

# My SAIC Benefits

A Guide to Choosing and Using Your Benefits Well

ENTER



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# Our 2014 Benefits Program

SAIC is committed to providing competitive and meaningful benefit programs for you and your family. These benefits:

- Deliver good value and support for health and well-being
- Focus on accountability, preventive care and wellness support
- Encourage you to make more informed choices about your healthcare and costs
- Provide financial protection and support for you and your family

This year, Annual Enrollment takes place from **Nov. 7 through Nov. 27**. Before enrolling, use this guide and the other resources available to you on [mysaicbenefits.com](http://mysaicbenefits.com) for decision-making support.

SAIC provides you a valuable array of benefits and programs to help meet your and your family's health and welfare coverage needs.

## Your 2014 Benefit Options

<b>Medical</b>	<ul style="list-style-type: none"> <li>• Essential Plan – Anthem</li> <li>• Advantage Plan – Anthem</li> <li>• Kaiser Mid-Atlantic (DC,MD,VA)</li> <li>• Kaiser California</li> <li>• Kaiser Hawaii</li> <li>• Hawaii Medical Service Association (HMSA)</li> <li>• Cigna International Plan</li> <li>• TRICARE Supplement</li> </ul>
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Dental PPO – Aetna</li> <li>• Dental HMO – Aetna</li> </ul>
<b>Vision</b>	Coverage through VSP
<b>Health Savings Account</b>	Available with the Advantage and Essential Plans. Automatic SAIC funding with the Advantage Plan.
<b>Flexible Spending Accounts</b>	<ul style="list-style-type: none"> <li>• Limited Purpose Health Care FSA</li> <li>• Health Care FSA</li> <li>• Dependent Care FSA</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Disability Sick Leave</li> <li>• Voluntary Short-Term Disability Insurance (VSDI)</li> <li>• Voluntary Long-Term Disability Insurance (VLDI)</li> </ul>
<b>Life and AD&amp;D</b>	<ul style="list-style-type: none"> <li>• Basic Life and AD&amp;D</li> <li>• Supplemental Life and AD&amp;D</li> <li>• Basic and Supplemental Dependent Life</li> <li>• Business Travel Accident</li> </ul>

In 2014, you can use pre-tax dollars to pay for health plan coverage for a same-sex spouse. If you have a same-sex spouse, contact the Shared Services Center HR (SSC HR) for more information. You will need to provide a copy of your marriage certificate as documentation of your legal marriage.

**Read on to learn more about how the plans work, things to consider when making your elections, and tips for using your benefits wisely during the year.**



# Medical

## Advantage and Essential Plans

For 2014, you have two Consumer Directed Health Plan (CDHP) options to choose from:

- ▶ **Advantage Plan**
- ▶ **Essential Plan**

Both plans are administered by Anthem and provide:

- Flexibility to see any provider you wish, but you'll get more value when you use in-network providers
- Preventive care covered 100%
- Prescription drug coverage, with greater savings when you use generics and the mail order pharmacy
- A Health Savings Account (HSA) to help you pay for eligible expenses with pre-tax dollars, as well as to save for future healthcare expenses

## How the Plans Work

There are a few important things to remember when it comes to paying for care in the Advantage and Essential medical plans:

1. **Preventive care** – such as physicals, routine tests and screenings
2. **Annual deductible** – the amount you pay before the plan begins to pay
3. **Coinsurance** – shared cost between you and the plan after meeting your deductible
4. **Out-of-pocket maximum** – the most you'll pay for the year

1

### Preventive Care

Covered 100% – you pay nothing.

2

### Annual Deductible

For non-preventive care, you pay 100% until you meet the deductible.

*All medical care, other than preventive, counts toward the deductible.*

3

### Coinsurance

After the deductible, you'll pay either 20% (Advantage Plan) or 35% (Essential Plan) for care. The plan pays the rest.

4

### Out-of-pocket Maximum

Once you reach this amount, the plan pays 100% for care for the rest of the year.

## 2014 Medical Plan Contributions

Your contribution depends on who you cover and the medical plan option you choose. Go to the [enrollment site](#) to see your 2014 medical plan contributions.

## How the Plans Pay for Covered Expenses

	Advantage Plan		Essential Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Contribution to HSA from SAIC			N/A	
• Individual	\$250			
• Family	\$500			
Annual Deductible				
• Individual	\$1,250	\$1,250	\$2,000	\$2,000
• Family	\$2,500	\$2,500	\$4,000	\$4,000
Out-of-pocket Maximum (includes deductible)				
• Individual	\$3,000	\$3,000	\$6,000	\$6,000
• Family	\$6,000	\$6,000	\$12,000	\$12,000
<b>Your cost for covered services</b>				
Preventive care	\$0 (no deductible)	50% after deductible	\$0 (no deductible)	50% after deductible
Office visits	20% after deductible	50% after deductible	35% after deductible	50% after deductible
Emergency room care (for true emergencies)	20% after deductible	20% after deductible	35% after deductible	35% after deductible
Urgent care provider	20% after deductible	50% after deductible	35% after deductible	50% after deductible
Most other covered care, including hospital inpatient and outpatient care	20% after deductible	50% after deductible	35% after deductible	50% after deductible

If you are enrolled in the Advantage or Essential Plan and have a non-emergency medical issue, you can speak with a doctor by phone or video conference through Teladoc. Your 2014 cost is \$40 per consultation. See [page 8](#) for more information.

## Take Care of You

**Preventive care is covered 100% for in-network providers.** That's because preventive care is the most effective way to identify health problems early, when they're most treatable.

Your preventive care benefit includes annual physicals, well-baby/child checkups, many immunizations and recommended screenings. Use all these benefits to make sure you're getting the best value from your plan and maintaining your good health.

### Find an In-Network Doctor

When you see an in-network doctor, you'll get the best value. To find an in-network provider, go to [www.anthem.com](http://www.anthem.com).

### Your Explanation of Benefits (EOB) is a

statement sent by Anthem explaining what your plan paid and what you owe for any medical procedures and/or services you received.

It's important to carefully review your EOB to ensure that all services are listed correctly, and match the copy of the bill you received from your doctor.

## When Deductibles Apply

It's important to know what your medical plan covers and your share of the cost. Your deductible applies to all care other than preventive and lab charges associated with preventive care. Use the table below as a quick reference for when your deductible applies. You can use money in your FSA or HSA to cover your annual deductible.

Services (in-network)	Advantage and Essential Plans	
	Deductible Applies	Deductible Does NOT Apply
Personal doctor or specialist visit for preventive care (in-network only)		✓
Personal doctor or specialist visit for illness, injury or chronic condition	✓	
Lab charges for tests associated with preventive care		✓
Lab charges for tests associated with "sick" doctor visit	✓	
Outpatient services	✓	
Emergency room visits	✓	
Inpatient hospital stays	✓	
Non-preventive prescription drugs	✓	



### Avoid Billing Mistakes

When receiving preventive care, make sure your physician correctly bills the visit as preventive rather than diagnostic.

## What You Should Know About Your Deductible and Out-of-Pocket Maximum

**Your deductible depends on who you cover:**

### Employee-Only Coverage

For employee-only coverage, you meet the individual deductible.

### Spouse/Domestic Partner and/or Children Coverage

If you enroll your spouse or domestic partner and/or children, you and your dependents must meet the **full family deductible** before the plan shares in the cost of non-preventive care.

**The out-of-pocket maximum works the same:**

### Employee-Only Coverage

For employee-only coverage, you meet the individual deductible.

### Spouse/Domestic Partner and/or Children Coverage



If you enroll your **spouse or domestic partner and/or children ...**



The family out-of-pocket maximum must be met before the plan begins paying 100 percent for **any** individual.

## A Great Resource for Your Health

### Teladoc: Quality Care from Home, Work or On the Go

If you are enrolled in the Advantage or Essential Plan, you have access to Teladoc, a service that helps you resolve non-emergency medical issues – like sinus infections, cold and flu symptoms, urinary tract infections, allergies or bronchitis – at any time from wherever you happen to be.

Teladoc provides phone and video conference access to a national network of U.S. board-certified doctors and pediatricians who are available at any time to diagnose, treat and prescribe medication (when necessary) for many medical issues. In 2014, the cost to you for a Teladoc consultation is a flat \$40.

To get started, visit [www.teladoc.com/doctornow](http://www.teladoc.com/doctornow) and click “Set up account,” then provide the required information and set up a personal profile to use the service. For more information, go to [www.teladoc.com/doctornow](http://www.teladoc.com/doctornow) or call 800-Teladoc (800-835-2362).





## Other Medical Plans

SAIC offers other medical plans in a few select locations, including the TRICARE Supplement Plan, Kaiser Plans in California, Mid-Atlantic and Hawaii and HMSA. SAIC also provides Cigna International Plan for employees who are on long-term international assignments and reside abroad.

### Kaiser Plans

Employees in California, Mid-Atlantic and Hawaii have a Kaiser HMO medical plan option. HMOs require you to receive all medical care exclusively from the HMO's network of providers in order to receive benefits. When you enroll in an HMO, you, as well as your covered dependents, may need to select a primary care physician (PCP) to coordinate routine medical care and specialist referrals. The plans include a prescription drug benefit.

For 2014, key features of the Kaiser Plans for California and Mid-Atlantic have been updated to align with the Advantage Plan, which focuses on health care as a shared responsibility between you and the Company.

This chart shows highlights of the Kaiser Plans for California and Mid-Atlantic for 2014:

Kaiser Plans	2014
<b>Plan Features</b>	
Annual Deductible	\$1,000/individual \$2,000/family
Annual Out-of-Pocket Maximum	\$3,000/individual \$6,000/family
Coinsurance (your share)	20%
Health Savings Account (HSA)	Not permitted by law
<b>Covered Services</b>	
Primary care/specialist office visits	\$20 copay/primary care and specialist visits
All other covered care	Meet the deductible, then pay your share of costs (20%)

### Cigna International Plan

If you are an expatriate who is scheduled to be overseas for at least six months, you may be eligible to elect coverage through the Cigna International High Plan. The Low Plan is being discontinued for 2014. If you are enrolled in the Low Plan for 2014 and make no election during Annual Enrollment, you will automatically default to the High Plan for coverage in 2014.

See below for plan highlights of the Cigna International High Plan for 2014:

Cigna High Plan	Outside U.S.	In-Network Inside U.S.	Non-Network Inside U.S.
Deductible	\$200/individual \$400/family	\$1,000/individual \$2,000/family	\$2,000/individual \$4,000/family
Out-of-Pocket Maximum	\$1,250/individual \$2,500/family	\$2,000/individual \$4,000/family	\$4,000/individual \$8,000/family
Coinsurance (your share)	15%	20%	40%
Hospital Stays	\$250 copay, then 15%	\$250 copay, then 20%	\$250 copay, then 40%

# Prescription Drugs

When you enroll in the Advantage or Essential Plan, you automatically have prescription drug coverage, which is administered by Express Scripts. The Express Scripts plan is competitive and designed to help you manage prescription drug costs.

## How the Plan Works

Under both the Advantage and Essential plan options, you must meet the annual deductible before the plan begins sharing the cost for prescription drugs. The deductible does not apply to certain preventive drugs, such as medications to treat and prevent hypertension, high cholesterol and asthma. Visit the Express Scripts web site to see a list of approved preventive medications.

Here’s a closer look at the cost for your prescription drugs.

Retail and Mail Order Prescriptions	Advantage Plan		Essential Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$5 after deductible		\$5 after deductible	
Formulary (preferred brand)	30% after deductible		30% after deductible	
Non-formulary (non-preferred brand)	50% after deductible		50% after deductible	

### What Happens When You Need to Fill a Prescription

You have two options for filling prescriptions:

- ▶ **At an Express Scripts network pharmacy** (many major chains are included). To access a list of participating pharmacies near you, visit [www.express-scripts.com/saicrx](http://www.express-scripts.com/saicrx).
- ▶ **Through the mail order pharmacy.** This allows you to get a 90-day supply of medications you take regularly at a reduced cost and with the convenience of home delivery. Sign up at the [Express Scripts web site](#).

### Notice of Creditable Prescription Drug Coverage and Medicare

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage.

## Using the Mail Order Pharmacy

If you have a...	
New Prescription	Refill
A new prescription can take <b>up to 14 days</b> to receive, if there are no issues with the prescription. Express Scripts typically ships within eight days of receiving a new prescription. To check the status of your order, contact Express Scripts at 800-262-2234 or <a href="http://www.express-scripts.com/saicrx">www.express-scripts.com/saicrx</a> .	Call the automated refill system at 800-262-2234 or visit <a href="http://www.express-scripts.com/saicrx">www.express-scripts.com/saicrx</a> and click “Order center.” Refills are typically received <b>three to five days after your order is placed</b> . You will need to register the first time you visit the web site. Be sure to have your member ID number and a recent prescription number handy.

**Remember!** You can use tax-free dollars in your HSA or FSA to cover your out-of-pocket prescription drug costs.

## How to Get Started

### 1 Determine your out-of-pocket expense.

Contact Express Scripts at 800-262-2234 or visit the [Express Scripts web site](#) to review your medications and determine the cost for a 90-day supply through mail order. Remember, you're limited to a 30-day supply per fill at a retail pharmacy.

### 2 Provide a prescription for up to a 90-day supply with up to three refills (a total of one year's supply) to Express Scripts.

Due to pharmacy regulations, existing prescriptions must be renewed annually – and sometimes more frequently if the medication is a controlled substance.

There are four ways to provide your prescription to Express Scripts:

- **Provider ePrescribing.** Many providers can send a prescription directly to Express Scripts. Ask your provider if this option is available.
- **Call your provider.** Ask your provider to send your new prescription to Express Scripts or to call 888-327-9791 for faxing instructions. Only your provider can fax your prescription.
- **Call Express Scripts.** Express Scripts will fax a request to your provider, if you'd like. You must call the provider and let him/her know that Express Scripts will be sending a fax request for a prescription. If your provider does not respond to the fax request, the turnaround time may be affected. If you ask your provider to fax the prescription, or, if you ask for a new prescription, check two days after you made the request to be sure that the prescription was received.
- **Office visit to your provider.** Once you have received your prescription from your provider, complete the mail order form and mail it with your prescription and payment to the address listed on the form. A new form must be completed for each prescribing provider and each individual family member.

## Cost Saving Tip

Ask your doctor or pharmacist about generic versus brand name drugs. Generic equivalent medications contain the same active ingredients and are subject to the same Federal Drug Administration (FDA) standards for quality, strength, and purity as their brand name counterparts. Choosing generic rather than brand name drugs can really save you money.



# Using Your Health Savings Account (HSA)

Both the Advantage and Essential medical plan options feature a health savings account (HSA), designed to help you save for current and future medical expenses.

WageWorks administers the HSA for SAIC and opens an account for you at BNY Mellon when you enroll. To view your HSA information online, register with **WageWorks**, if you have not already done so. Go online to **WageWorks** and click “Register with WageWorks Now” You’ll need to verify your employee status, confirm your contact information and create a user name and password.

## Eligibility

You are eligible to enroll in an HSA when you elect the Advantage or Essential medical plans, and you are not:

- Claimed as a dependent on anyone else’s tax return
- Covered by any other non-CDHP medical insurance, such as:
  - TRICARE
  - Your spouse/domestic partner’s medical plan
  - Medicare Parts A or B
  - Health Care FSA

### A Note about the HSA and Domestic Partners

If you cover a domestic partner, your domestic partner is also eligible to open his or her own HSA and contribute up to the family maximum. Based on federal law, expenses for domestic partners and non-tax dependents cannot be reimbursed through your HSA.

## Three Things You Should Know about the HSA

### 1. Money goes into your account in several ways:

- You make pre-tax contributions, up to \$3,300 for employee-only coverage; or \$6,550 for all other coverage levels. If you are older than age 55 at any point during 2014, you can make an additional \$1,000 tax-free contribution by sending a check to WageWorks.
- If you enroll in the Advantage Plan, SAIC contributes to your account. This contribution is \$250 for employee-only coverage, or \$500 for all other coverage levels. The full Company 2014 HSA contribution will be made in January. You must be enrolled in the Advantage Plan as of January 1, 2014 to be eligible for the Company contribution. This is the last time the Company will make an automatic annual contribution to the HSA.
- You make after-tax contributions, if you choose, at any time during the year by sending a check to WageWorks.

### 2. Money leaves your account when you use it for eligible expenses:

- Use the HSA debit card directly at the point of purchase, or pay out of pocket and then reimburse yourself from your HSA later. Use it to pay for:
  - Deductible
  - Coinsurance
  - Prescription drugs

### 3. Your account grows...and grows!

- The funds in your account roll over from year to year, and there is no limit to how much you can accumulate over time. You’re never taxed on this money as long as it’s used for eligible expenses. Once your balance reaches \$1,000, you can choose to invest it in a range of funds through WageWorks.

### Making Changes to Your HSA Contributions

Whatever the reason, you can increase or decrease your HSA contribution at any time. Go to the [eBenefits web site](#) to change your contribution amount after Annual Enrollment.



# Flexible Spending Accounts (FSAs)

SAIC offers the following FSAs through WageWorks:

- ▶ **Limited Purpose Health Care FSA**
- ▶ **Health Care FSA**
- ▶ **Dependent Day Care FSA**

All three of these accounts offer tax savings on eligible expenses, but differ from an HSA in a few important ways:

- An FSA has an annual contribution limit of \$2,500 pre-tax dollars.
- The funds in your account do not roll over from year to year, and funds remaining in the account after the deadline are forfeited. You'll also forfeit the funds in your account if you leave SAIC.
- You may not enroll in the standard Health Care FSA if you enroll in an HSA.
- If you enroll in an HSA, you may enroll in the Limited Purpose Health Care FSA to cover eligible dental and vision expenses.

**If you're enrolled in an HSA, you can enroll in a Limited Purpose Health Care FSA to cover eligible dental and vision expenses – but not a standard Health Care FSA.**

## How the FSAs Work

- **You decide how much to set aside** for eligible healthcare or dependent care expenses for 2014.
- **You must re-enroll every year to participate.**
- **Estimate carefully**, because you can only change the amount you contribute to your FSA if you have a qualified change in family status during the year. You also will forfeit any funds in your account at the end of the plan year. You have until April 30, 2015 to file claims for 2014.
- **Money is taken from your pay pre-tax**, which lowers your taxable income. You'll never be taxed on the money you use for eligible expenses.
- **You can have your FSA reimbursements deposited directly into your bank account.**

### Tip!

**Before electing your FSA contribution amount for 2014, review how much you spent on healthcare in 2013. Decide whether you'll need more or less for next year, and then make your election.**



## Three Options for Receiving Reimbursement for Eligible Expenses

- **Healthcare Debit Card.** You can use a WageWorks healthcare debit card at select pharmacies, healthcare providers and retailers that have an IRS-approved inventory and checkout system. Be sure to keep each receipt for tax purposes.
- **Pay Me Back.** You can claim funds from your FSA **online** or by completing a form. Most claims are processed within one to two days after they are received and payments are sent shortly thereafter. You will receive a check in the mail if you do not complete the direct deposit information with WageWorks before submitting the claim form.
- **Pay My Provider Online.** At **WageWorks online**, you can pay many eligible healthcare expenses directly from your FSA by entering the provider's name and other requested information and then submitting backup documentation.

## The Dependent Day Care FSA

You can use the Dependent Day Care FSA for eligible care expenses relating to dependent children or adults:

- Child care for your child(ren) who are under age 13, as long as the care provider is not another child of yours who is under age 19
- Care for anyone you claim as a tax exemption on your federal income tax return, such as aging parents in your care

The annual contribution limit for this FSA is \$5,000 – or \$2,500 for married couples filing separately. You can only be reimbursed up to your current account balance when your claim is filed, and you must re-elect your Dependent Day Care FSA plan each year.

**For more information on flexible spending accounts and eligible expenses, visit the [WageWorks web site](#).**



## Other Important Benefits

### Dental

You have two Dental Plan options to choose from:

- ▶ **Aetna Dental PPO Plan**
- ▶ **Aetna Dental HMO Plan**

The dental options include coverage for:

- preventive care and diagnostic services, such as exams, cleanings and X-rays
- basic restorative and major services, such as fillings, crowns and dentures
- orthodontia for children and adults

### What the Dental Plan Covers

	Aetna Dental PPO		Aetna Dental HMO
	In-Network	Out-of-Network	
Annual Deductible	\$50/person		No deductible
Annual Maximum Benefit	\$1,500/person		No maximum
Preventive care (exams, cleanings, fluoride application)	100%, no deductible	100% of R&C, no deductible	100%
Diagnostic X-ray services	90%	80% of R&C	100%
Basic care including oral surgery and fillings	90%	80% of R&C	100% after copay, if applicable
Major care including crowns, bridges and dentures	60%	50% of R&C	100% after copay, if applicable
Orthodontia	50% up to \$1,500/person lifetime maximum	50% up to \$1,500/person lifetime maximum	100% after \$1,545 copay; other fees may apply per dental care schedule

#### Good dental health is important to your overall health and well-being.

Make time for regular preventive dental care. It can help you catch potential medical issues and avoid major dental care later!

## Vision

SAIC offers vision coverage through VSP.

Covered Services (once per calendar year)	VSP provider	Non-VSP provider
Vision exam	100% after \$20 copay	Up to \$50 after \$20 copay
Lenses	100% for: <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Lined bifocal</li> <li>• Lined trifocal</li> </ul> (20% discount on lens options)	Up to the following amounts after \$20 copay: <ul style="list-style-type: none"> <li>• \$50/single vision</li> <li>• \$75/lined bifocal</li> <li>• \$100/lined trifocal</li> <li>• \$125/lenticular</li> </ul>
Frames	Up to \$120 (20% discount on upgrades)	Up to \$70 after \$20 copay
Contacts (in lieu of lenses and frames)	\$120 allowance (15% discount on exam, then 100% after \$60 copay)	Up to \$105 (applies to fitting and evaluation and to contacts)
Medically necessary contact lenses (in lieu of lenses and frames)	100%	Up to \$210

The vision plan also provides discounts on laser vision correction surgery.

### Tip!

**Before you make a dental or vision election, it's a good idea to review the coverage you currently have and think about what you'll need in 2014.**





## Basic Life

If you are eligible, you will automatically receive Basic Life insurance for yourself, your covered spouse/ domestic partner and your children. Coverage for your eligible dependents equals \$2,000 per person. SAIC pays the full cost of Basic Life.

**Note:** Basic Term Life benefit amounts over \$50,000 are subject to income tax. The income tax amount added to your W-2 is calculated based on the value of the premium paid by SAIC for coverage amounts over \$50,000. This is called “imputed income.”

## Supplemental Life

You can purchase Supplemental Life insurance for yourself or your dependents. You pay the full cost for this coverage, after-tax. You can purchase coverage in amounts equal to one-half up to six times annual compensation, to a maximum of \$1,500,000. You will need to provide evidence of insurability (EOI) if you purchase amounts over \$750,000. During Annual Enrollment, you may increase your supplemental life coverage amount by one level, up to \$750,000 without providing EOI.

## Basic Accidental Death and Dismemberment (AD&D)

Basic AD&D provides benefits to your beneficiary if you die as the result of an accident. If you are injured as the result of an accident, you will receive a percentage of your coverage based on your injury.

Eligible employees will automatically receive Basic AD&D coverage equal to one times your annual compensation, rounded to the next higher \$1,000. SAIC pays the full cost of Basic AD&D.

## Voluntary AD&D

You can purchase additional AD&D insurance for yourself or your dependents. You pay the full cost of this coverage, after-tax.

You can purchase voluntary AD&D in amounts equal to one-half up to 10 times your annual compensation, to a maximum of \$1,000,000.



## Disability Coverage

SAIC provides three disability plans – disability sick leave (DSL), short-term disability (STD) and long-term disability (LTD). Both the STD and LTD plans are voluntary and provide financial protection for you and your family if you are unable to work because of a medical condition, including pregnancy.

### ▶ Short-Term Disability (STD or VSDI)

Your STD coverage pays a percentage of your base salary for up to 180 days following the first week of disability, unless you are hospitalized.

### ▶ Long-Term Disability (LTD or VLDI)

LTD begins after you have been disabled for more than 180 days and pays 60 percent of your covered monthly base salary.

You pay the full cost of the STD and LTD plans when you elect disability coverage.

**You will be automatically enrolled in the LTD Plan if no election is made during Annual Enrollment. In addition, you are guaranteed to be accepted if you enroll when you are first eligible.**

## Employee Assistance and Work/Life Plan

When you or your covered dependents need support, the Employee Assistance Program (EAP) through Cigna Behavioral Health is there to help. The EAP is a free, confidential counseling, personal assessment and referral service to help you navigate life's twists and turns.

Your sessions with EAP counselors are confidential and will not be shared with SAIC or another third party. For more information, contact Cigna Behavioral Health at 888-854-5691, or visit **Cigna Behavioral Health's web site** and enter "SAIC" as your access code.

## Comprehensive Leave Program

SAIC provides a competitive comprehensive leave program. The 2014 program features:

- 320-hour maximum comprehensive leave limit for all employees
- Senior staff threshold of \$150,000
- 10-hour weekly carryover limit for the Personal Time Bank

**Note:** The automatic payout in January 2014 will be the **last automatic payout**. Employees with a comprehensive leave balance in excess of 280 hours (as of mid-December 2013) will receive an automatic payout of comprehensive leave hours over 280.

# Eligibility

## Eligible Dependents

Eligible family members include:

- Your legal spouse or registered domestic partner
- Dependent children to age 26, regardless of student status
- Unmarried children beyond the age of 26 who are incapable of self-support due to physical or mental disability
  - Children include your legally adopted children, children placed with you for adoption, stepchildren or legally adopted grandchildren living in your home and dependent on you for support, and children of your domestic partner.

**Note:** The law requires that you are taxed on contributions for medical and dental coverage for your domestic partner and the children of your domestic partner, unless those children are considered tax-dependents.

To enroll a domestic partner, you must provide proof that your domestic partnership is registered with a state or local domestic partner registry, or you must complete a Declaration of Domestic Partnership. For additional information, contact the Shared Services Center HR (SSC HR) at [sschrbsd@saic.com](mailto:sschrbsd@saic.com) or by phone at 866-955-7242, select option 3. Assistance is available Monday – Friday, 8:00 a.m. – 6:00 p.m. ET.

## Dependent Eligibility Verification (DEV)

At the end of Annual Enrollment, you'll need to verify any newly added dependents for the 2014 plan year. You should be ready to provide the following to Budco, SAIC's DEV partner:

- **Proof of marital status** – redacted tax return, marriage certificate, joint ownership document (utility bill)
- **Proof of domestic partnership** – proof of registration with a state or local domestic partner registry, residency document, joint ownership document
- **Proof of parent** – birth certificate, hospital record, adoption paperwork, report of birth abroad, legal guardianship document

### Availability of Summary Health Information

SAIC is committed to providing the benefits and programs that support the health and well-being of employees and their families. To help you make an informed choice, SAIC provides a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage options. The SBC is available on the Benefits web site on ISSAIC. A paper copy is also available, free of charge, by contacting the Shared Services Center HR (SSC HR) at [sschrbsd@saic.com](mailto:sschrbsd@saic.com) or by phone at 866-955-7242, select option 3. Assistance is available Monday – Friday, 8:00 a.m. – 6:00 p.m. ET.

## How to Enroll

Once Annual Enrollment begins at 9 a.m. ET Wednesday, Nov. 7, you can access the enrollment site through [www.saicbenefits.com](http://www.saicbenefits.com).

- ▶ You may also link to the Annual Enrollment web site from the Benefits page on ISSAIC.
- ▶ If you enter the site through [www.saicbenefits.com](http://www.saicbenefits.com), you will need to create a password before you can proceed with the login process by clicking *Create* or *Reset Your Password*.
- ▶ Accept the online authorization to move to the main menu.
- ▶ Follow the prompts on each page to navigate through the enrollment site.

Be sure to access the enrollment site during the Annual Enrollment period beginning **9 a.m. ET Thursday, Nov. 7, and ending at 11:59 p.m. Wednesday, Nov. 27, 2013.**

If you're enrolling as a new hire during the Annual Enrollment period, you will need to make benefit elections for the remainder of 2013 via the [eBenefits site](#) and a second election in the eBenefits system for 2014, within 7 days.

## Changing Your Benefits During the Year

Because contributions for most benefits are deducted on a pre-tax basis, IRS regulations require that, once enrolled, you may not change your benefit elections until the next Annual Enrollment period – unless you experience a qualified status change. A qualified status change allows you to change your level of coverage but not switch plans within 31 days of the event.





# Contacts

Benefit Provider	Link	Call
<b>Medical</b>		
<ul style="list-style-type: none"> <li>• Anthem</li> <li>• Kaiser, Mid-Atlantic</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.anthem.com/saic">www.anthem.com/saic</a></li> <li>• <a href="http://www.kp.org">www.kp.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• 855-567-4698</li> <li>• (301) 468-6000 (Inside Washington, D.C.)</li> <li>• 800-777-7902 (Outside Washington, D.C.)</li> </ul>
<ul style="list-style-type: none"> <li>• Kaiser, Hawaii</li> <li>• Kaiser, California</li> <li>• Cigna International</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.kp.org">www.kp.org</a></li> <li>• <a href="http://www.kp.org">www.kp.org</a></li> <li>• <a href="http://www.cignaenvoy.com">www.cignaenvoy.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• 800-966-5955</li> <li>• 800-464-4000 or 800-390-3510</li> <li>• 1-800-441-2668 (U.S. /Canada)</li> <li>• 1-302-797-3100 (Outside U.S./Canada)</li> </ul>
Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) – WageWorks	<a href="http://www.wageworks.com">www.wageworks.com</a>	877-924-3967
Prescription Drug Coverage – Express Scripts	<a href="http://www.express-scripts.com/saicrx">www.express-scripts.com/saicrx</a>	800-262-2234
Teladoc	<a href="http://www.teladoc.com/doctornow">www.teladoc.com/doctornow</a>	800-835-2362
Wellness program – StayWell	<a href="http://saic.online.staywell.com">saic.online.staywell.com</a>	866-280-1091
Dental – Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800-843-9126 (DPPO) 877-238-6200 (DHMO)
Vision – VSP	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
Life Insurance and AD&D – Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	800-238-2125
<b>Disability</b>		<b>STD</b>
<ul style="list-style-type: none"> <li>• STD – Sedgwick CMS</li> <li>• LTD – Cigna</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.sedgwickcms.com">www.sedgwickcms.com</a></li> <li>• <a href="http://www.cigna.com">www.cigna.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• 855-556-4347</li> </ul>
		<b>LTD</b>
		<ul style="list-style-type: none"> <li>• 800-362-4462</li> </ul>
<b>Employee Assistance and Work/Life Plan (EAP)</b>		
<ul style="list-style-type: none"> <li>• Domestic – Cigna Behavioral Health</li> <li>• International – Global EAP</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.cignabehavioral.com">www.cignabehavioral.com</a></li> <li>• <a href="mailto:globaleap@workplaceoptions.com">globaleap@workplaceoptions.com</a></li> </ul>	<ul style="list-style-type: none"> <li>• Domestic: 888-854-5691</li> <li>• International: + 44-208-987-6550</li> </ul>
COBRA - CONEXIS	<a href="http://www.conexis.com">www.conexis.com</a>	877-722-2667
Dependent Verification - Budco	<a href="http://www.budcohealthservicesolutions.com">www.budcohealthservicesolutions.com</a>	• 877-607-4277

## Do you have a benefit-related question?

Contact Shared Services Center HR (SSC HR) at [sschrbsd@saic.com](mailto:sschrbsd@saic.com) or by phone at 866-955-7242, select option 3. Assistance is available Monday – Friday, 8:00 a.m. – 6:00 p.m. ET.