No Charge, No Deductible
Preventive Care, out-of-network		
Adult Preventive Care/Immunizations	40%; after deductible	40%; after deductible
Child Preventive Care/immunizations	No Charge, No Deductible	No Charge, No Deductible
Inpatient, Outpatient, Emergency, in-network		
Inpatient and Outpatient	20%; after deductible	20%; after deductible
Outpatient Facility	20%; after deductible	20%; after deductible
Emergency Room (same benefits in and out of network)	20%; after deductible	20%; after deductible
Urgent Care	20%; after deductible	20%; after deductible
Inpatient, Outpatient, Emergency, out-of-network		
Inpatient and Outpatient	40%; after deductible	40%; after deductible
Outpatient Facility	40%; after deductible	40%; after deductible
Emergency Room (same benefits in and out of network)	20%; after deductible	20%; after deductible
Urgent Care	40%; after deductible	40%; after deductible
Prescription Drug Coverage		
Prescription Drug Plan Deductible	Subject to Medical Deductible	Subject to Medical Deductible
Retail Rx (30 Day Supply) In-network	Deductible, then: Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$50	Deductible, then: Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$50
Mail Order Rx (90 Day Supply) In-network	Deductible, then: Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$100	Deductible, then: Tier 1 - \$20 Tier 2 - \$60 Tier 3 - \$100

UnitedHealthcare: Terms to Know

It is important to understand the different terms within the Choice Plus Network PPO HDHP available through UHC. To help you understand what they mean to you, we have defined these important concepts below.

- **Copay** is a set dollar amount you pay for services, after which the plan pays the remainder of charges. After meeting the annual deductible (see definition below), both HDHPs offered by OMNIPLEX have copays for pharmacy benefits only. All other benefits will be paid via coinsurance (see definition below).
- **Coinsurance** is the percentage you pay after the annual deductible has been met. You pay 20% of charges (after deductible) for in-network services subject to coinsurance and 40% of allowable charges for out-of-network services.
- **Deductible** is the annual amount a member or family pays out of pocket before the plan begins to pay benefits. Once the annual deductible is met, the plan coinsurance or copays will begin to apply based on the services received. Each individual member has his or her own deductible; however, there are limits as to how much any one family must pay in deductibles each year to minimize your liability. For employees who enroll one or more dependents, the deductible in the Core Plan is an “embedded deductible”. This means all individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible. In the Buy Up Plan, no one in the family is eligible for benefits until the family coverage deductible is met.
- **Out-of-Pocket Maximum** is the most a member or family will pay out-of-pocket in a calendar year outside of any copay requirements. In the Core Plan, individual maximum amounts count toward the family deductible, but an individual does not have to pay more than the individual amount. In the Buy Up Plan, if more than one person in a

family is covered under the Plan, the single out-of-pocket maximum does not apply. The annual deductible, amounts paid in coinsurance, and copays will all count toward the out-of-pocket maximum. Once you have reached the out-of-pocket maximum, the plans will pay 100% of allowable costs for the remainder of the calendar year. If you go out of network, balance billing charges (amounts above the allowable charges) will not be counted toward the out-of-pocket maximum.

- **Preventive Care** services are based on recommended guidelines by the U.S. Preventive Services Task Force. These services are covered 100% with no copay, coinsurance, or subject to deductible include:
 - Well Child visits, including immunizations
 - Well Adult visits, including immunizations
 - Adult screenings (examples: blood pressure, cholesterol, osteoporosis)
 - Mammography and Cervical Cancer screenings
 - Colorectal Cancer screenings

Frequency and age limits may apply for preventive services. Please refer to your Plan Summary Plan Description.



UHC: Prescription Drug Benefits

With one exception, medications are subject to the deductible requirements for the Medical plan you choose. The one exception is a significant enhancement to the OMNIPLEX plans for 2016. Hundreds of preventative medications (e.g., cholesterol, blood pressure, diabetes) will be available to you at \$0 cost, meaning that your prescriptions are not subject to the medical deductible and there is no copay requirement. Refer to the Medical Link on ESS for UHC's Preventative Drug List for Consumer Driven Health Plans-Expanded List to see what medications are covered under this benefit.

For all other medications, you will be required to pay the full discounted prescription drug cost up to the deductible level (Core \$4,250 Individual/\$8,500 Family or Buy Up \$1,500 Individual/\$3,000 Family). As a consumer, you will be able to access UHC's online tools to shop for the best prices and discounts for your medications. Once you meet your medical deductible for the calendar year, prescription drugs are subject to the copays as outlined below.

Copays for Retail 30-day Supply

Tier 1	Tier 2	Tier 3
\$10	\$30	\$50

In addition, utilizing the **OptumRx Mail Service Pharmacy** allows you to save money on any longer term maintenance medications not available under the \$0 cost program. Once you meet your medical deductible, you can receive a three-month supply at the cost of only two retail copays.



***Note: To save money, you should avoid Non-Network Pharmacies. If you purchase a Prescription Drug product from a Non-Network Pharmacy, you will be responsible for any difference between what the Non-Network Pharmacy charges and the amount which would have been paid for the same prescription drug product dispensed by a Network Pharmacy. However, virtually all chain drugstore and supermarket pharmacies are in network.**

Copays for Mail Order 90-day Supply

Tier 1	Tier 2	Tier 3
\$20	\$60	\$100

The copay tier placement of a particular drug is based on the total healthcare value of that particular drug. You can determine which copay applies to your specific prescription drug by viewing the Prescription Drug Listing (PDL) on ESS.

The following pharmacy management programs are noted on the PDL:

- **Prior Notification:** You are required to get prior notification for certain prescription drugs. This means that you or your doctor will need to get approval from the Plan before you fill your prescription. If you do not get approval, your drug may not be covered by the Plan.
- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before the Plan will cover another drug for that condition.
- **Supply Limits:** For certain drugs, there are limits to the amount of the drug that will be covered.

UHC Medical Plans Overview

Optum Health Savings Account (HSA)

Optum (UHC) Health Savings Account (HSA)

Paired with the High-Deductible Health Plan is a Health Savings Account (HSA). The HSA is an important component for managing your out-of-pocket expenses. OMNIPLEX is pleased to announce it will again be making an employer contribution to the HSA for all employees who enroll in a Medical HDHP Plan for 2016. OMNIPLEX will contribute up to \$600 into your active HSA in 2016 for individual employee coverage, deposited at the rate of \$150 per calendar quarter regardless of which deductible option you choose (Core or Buy Up). You must be an active employee on the first day of each quarter and have an active Optum Bank Account to receive the payment. If you enroll yourself and eligible family members on

your HDHP Medical Plan in 2016, OMNIPLEX will increase the contribution to \$1,000 into your HSA in 2016, deposited at the rate of \$250 each calendar quarter.

For SCA employees, the employer contribution is part of your H&W allowance. Please see page 16 for more information.

Employees should be aware of their HSA establishment date. Generally, this date is the later of the plan effective date or the date the HSA becomes active. Expenses incurred prior to the establishment date are not qualified medical expenses. Account holders should review IRS Publication 969 for more information, and consult their tax advisors if they have specific questions.

IMPORTANT

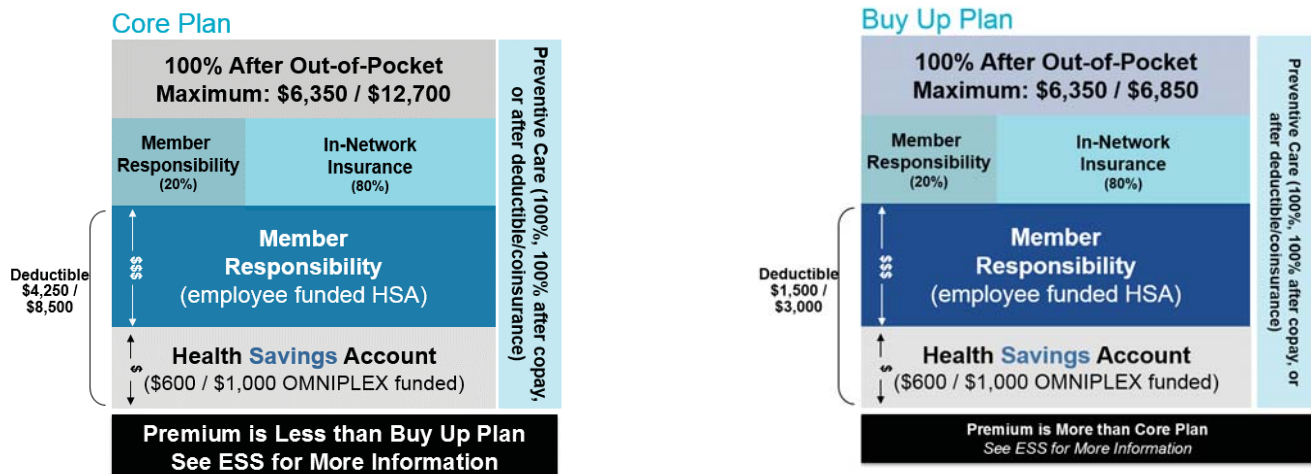
Even if you are eligible to enroll in the HDHP, you will NOT be eligible to set up a Health Savings Account (HSA) or to receive any OMNIPLEX contributions to your HSA if you are enrolled and covered under other health insurance, such as TRICARE, Medicare, or Medicaid, or an individual plan.

A spouse covered under the HDHP cannot have any other health plan coverage that is not an HSA-compatible plan. HSA funds can be used for dependents an employee claims on their tax return (up to age 19 or 24 if a full-time student).

So, although you can enroll your adult dependent children up to age 26 in an OMNIPLEX HDHP, you cannot use HSA funds to pay for any of their expenses unless they are also a tax dependent.

For many employees, the OMNIPLEX contribution to the HSA may turn out to be more than enough to pay for claims costs incurred during the year. For other employees, you may want to put aside additional money into your HSA to pay for anticipated and unanticipated qualified medical expenses which may arise during the year which are beyond the OMNIPLEX contribution. Because your deductible is either \$4,250 (Core Plan) or \$1,500 (Buy Up Plan) for individual coverage or \$8,500 (Core Plan) or \$3,000 (Buy Up

Plan) for your family, it is important to estimate your medical expenses and defer your salary/wages on a pre-tax basis to pay anticipated qualified medical expenses. Unlike a Flexible Spending Account (FSA), however, there is no “use or lose” feature with an HSA. The contributions that OMNIPLEX and you put into your HSA are yours to use for qualified medical expenses in 2016 and in the future. Funds are available as they are deposited into your account.



UHC Medical Plans Overview

Optum Health Savings Account (HSA)

For a complete list of eligible expenses payable from the HSA, see Publication 502 on www.irs.gov. Following is additional information about the features of your HSA:

Profit from being healthy	Unused funds from lower cost “healthy” years remain in your account and roll over until needed; you do not lose the funds contributed from OMNIPLEX or your own deferrals if you do not spend them for qualified medical expenses in 2016. Your HSA balance rolls over until needed. And, your HSA is portable, meaning your account stays with you if you leave OMNIPLEX, subject to applicable administrator fees.
Triple tax-favored	Contributions are tax-free (subject to annual limits) investment earnings are tax-free, and distributions for qualified medical expenses are tax-free.
Annual Contribution Limits	In addition to OMNIPLEX’s contribution, you may defer up to \$2,750 individual / \$5,750 family for 2016 on a tax-free basis; additional contributions may be made on an after-tax basis directly into your HSA through the Optum website. OMNIPLEX’s contribution of \$600 to individual accounts and \$1,000 for family accounts will be added to your contribution limits.
Catch-Up Contribution	Participants 55 years and older are eligible to contribute an additional \$1,000 on a tax-free basis as a “catch up” contribution.
Save for the future	In addition to qualified medical, dental, and vision expenses, you can use your tax-free distributions from the HSA to pay for COBRA premiums, long-term care insurance premiums, and health premiums post age 65 (excludes Medigap policies).
Invest your HSA Funds	Once your HSA balance reaches \$1,000, you can choose to invest your account balance in designated mutual funds.
Choose a Beneficiary for your Account	Your HSA is your money to spend on qualified medical expenses. As with other asset accounts, you should make sure to designate a beneficiary.
Only funds actually in the HSA may be used for payment	There is no advance funding of the annual election amount. You cannot take distributions from the account until the money from OMNIPLEX or your own deferrals is in the account but, there is no “use or lose” feature.
Flexible savings vehicle	You may change your HSA payroll deductions at any time during the year to fit your needs.

With the change to UHC, we must change Health Savings Account custodians from PayFlex to Optum Bank. Your HSA is a personal bank account subject to the United States Patriot Act. By electing Medical coverage, you are authorizing OMNIPLEX to transmit your name, street address, date of birth, and SSN, which are necessary under the Patriot Act to open your new Optum HSA account. UHC will perform the required Customer Identification Process. Once

confirmed, you will receive a welcome letter and debit card. If your information does not match up to the federal database, you will receive a letter directly from Optum Bank requiring you to provide additional identifying information before the account can be opened. Until you complete this process, you will not be eligible to receive quarterly OMNIPLEX contributions, make deferrals into your account, or incur claims for reimbursement under the HSA.

UHC Care24 and EAP

Care Services and Employee Assistance Program

Life is full of ups and downs. Now, you've got a great source for health information and support with Care24® services. You may have health concerns, personal or family issues, or work-related challenges. This service gives you access to a wide range of health and well-being information through one toll-free telephone number.

How Does It Work?

Simply call the Care24 toll-free number whenever you have health-related questions. Registered nurses can help you with questions about health conditions or symptoms and provide information that can help you choose appropriate care, for your needs. They can also help you address a wide range of personal concerns such as emotional distress, relationship worries, anxiety, grief and much more. When you call, you also can connect with legal and financial professionals

How Do I Access?

Nurses and master's-level specialists are available 24 hours a day, every day of the year by calling 1-888-887-4774 or via Live Nurse Chat at www.myuhc.com.

Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) and behavioral health benefit provide confidential support for your everyday challenges and life's more serious problems. Get help, 24/7, for:

- Alcohol and drug abuse recovery
- Coping with grief and loss
- Depression, anxiety, or stress
- Relationship difficulties

All your personal records, including medical information, referrals and evaluations, are kept confidential in compliance with HIPAA and other privacy laws by UHC. To find out more, call the toll-free member number on your ID card or visit www.myuhc.com



UHC Dental & Ameritas Group Vision

Dental & Vision

UHC: Dental

The UHC Dental PPO Plan provides coverage whether you see participating or non-participating dental providers; however, your dental dollars will go further if you see an UHC participating provider due to the Plan's negotiated discounts.

Visit any dentist of your choosing. UHC participating dentists save you more money. Using an UHC participating dentist, the plan covers 100% of the cost of 2 cleanings each year.

- For Basic Services (i.e., filling, extractions), coverage is paid at 80% after a once a year deductible of \$50 individual / \$150 family.
- For Major Services (i.e. crowns, bridgework), coverage is paid at 50% after a once a year deductible of \$50 individual / \$150 family.

- The maximum benefit per year is \$1,500 per individual enrolled in the plan with \$1,000 additional for Orthodontic services. Orthodontia is covered only for children (appliances must be placed prior to age 20).

Non-participating out-of-network services are covered at the 90th percentile of Usual, Customary and Reasonable (UCR).



Ameritas Group: Vision

Two vision Plans are available from Ameritas Group.

- **Traditional Plan:** The Traditional Plan will be offered through Ameritas using the VSP network. Please note that VSP partners with private providers. If you wish to use chain providers (e.g., LensCrafters, Target Optical, PearleVision) you will want to consider the Reimbursement Option instead. VSP network providers provide both exam and eyewear services, so there is no need for VSP Plan members to have a comprehensive exam in one location and then travel to another for lenses and frames. **Employees who enroll in the Traditional Plan will not receive ID cards but should remember to use the VSP network of providers to help keep costs low.**

Plan also includes a “shadow network,” in which members who see an EyeMed provider are entitled to EyeMed provider discounts. **Employees who enroll in the Reimbursement Plan will receive an Identification Card from Ameritas. However, if you are currently enrolled in the Reimbursement Plan and continue your coverage next year, you will not receive a new card.** Employees enrolled in the Reimbursement Plan will be able to present this card when visiting an EyeMed network provider to receive the EyeMed network discount.

Note: Under the Reimbursement Plan, you will pay in full at the time of service, and then submit the claim to Ameritas for reimbursement.

- **Reimbursement Plan:** In addition to offering a Traditional Plan, we also offer a Reimbursement Plan. Under this Plan, each member will have up to \$300 to spend annually on vision services as they choose. This Plan offers total flexibility in selecting providers: go anywhere you wish, use any available coupons, take advantage of any special offers that will enable you to stretch your \$300 allowance. In addition, you may use your \$300 allowance toward any covered vision services. The



Employee Basic & Supplemental Life

OMNIPLEX provides all full-time employees with Basic Life Insurance through UHC. Please refer to ESS for details and the amount of your employer provided coverage. Supplemental Life Plans are also through UHC. Those employees who elect additional Employee coverage through the Supplemental Life program may elect up to the guaranteed issue limit of \$250,000 with no medical underwriting during their initial enrollment period. Those employees who are currently enrolled in Employee Supplemental Life coverage may increase their current elections by \$10,000 during Open Enrollment provided the new election amount does not exceed the guaranteed issue amount of \$250,000. Those employees who waive coverage during their initial enrollment period or who wish to increase their coverage above \$250,000 can later make an election during our annual open enrollment but **must complete the Statement of Insurability Life Coverage form available on ESS and be approved by UHC underwriting before your coverage is effective.** Payroll deductions and coverage will begin when UHC approves the application. Please keep the following in mind when electing Supplemental Life coverage. When you reach age 65, your coverage reduces to 65% of your elected amount, at age 70 your coverage reduces to 40% of your elected amount, and at age 75 your coverage reduces to 25% of your elected amount.

Dependent Supplemental Life

Dependents are eligible to enroll in Supplemental Life coverage, provided the employee is enrolled in Supplemental Life. You may elect up to \$250,000 for your spouse, not to exceed the amount elected for the employee. The guaranteed issue amount for your spouse is \$50,000 with no medical underwriting. Those employees who currently have Supplemental Spouse Life coverage can increase their elections by \$10,000 during Open Enrollment with no medical underwriting up to the guaranteed issue limit of \$50,000. Coverage ends after age 98. Should you choose to make an election for dependent coverage during Open Enrollment or increase your current amount of coverage above \$50,000 for your spouse, you must complete the **Statement of Insurability Statement Life Coverage** form available on ESS and be approved by UHC underwriting before your coverage is effective. Payroll deductions and coverage will begin when UHC approves the application.

You may elect coverage for your child(ren) in increments of \$5,000 without submitting a Statement of Insurability form for dependent children at least 14 days old and under age 26. Maximum benefit for children under 6 months is \$500.

Note: Supplemental Life for your dependents may be elected only if you have elected Supplemental Life for yourself as the employee. The dependent amounts of coverage cannot exceed your employee elected amount. Also, if you and your spouse are both employees of an OMNIPLEX company, you are both only eligible for employee Supplemental Life coverage.

Basic & Supplemental AD&D

In addition to Basic Life Insurance, OMNIPLEX provides all full-time employees with Basic Accidental Death and Dismemberment (AD&D) Insurance. Please refer to ESS for details and the amount of your coverage. Supplemental AD&D may be elected separately from Supplemental Life. Coverage may be elected in increments of \$10,000, to a maximum of \$500,000 for each employee. No Statement of Insurability is required. You may elect coverage for yourself only, or for yourself and your family. Please see ESS for additional details about Supplemental AD&D coverage and to enroll.

Short-Term and Long-Term Disability

UHC offers full-time employees Short-Term Disability (STD) and Long-Term Disability (LTD) Insurance. The STD benefit pays 60% of salary to \$1,500 per week. Benefits begin on the 8th day of a qualifying illness or injury and continue for up to 25 weeks. The LTD benefit pays 60% of salary up to \$7,500 per month. LTD Benefits begin on the 180th day of qualifying illness or injury. Benefits paid to you under STD and/or LTD are not taxable income because you pay the tax on the premium, which is deducted from your paycheck.

There are pre-existing condition clauses on certain STD and LTD Plans. Please see ESS for further information about the benefits, rates, and to enroll.

If you enroll for disability coverage during the 2016 Open Enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after the enrollment period or at any time after you first become eligible, the required Statement of Insurability forms will be required for all coverage amounts.

Other Benefits

Discovery Benefits

Flexible Spending Account (FSA) for Dependent Care

OMNIPLEX administers the Dependent Care Flexible Spending Account (DC FSA) through Discovery Benefits. A DC FSA allows you to set aside a pre-determined amount of money from each paycheck on a pre-tax basis to pay for certain dependent care services received from a licensed provider.

Employees can elect to contribute up to \$5,000 annually (\$192.31 for 26 pay periods) for the DC FSA. Combined elections for employee and spouse to the DC FSA must not exceed \$5,000 annually (so if your spouse works and participates in a DC FSA, you must be sure your combined annual contributions do not exceed \$5,000 for the DC FSA). Read the Plan summary materials

on ESS carefully before enrolling to ensure you understand the eligibility requirements.

All DC FSA expenses must be incurred between January 1 and December 31 of the current year. Claims to be reimbursed from these expenses must be submitted by March 31 of the following year. Please estimate your annual expenses carefully, since all funds that are unused by the deadline are forfeited.



AFLAC Options

OMNIPLEX offers its employees the option to enroll in a variety of coverages through AFLAC, including Cancer, Intensive Care, and Personal Accident. If you are a current AFLAC enrollee, you will not see your AFLAC coverage through ESS. However, your payroll deductions will continue at the same rate in 2016 unless you notify OMNIPLEX in writing by email to benefits@omniplex.com to stop your coverage. New enrollees may apply for coverage directly with AFLAC by contacting Kathryn_Anderson@us.aflac.com. Once your application is accepted and approved, payroll deductions will begin.



Access this list of other services by visiting www.myuhc.com

Rally

Rally on www.myuhc.com is the fun, digital way to get and stay healthy — using any device. You create a Profile and take a quick health survey. From that, UHC tells you your Rally Age — a number that shows how your health age compares with your actual age. Plus, they show how you're doing in key areas, like eating and moving, and offer fun ways to improve your health, including:

- **Missions** – Small steps you can take and track, like focusing on fruits and veggies or turning off screens an hour before bedtime for better sleep.
- **Challenges** – Local competitions to see who can take the most steps over a set period of time.
- **Communities** – Groups you can connect with to stay motivated in a variety of areas, including parenting, fitness and heart health.
- **Rewards** – Coins you earn for various activities that can be exchanged for chances to win prizes.

Rally also provides an easy way to store your Health Records in one convenient spot — everything from allergies and medications to provider names and fun ways to improve your health, including:

Health Discounts

You can save from 10% - 25% on certain health and wellness services that are not covered by your medical plan. You can save on:

- Cosmetic dental care, such as teeth whitening
- Laser eye surgery
- Acupuncture, chiropractic care, massage therapy and natural medicine
- Long-term care services, such as assisted living and durable medical equipment
- Infertility treatment
- Hearing devices

Disease Management

UHC provides additional support to help you manage a chronic disease. Experienced nurses will contact you with information to help you make more informed decisions. Log in to www.myuhc.com to find the programs offered with your health plan.

Centers for Excellence

UHC can help you find a doctor or medical center when you are diagnosed with a special condition. They will help you understand your illness and work with you to schedule appointments and treatment.

Health4Me App

Provides instant access to your family's critical health information — anytime/anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly to Health4Me with a health care professional, Health4Me is your go-to resource. Its key features include:

- Search for Physicians or Facilities by location or specialty
- Store favorite Physicians and Facilities
- View Claims
- Have an Easy Connect Representative contact you to answer any questions
- View and Share health plan ID card information
- Contact an experienced registered nurse 24/7
- Choose to view plan members independently or the plan as a whole
- Check health related financial account balances
- Locate Urgent Care facilities and ER's
- Check status of deductible and out-of-pocket spending
- Complete confidentiality

Important Notes for Enrollment

Things You Need to Know!

- The premiums for Medical, Dental, Vision and your FSA Dependent Care elections are deducted from your paycheck on a pre-tax basis. These pre-tax elections are effective for the entire Plan year. **You will not be permitted to change these elections during the year unless you experience a qualifying change in life status that allows an early change as provided by the OMNIPLEX World Services Corporation Flexible Benefits Plan (e.g., marriage, legal separation or divorce, birth or adoption of a child, loss or gain of other employer-sponsored coverage).**
- Special Opportunity for 2016 Open Enrollment Participants. If you enroll for disability coverage during the 2016 Open Enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll at a later enrollment period or at any time after you first become eligible, evidence of insurability will be required. Carefully consider this special opportunity as a result of our change to UHC.
- Your voluntary HSA election is deducted from your pay check on a pre-tax basis, but you may change your HSA election once per month during the year should the need arise. Make your selections carefully.
- If you elect UHC Medical, UHC Dental, or Ameritas Vision coverage through ESS during your initial enrollment period, your coverage is effective and you may access services the first of the month following your full-time status. Open Enrollment elections are effective on January 1, 2016 unless underwriting is required where noted.
- When you confirm your medical enrollment election on ESS with your password, you are authorizing OMNIPLEX to transmit your personal information to Optum to open a Health Savings Account in your name.
- New elections for UHC Supplemental Life during Open Enrollment are subject to medical Statement of Insurability before your coverage is effective if you:
 - 1) Previously waived Employee Supplemental Life coverage during your initial enrollment period or previous Open Enrollment;
 - 2) Elect to increase your current Employee Supplemental Life Insurance election by more than \$10,000 and/or above the guaranteed issue limit of \$250,000 during Open Enrollment; or
 - 3) Elect to increase your Spouse's Life Insurance by more than \$10,000 and/or above the guaranteed issue amount of \$50,000 during Open Enrollment. Coverage will begin when approval of your application is received in writing from UHC and payroll deductions begin.
- After becoming a UnitedHealthcare member, the quickest way to print a temporary ID card or request a replacement ID card is to go online to www.myuhc.com. Your new medical card will be mailed to your home address.
 1. Simply go to www.myuhc.com, login (or register if it is your first time visiting the site)
 2. Once on your home page, click on the "Account Settings" link located at the top of the page.
 3. Under "My Account Settings", select the option to print a temporary ID card or request a new ID card by postal mail.
 4. Follow the easy directions via the site to submit or print.
- Ameritas does not issue member identification cards for the Traditional Plan. Employees enrolled in the Traditional Plan should remember to use the VSP network for providers in order to minimize vision care costs. New enrollees in the Reimbursement Plan will receive a member identification card from Ameritas to present when visiting an EyeMed network provider to receive the EyeMed network discount.
- Optum will provide a debit card to all Health Savings Account (HSA) participants. Participants will be required to activate your card and set up a PIN on the www.myuhc.com website. Do this as soon as you receive your card in the mail.

2016 Enrollment Checklist

Getting Started

Log onto ESS at <https://www.omniwebapps.com/te> within 30 days following your full-time employment status and during each Open Enrollment period to complete enrollment and confirm your benefit elections.

Note: Your Login ID is your six-digit employee number [beginning with zero(s)]. Your employee ID number is on your paycheck stub and the mailing address label on your Open Enrollment Envelope. The Domain is always "OMNIPLEX."

If you receive an "access denied" message, please make sure that the "s" is in the https: on the web address. If you need your password reset, you may email your request to benefits@omniplex.com or call 703-652-3266 if problems persist.

Review available current Benefit Plan rates and summaries on the ESS Website.

Every effort has been made to describe accurately the provisions of the benefits offered to you, which are detailed in the OMNIPLEX World Services Corporation Flexible Benefits Plan. If there is a difference in this Booklet and the Flexible Benefits Plan, including its Summary Plan Description, the Flexible Benefits Plan will govern.

Verify your personal and dependent information, and designate your beneficiaries.

Enter your benefit elections.

If you choose to enroll in the Dependent Care Flexible Spending Account, enter your election from \$0 to \$5,000 (annualized). Reminder: You have between January 1 and December 31, 2016, to incur eligible expenses. Claims for reimbursement must be submitted by March 31, 2017. Remember to estimate your annual expenses carefully, since all funds which are unused will be forfeited.

Enter your voluntary Health Savings Account (HSA) payroll deductions into ESS (up to \$2,750 annually for individuals and up to \$5,750 annually for families, with a \$1,000 catch-up contribution for participants age 55+). Remember, OMNIPLEX's contribution of \$600 to individual accounts and \$1,000 for family accounts are included in the limits so plan your contribution accordingly.

At a minimum, all full-time employees are enrolled in Basic Life and Basic AD&D upon full-time hire and during Open Enrollment. Employees assigned to SCA contracts who receive a Health & Welfare (H&W) credit have other enrollment requirements as well (see the special instructions on page 16 and ESS for more information).

Complete the required Statement of Insurability forms (available on the ESS website) if you previously declined and are now applying for Employee Supplemental Life coverage over the guarantee-issue limit of \$250,000 for employees and/or \$50,000 for spouse coverage, or are increasing your elections by more than \$10,000 during Open Enrollment. Your application must be approved by UHC underwriting before your coverage is effective. Payroll deductions and coverage above the guarantee-issue amounts will be effective when approval is received from UHC.

If you enroll for disability coverage during the 2016 Open Enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period or any time after you first become eligible, the required Statement of Insurability forms will be required for all coverage amounts.

Send your completed Statement of Insurability forms to UHC Group Medical Underwriting Services; P.O. Box 17829, Portland, ME 04112. Fax to 1-855-290-5224 or email EOI_Underwriting@uhc.com. For information concerning the status of your Statement of Insurability application, call UHC at 1-888-299-2070. **Increases in Supplemental Life benefits more than \$10,000 and/or the guarantee-issue amounts and application for disability coverage submitted after Open Enrollment 2016 or when you first become eligible require completion of Statement of Insurability forms which must be reviewed and approved by UHC underwriting before your coverage is effective. Payroll deductions will begin when approval is received in writing from UHC.**

Complete the enrollment process and confirm your elections on ESS at <https://www.omniwebapps.com/te> no later than 30 days following the first day of your full-time status and by the end of the current year's Open Enrollment period. This is required of all full-time employees. *Reminder: Your coverage ends December 31 of each election year.*

Remember to register for your secure UHC member portal at www.myuhc.com if you choose to elect one of the the HDHP Medical Plans or Dental Plan offered through UHC.

If you enroll in an UHC HDHP Medical Plan, you must also complete the HSA enrollment at www.myuhc.com once you receive your Welcome Packet from Optum.

2016 Enrollment Checklist

Special Instructions for Employees Working on SCA Contracts

- ❑ Your H&W credit covers 100% of the cost of your Employee Only Medical with HSA, Dental, and Basic Life & AD&D coverage for either the Core or Buy Up Plan. If you are actively employed on or before December 31, 2015, you may waive Medical and/or Dental coverage through OMNIPLEX for taxable cash compensation only if you provide proof of other coverage during Open Enrollment or within seven (7) days of your full-time status date. Medicare is not accepted as a waiver due to federal requirements. Medical coverage must be compliant with the 2016 Affordable Care Act mandates to be acceptable for waiver.
- ❑ To waive coverage, make a copy of both sides of your medical and/or dental cards and handwrite your name and employee ID number on the copy. Fax to 703-652-3566 within 10 days of your full-time status and during each Open Enrollment period. If proof is not submitted in a timely manner, you will be automatically enrolled in coverage for the Employee Only Choice Plus PPO HDHP HSA Core Medical Plan and Employee Only Dental Plan. You will also be enrolled in the HSA to receive the OMNIPLEX contribution as part of the benefits offered. All employees working on SCA contracts must elect Basic Life and Basic AD&D coverage during Benefits Enrollment. Be sure to name your beneficiary or beneficiaries through ESS.
- ❑ The H&W contribution paid to all employees per hour paid is intended as an employer contribution toward health care. OMNIPLEX will fund your HSA at the rate of \$150 or \$250 per calendar quarter, depending on whether you are enrolling as an individual or as a family. This employer contribution to your HSA account is part of your H&W and will then be recorded as a deduction from your bi-weekly H&W contribution at the rate of \$23.08 or \$38.46 each per pay period, depending on whether you are eligible for \$150 or \$250.

Contact Information

The following is a list of helpful contact information for your benefit providers and vendors:

- **Medical/Rx (UHC)**
Customer Service: 1-866-314-0335
Care24 Services: 1-888-887-4114
Website: www.myuhc.com
- **Health Savings Account HSA (Optum)**
Customer Service:
Optum Bank: 1-800-791-9361, Option 1
Website: www.optumbank.com
- **Dental (UHC) - Customer Service: 1-877-816-3596**
Website: www.myuhc.com
- **Vision (Ameritas)**
Traditional Plan (VSP Network)
Customer Service: 1-800-877-7195;
Website: www.ameritasgroup.com/member
OR www.vsp.com
Reimbursement Plan
Customer Service: 1-800-487-5553
- **Basic Life, AD&D (UHC)**
Customer Service: 1-888-299-2070
- **Supplemental Life, AD&D for employees and dependents (UHC)**
Customer Service: 1-888-299-2070
- **Short and Long Term Disability (UHC)**
Customer Service: 1-888-299-2070
- **Dependent Care Flexible Spending Accounts (Discovery Benefits)**
Customer Service: 1-866-451-3399 Option 1
Website: www.discoverybenefits.com
- **Cancer/Intensive Care/Personal Accident (AFLAC)**
Kathryn_Anderson@us.aflac.com
- **Employee Assistance Plan (UHC)**
Contact: 1-888-887-4114
Website: www.liveandworkwell.com
- **Will & Trust Preparation Services (UHC)**
www.CLCmembers.com
User Name: uhc Password: legal
Phone: 1-800-773-0888
Member: CLC Discount Code: CLC888
- **401 (k) Savings Plans**
Website: www.wellsfargo.com; Phone: 1-800-377-9188