



2017 Benefit Guide

An Overview of Your Capco Benefits





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Welcome to your 2017 Employee Benefits

We recognize the important role employee benefits play as a critical component of overall compensation. We continue to make every effort to target the best quality benefit plans for our staff and their families. Our program offers a range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist in providing for the health, well-being and financial security of you and your covered dependents.

Benefits Guide Overview

Capco is proud to be able to offer a high quality menu of benefit choices, and the freedom to select coverage that will fit your insurance needs and your budget. This Benefit Guide, along with your benefit plan summaries provides an outline of the Capco benefits that are available to you and your family.

Please elect your benefits carefully since, in most cases, changes in your enrollment can only be made during the annual open enrollment period. The benefit elections you select during open enrollment remain in effect for the entire calendar year, unless you have an IRS qualified change in status. Qualifying events include a change in marital status, dependent status, employment status and other [IRS defined events](#). You must make your new election within 30 days of the date of the qualifying event.

We are constantly striving to provide you and your families with a superior enrollment process and benefit packages. Please keep this book as an employee benefits reference guide. It contains general information regarding your benefits and important carrier information.



Your Capco Benefits

Capco offers both 100% company-paid and voluntary health and welfare benefits. If you choose to participate in the voluntary plans, you pay the cost through payroll deductions.

100% Company-paid Benefits

- ◆ Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance
- ◆ Basic Dependent Life Insurance
- ◆ Short Term Disability
- ◆ Long Term Disability
- ◆ Employee Assistance Program (EAP)
- ◆ Business Travel Accident Insurance
- ◆ Health Advocate



Your Capco Benefits Continued.

Voluntary Benefit Options

- ◆ Medical
- ◆ Dental
- ◆ Vision
- ◆ Supplemental Employee Life Insurance
- ◆ Supplemental Dependent Life Insurance
- ◆ Supplemental AD&D Insurance
- ◆ Health Savings Account (HSA)
- ◆ Flexible Spending Accounts (FSA)
 - Health Care FSA
 - Dependent Care FSA
- ◆ Tax-free Transportation Programs
 - Parking
 - Mass Transit
- ◆ Long-term Care Insurance
- ◆ Accident Insurance
- ◆ Critical Illness Insurance
- ◆ Hospitalization Insurance Plan
- ◆ Identity Theft
- ◆ Life Events Legal Plan

Who Is Eligible?

If you are a regular, full-time employee scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following your date of hire. This includes you, your legally dependent children, spouse and /or domestic partner.

Eligible Dependents

Dependents you can cover include:

Your legal spouse

Your child(ren)*

- For medical, dental, vision and life insurance coverage only: Children up to age 26, regardless of whether they qualify as your tax dependent, marital or student status
- Age 26 or older if they are primarily supported by you and are physically or mentally incapable of self- support

**Eligible children include your own children, stepchildren who live with you at least six months of the year, legally adopted children and children for whom you have legal guardianship.*

Employees have the ability to enroll their domestic partners and children of domestic partners in the Capco benefit plans. The tax implications, however, for domestic partners and dependents of domestic partners are different from those of legally married spouses and dependent children.

When an employer provides health care benefits for the spouse or dependents of an employee, the IRS allows the money paid by the employer for these benefits to be excluded from the employee's gross income. No such exclusion exists, however, for benefits of an employee's domestic partner or dependents of a domestic partner. The money paid by an employer for the health care benefits for an employee's domestic partner and dependents of a domestic partner is taxable income.

Neither a domestic partner, nor the children of a domestic partner (who are not dependents of the employee), are eligible to receive tax-favored benefits through a cafeteria plan.



Your Capco Benefits Continued

Changing Benefits

You may make changes to your benefit elections outside of the Annual Enrollment period only when you have a qualified change in status. Qualified changes in status are life events as shown below:

- ◆ Marriage, legal separation or divorce
- ◆ Death of your spouse or dependent
- ◆ Birth or adoption of a child
- ◆ Termination of employment by your spouse or his/her obtainment of new employment, when either results in a loss or gain of benefits
- ◆ A change in employment status from full-time to part-time (or vice versa) by you or your spouse, when either results in a loss or gain of benefits
- ◆ Disqualification of a child as an eligible dependent due to age
- ◆ A change in residence that affects eligibility

Only benefit changes that are consistent with the qualified change in status are permitted, and these changes must be made within 31 days.* Benefits will be effective the first of the month following the date of the qualified event (with the exception of birth, adoption and legal guardianship of a dependent; these events will have benefits effective on the date of birth, placement of the child or the date legal guardianship is obtained). You are responsible for notifying the corporate Benefits Department of any changes, and you must provide the necessary paperwork within 31 days. Visit www.fisandme.com for more information.

**Employees or dependents covered under Medicaid or a Children's Health Insurance Program (CHIP) plan have 60 days after loss of benefits under such plan to submit the necessary paperwork to request coverage. Also, employees or dependents have 60 days after the eligibility determination date to submit the necessary paperwork to cease their employer benefits once they become eligible for Medicaid or CHIP assistance.*

UNDERSTANDING YOUR MEDICAL PLAN



The following medical plans provide the framework for your good health and wellbeing. Capco medical benefits are provided by United HealthCare. Employees may select either the HDHP with HSA plan, the Base Plan, the Buy Up Plan, or waive coverage altogether.

Qualified High Deductible Health Plan with HSA

Our High Deductible Health Plan (HDHP) is administered by United Health Care (UHC). This plan allows you to receive care from any medical provider, but pays higher benefits when you use UHC's PPO providers. With PPO providers, you pay an annual deductible and then the plan pays 100% of the cost of eligible services. If you do not use a PPO provider, you pay a higher deductible and then the plan pays 80% of the cost of eligible services. You pay the remaining cost until your deductible and coinsurance payments reach an annual payment limit. Once you reach this limit, the plan pays 100% of your eligible expenses for the rest of the year (excluding charges that are not otherwise covered by the plan).

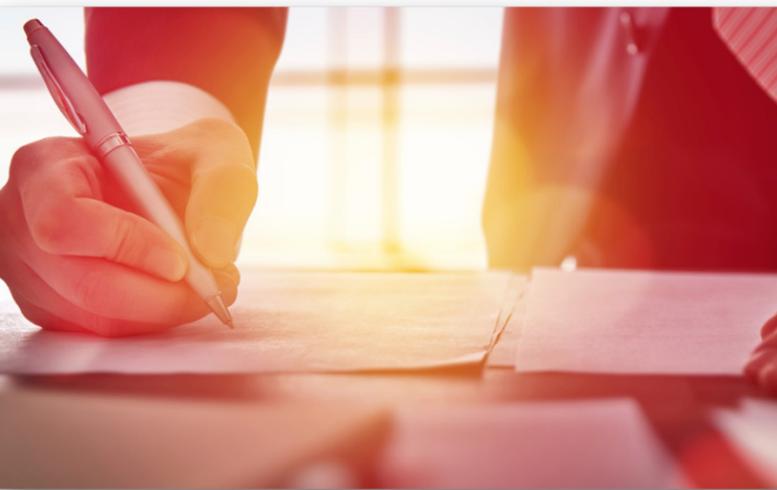
If you choose to receive care from a non-PPO provider, you are also responsible for obtaining precertification for hospital, treatment facility and convalescent facility admissions; home health care; hospice care and private duty nursing.

Base Plan

Capco's Base Plan option is an Exclusive Provider Organization (EPO). The Base Plan is a managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan's network (except in an emergency). If you use a doctor or facility that isn't in the network, you may have to pay the full cost of the services provided.

Buy Up Plan

Capco's National Buy Up Plan is a Preferred Provider Organization Plan (PPO). The Buy Up Plan gives you the option to use network providers and receive the highest level of coverage, or non-network providers and pay more for services.



CAPCO PLAN COMPARISON 2017

	QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (HDHP with HSA)		CHOICE PLUS BASE PLAN	CHOICE PLUS BUY UP PLAN	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible					
<i>Individual</i>	\$1,500	\$3,000	None	None	\$1,000
<i>Family*</i>	\$3,000	\$6,000			\$2,000
Annual Out-of-Pocket Maximum <i>(Includes Deductible and all co-pays)</i>					
<i>Individual</i>	\$4,000	\$6,000	\$1,250	\$1,250	\$4,000
<i>Family*</i>	\$8,000	\$12,000	\$3,750	\$3,750	\$8,000
<i>*The Family Deductible and Family Out-of-Pocket Maximum are now embedded. No one family member enrolled in the HDHP plan will be responsible for more than the individual deductible or individual out-of-pocket maximum.</i>					
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Office Visits	100% after deductible	80% after deductible	\$20 co-pay per visit	\$20 co-pay per visit	Plan pays 80% after Deductible
Specialist Office Visits	100% after deductible	80% after deductible	\$40 co-pay per visit	\$40 co-pay per visit	Plan pays 80% after Deductible
Urgent Care	100% after deductible	80% after deductible	\$50 co-pay per visit	\$50 co-pay per visit	Plan pays 80% after Deductible
Emergency Room	100% after deductible	100% after deductible	\$100 co-pay (Waived if admitted)	\$100 co-pay (Waived if admitted)	\$100 co-pay (Waived if admitted)
Maternity Physician Services	100% after deductible	80% after deductible	\$20 co-pay (First office visit only)	\$20 co-pay (First office visit only)	Plan pays 80% after Deductible
Hospital Inpatient Expenses	100% after deductible	80% after deductible	\$500 co-pay per inpatient stay	\$500 co-pay per inpatient stay	Plan pays 80% after Deductible
Hospital Outpatient Expenses	100% after deductible	80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 80% after Deductible
Outpatient Therapies <i>(ex: physical, speech and occupational) 20 visits maximum per calendar year</i>	100% after deductible	80% after deductible	\$20 co-pay	\$20 co-pay per visit	Plan pays 80% after Deductible
Chiropractic Care	100% after deductible	80% after deductible	\$20 co-pay	\$20 co-pay per visit	Plan pays 80% after Deductible
Mental Health/Behavioral Treatment Services	100% after deductible	80% after deductible	Inpatient: \$500 co-pay per inpatient stay Outpatient Services: \$20 co-pay per visit	Inpatient: \$500 co-pay per stay Outpatient: \$20 co-pay per visit	Plan pays 80% after Deductible
Durable Medical Equipment <i>Limited to 1 type of DME (including repair/replacement) every 3 years</i>	100% after deductible	80% after deductible <i>(Pre-authorization required for charges over \$1,000)</i>	Plan pays 100%	Plan pays 100%	Plan pays 80% after Deductible <i>(Pre-authorization required for charges over \$1,000)</i>
Prescription Drugs <i>*Please note that you must first meet your medical deductible before any Rx co-pays will be applied.*</i>					
Retail Pharmacy <i>(31 day supply)</i>	\$10 for Tier 1 drugs \$35 for Tier 2 drugs \$60 for Tier 3 drugs	\$10 for Tier 1 drugs \$35 for Tier 2 drugs \$60 for Tier 3 drugs	\$10 for Tier 1 drugs \$30 for Tier 2 drugs \$50 for Tier 3 drugs	\$10 for Tier 1 drugs \$30 for Tier 2 drugs \$50 for Tier 3 drugs	\$10 for Tier 1 drugs \$30 for Tier 2 drugs \$50 for Tier 3 drugs
Mail Order Maintenance Drug <i>(90 day supply)</i>	\$25 for Tier 1 drugs \$87.50 for Tier 2 drugs \$150 for Tier 3 drugs	Not covered	\$25 for Tier 1 drugs \$75 for Tier 2 drugs \$125 for Tier 3 drugs	\$25 for Tier 1 drugs \$75 for Tier 2 drugs \$125 for Tier 3 drugs	Not Covered
	*In addition to the post tax contributions, a portion of the premium for DP and dependents of DP will be taxable income to the employee. These amounts are \$198.50 for DP coverage only and \$431.69 for DP and dependent coverage (per semi monthly pay period).		*In addition to the post tax contributions, a portion of the premium for DP and dependents of DP will be taxable income to the employee. These amounts are \$277.26 for DP coverage only and \$494.24 for DP and dependent coverage (per semi monthly pay period).		*In addition to the post tax contributions, a portion of the premium for DP and dependents of DP will be taxable income to the employee. These amounts are \$217.87 for DP coverage only and \$473.88 for DP and dependent coverage (per semi monthly pay period).

2017 MEDICAL CONTRIBUTIONS

QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (HDHP with HSA)	Semi - Monthly Contributions	Pre Tax	Post Tax
	<i>Employee</i>	\$5761	N/A
	<i>Employee + 1</i>	\$11095	N/A
	<i>Family</i>	\$17361	N/A
	<i>Domestic Partner (DP)*</i>	N/A	\$53.34
	<i>DP & DP Children)*</i>	N/A	\$116.00
CHOICE PLUS BASE PLAN	Semi - Monthly Contributions	Pre Tax	Post Tax
	<i>Employee</i>	\$6473	N/A
	<i>Employee + 1</i>	\$12465	N/A
	<i>Family</i>	\$195.05	N/A
	<i>Domestic Partner (DP)*</i>	N/A	\$59.92
	<i>DP & DP Children)*</i>	N/A	\$130.32
CHOICE PLUS BUY UP PLAN	Semi - Monthly Contributions	Pre Tax	Post Tax
	<i>Employee</i>	\$96.28	N/A
	<i>Employee + 1</i>	\$185.44	N/A
	<i>Family</i>	\$290.12	N/A
	<i>Domestic Partner (DP)*</i>	N/A	\$89.16
	<i>DP & DP Children)*</i>	N/A	\$193.84



UNDERSTANDING YOUR HSA



If you enroll in the QHDHP plan, you are eligible to set up an individual Health Savings Account (HSA) at the bank or investment company of your choice. You can deposit money into your HSA and lower your taxable income at time of filing.

An HSA is an employee-owned account that allows you to set aside money for eligible medical expenses (including vision and dental expenses) incurred this year or in future years. Your contributions to the account are tax-exempt, so you can save on taxes when you participate. Unlike a Flexible Spending Account, any unused balance in your HSA rolls over from year to year—there is no “use it or lose it” rule. We recommend that you see your tax advisor for additional information on the tax advantages this account may offer you.

You must be enrolled in the Qualified High Deductible Health Plan in order to contribute to an HSA. In future years, if you decide to dis-enroll from the QHDHP, you can continue to use any money in your HSA for qualified medical expenses, but you are ineligible to contribute any additional funds to the account.

If you ever withdraw funds from the account for non-medical expenses, you will be subject to a penalty. At age 65, however, any unused funds in your HSA can be withdrawn without penalty for non-medical purposes. If you withdraw the funds from your HSA after age 65, you would be subject to normal income tax on the money in the account, but you would not be limited to using the money for just medical expenses.



There are limits to how much you can contribute to your HSA each calendar year. For 2017, the contribution limits are:

	Under Age 55	Age 55+ (\$1,000 Catch Up)
Individual	\$3,400	\$4,400
Family	\$6,750	\$7,750

If you enroll in the QHDHP and open an HSA, you will not be eligible to enroll in the medical portion of the Flexible Savings Account (FSA). **You will be able to participate in other portions of the plan such as parking and transit and dependent care reimbursement.**

Your HSA

Please use the list on the next page as a guide to help you determine whether a medical expense is qualified or not for an HSA distribution.

Smiles happen when Capco employees enroll in a dental plan from Aetna Dental. Capco dental benefits are provided by Aetna. You may select either the DMO Plan, which provides in-network coverage only and utilizes a smaller network of providers, or the PPO Plan which provides both in-network and out-of-network coverage.

The Passive PPO dental plans give you the freedom to choose either a participating network dentist or an out-of-network dentist. Typically you benefit from considerable cost savings when using a dentist who is in the network.

**Employees may change between dental plans at any point during the plan year. Any change will take effect on the first day of the month following the request for change.*



Type of Plan	DMO PLAN	PASSIVE PPO PLAN	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Deductible			
<i>Individual</i>	None	\$50	\$50
<i>Family</i>	None	\$150	\$150
Annual/Maximum Benefit	None	\$1,500	
Preventive Services <i>(oral exam, cleaning, x-rays)</i>	100%	100%	
Basic Services <i>(fillings, root canal, oral surgery)</i>	100%	Plan pays 80% after Deductible	Plan pays 80% after Deductible
Major Services <i>(crowns, dentures, endo, periodontal)</i>	Plan pays 60%	Plan pays 50% after Deductible	Plan pays 50% after Deductible
Orthodontia <i>(Adult and child coverage)</i>	\$2,000 copay	\$50 deductible, Plan pays 50% up to \$1,000 lifetime maximum	
Semi-Monthly Contributions		Pre Tax	Post Tax
Employee		\$9.10	N/A
Employee + 1		\$17.16	N/A
Family		\$23.92	N/A
Domestic Partner (DP)*		N/A	\$8.06
DP & DP Child(ren)*		N/A	\$14.82



UNDERSTANDING YOUR VISION PLAN



Capco is pleased to offer vision benefits through EyeMed Vision Care. With EyeMed, you have the freedom to choose from an extensive network of private practice optometrists, ophthalmologists, opticians or from leading optical retailers.

Please note that EyeMed does not issue Identification Cards. Your provider can contact EyeMed directly to verify benefits.

Capco utilizes the EyeMed Select vision network.

	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	<i>1 every 12 months</i>	
	\$10 co-pay	Up to \$30 allowance
Prescription Lenses	<i>1 pair every 12 months</i>	
Single	\$10 co-pay	Up to \$25 allowance
Bifocal	\$10 co-pay	Up to \$40 allowance
Trifocal	\$10 co-pay	Up to \$60 allowance
Progressive	<i>Premium: \$75 co-pay plus 80% of charge (less \$120 allowance) Standard: \$75 co-pay</i>	Up to \$40 allowance
Frames	<i>1 every 12 months</i>	
	Up to \$140 allowance plus 20% off any amount over allowance	Up to \$70 allowance
Contact Lens	<i>1 every 12 months in lieu of lenses and frames</i>	
Elective	<i>Conventional: Up to \$130 allowance plus 15% off any amount over allowance Disposable: Up to \$130 allowance</i>	Up to \$104 allowance
Fit and Follow up Exam <i>(Comprehensive eye exam must be completed first)</i>	<i>Standard: Up to \$40 allowance Premium: 10% off retail price</i>	Up to \$104 allowance
Network Providers	Cohen Fashion	Eye to Eye
	Lenscrafters	Pearl Vision
	Sears Vision	JC Penny Optical
Semi-Monthly Contributions	Pre Tax	Post Tax
<i>Employee</i>	\$2.10	N/A
<i>Employee + 1</i>	\$2.89	N/A
<i>Family</i>	\$4.99	N/A
<i>Domestic Partner (DP)*</i>	N/A	\$0.79
<i>DP & DP Child(ren)*</i>	N/A	\$2.89

*In addition to the post tax contributions, a portion of the premium for DP and dependents of DP will be taxable income to the employee. These amounts are \$2.97 for DP coverage only and \$4.58 for DP and dependent coverage (per semi monthly pay period).

The Vision Care Plan through EyeMed will help you keep your life in focus.





UNDERSTANDING YOUR FLEXIBLE SPENDING ACCOUNTS

Save money when you use a Flexible Spending Account (FSA) to pay for certain health care and dependent care expenses, with favorable pre-tax dollars.

Health Care Spending Account

You can deposit as much as \$2,600 a year on a pre-tax basis to the Health Care Spending Account. You reimburse yourself with these tax-free dollars for things such as medical and dental plan deductibles, coinsurance and copayments. Examples of eligible expenses are those not covered by insurance. They include the cost of routine physical exams, extra dental cleanings, childbirth classes, routine hearing exams, hearing aids and repairs, eye exams and prescription eyewear, chiropractic services, infertility services, diabetic supplies and much more.

Over-the-counter Drugs and Medicines

As a result of the Patient Protection and Affordable Care Act, out-of-pocket expenses for over-the-counter drugs and medicines must be accompanied by a doctor's prescription in order to qualify for reimbursement from a Flexible Spending Account (FSA) or Health Savings Account (HSA).

For example, cold medicines, allergy medicines, cough syrups, etc., are not reimbursable under the Health Care Spending Account or HSA; only medical supplies, equipment and contact lens solution will remain eligible without a prescription.

Transit/Parking

Mass Transit	Maximum contribution is \$130 per month	Maximum monthly Contribution Balances not used in your Transit and Parking Account will roll from one Plan year to the next. This is not a use it or lose it plan.	Save 20%-40% on your transit/parking expenses. Reduces your taxable income.
Parking	Maximum contribution is \$250 per month		

Dependent Day Care Spending Account

Pre-tax money that you deposit into the Dependent Day Care Spending Account pays for care expenses for a dependent child up to age 13, or a dependent adult. Care expenses are reimbursable if the services enable you and your spouse to work. Expenses are also reimbursable if your spouse is disabled or attends school full-time at least five months of the year. You can deposit as much as \$5,000 a year (\$2,500 if married, filing separately). Then you can reimburse yourself using these tax-free dollars for such things as nursery school tuition, day care, summer day camp and dependent-adult day care center expenses. Care can be provided inside or outside your home. All reimbursement claims are filed manually.

FSA Debit Card

The FSA Debit Card offers the convenience of a pre-funded credit card, with no annual fee. Use your FSA Debit Card to pay for eligible FSA expenses at the point of service, such as doctor and dentist offices, pharmacies and vision service offices.

Using your FSA Debit Card saves you the hassle of paying cash for services (in addition to your payroll deduction), filling out and submitting a claim form and waiting for a reimbursement check. A debit card is only available with the Health Care FSA. Dependent Day Care FSA reimbursements are filed manually.

Rules for the FSAs

If a balance is remaining in an FSA on December 31, participants have until March 15 of the following plan year to incur eligible expenses to be applied against the remaining plan year balance.

According to the IRS, after the deadline, any money left in an FSA is forfeited. This is known as the "use it or lose it" rule. Thus, claims incurred for the current plan year **MUST** be submitted for reimbursement by March 31 of the following plan year or the money is forfeited.

Changes in elections can be made only during annual enrollment or if you have a qualified change in status. The change in status must be consistent with the requested change.

Keep all receipts and backup documentation regarding your FSA expenses - you may be required to provide proof of eligible expenses to WageWorks, the FSA vendor. An Explanation of Benefits (EOB) is the best type of documentation as it includes everything the IRS requires for backup substantiation.



UNDERSTANDING

YOUR LIFE & DISABILITY BENEFITS



Capco's ancillary benefits are offered through Unum. Unum has worked hard to earn a reputation for high

quality insurance products.

BASIC LIFE AND ACCIDENTAL DEATH &

DISMEMBERMENT INSURANCE (AD&D)

Basic Life and AD&D insurance coverage are important parts of your financial well-being and Capco provides these benefits at no cost to you.

All regular, full-time employees scheduled to work at least 30 hours per week, are eligible for Basic Life insurance. Basic Life insurance is equal to 1.5 times basic annual earnings to a maximum benefit of \$750,000. Benefits are reduced 65% of the original amount at the age of 70 and to 50% of the original amount at the age of 75. Capco also offers Basic Dependent Life insurance. This benefit is \$10,000 for your spouse and \$2,500 for each of your eligible dependent children.

AD&D insurance provides benefits to you and your beneficiary should you suffer loss of life or limb due to an accident. All regular, full-time employees scheduled to work at least 30 hours per week, are eligible for AD&D. AD&D insurance is equal to 1.5 times basic annual earnings up to a maximum of \$750,000.

*Please note that annual salaries in excess of \$50,000 require imputed income and you will notice social security and Medicare taxes on your paycheck.



SUPPLEMENTAL LIFE AND AD&D

You have the option to purchase additional Life and AD&D insurance for yourself, your spouse and your eligible dependent children. Employees may elect up to 5 times base annual earnings (in \$10,000 increments) up to \$750,000. Election amounts over \$250,000 will require evidence of insurability form to be completed and returned to UNUM. Employees may also elect additional coverage for spouses and/or eligible dependent children:

Spouse: Amounts in \$5,000 increments equal to the lesser of 100% of the employee election amount or \$500,000. Amounts over \$25,000 will require evidence of insurability and approval from UNUM.

Eligible Dependent Children: Up to \$10,000 (in \$2,000 increments)

You pay 100% of the cost of coverage, and the premium will be deducted from your paycheck on a post-tax basis. Any coverage elected over the Guarantee Issue Amount must be approved by Unum.

SHORT-TERM DISABILITY (STD)

Capco provides a Short-Term Disability plan at no cost to you. Short-Term Disability (STD) replaces a portion of your income if you become disabled due to an accident, injury, or illness.

All active regular, full-time employees scheduled to work at least 30 hours per week, are eligible to receive the STD benefit. If you cannot work due to injury or sickness, your STD benefit will begin after a 7-day waiting period (calendar days) and can last up to 13 weeks. You may use standard sick days as income replacement during your 7-day waiting period.

The STD benefit replaces 66.67% of your base annual earnings up to a \$1,500 weekly maximum.

LONG-TERM DISABILITY (LTD)

Capco provides a Long-Term Disability plan at no cost to you. Long-Term Disability (LTD) replaces a portion of your income if you become disabled due to an accident, injury, or illness.

All active regular, full-time employees scheduled to work at least 30 hours per week, are eligible to receive the LTD benefit. The LTD benefit begins on the 91st day of disability (calendar days) and replaces up to 60% of your gross monthly base earnings to a maximum monthly benefit of \$15,000. The LTD benefit may be reduced by other sources of income.



YOUR LIFE & DISABILITY BENEFITS OVERVIEW

Basic Life & AD&D - Employer Paid																																		
Employee Basic Life & AD&D	1.5 times Base Annual Earning (BAE) up to a maximum \$750,000																																	
Benefit Reduction	65% of the original amount at age 70, and to 50% of the original amount at age 75																																	
Short-Term Disability (STD) - Employer Paid																																		
Amount of Benefit	66.67% of Base Salary up to a Maximum of \$1,500 per week																																	
When Benefits Begin	After 7 day waiting period																																	
Maximum Benefit Period	12 weeks																																	
Long-Term Disability (LTD) - Employer Paid																																		
Amount of Benefit	60% of Gross Monthly Base Salary up to a Maximum of \$15,000 per month																																	
When Benefits Begin	After 90 days of disability																																	
Maximum Benefit Period	To SSNRA																																	
State Disability																																		
<p>Employees who are absent because of their own disability may be eligible for State Disability Insurance (SDI) benefits depending on the state in which they are employed. SDI benefits may be payable when you cannot work because of illness or injury, including pregnancy and childbirth, not caused by employment at the Company.</p> <p>Note: Please note that SDI is administered by the applicable state and does not provide for any leave or pay rights from the Company. For more information regarding State Disability Insurance please contact Human Capital at USHumanCapitalOperations@Capco.com.</p>																																		
Supplemental Life - Voluntary																																		
Employee	1x, 2x, 3x, 4x or 5x salary up to a \$750,000 maximum. Amounts over \$250,000 are subject to Evidence of Insurability (EOI).																																	
Spouse / Domestic Partner	Amounts in \$5,000 increments equal to the lesser of 100% of the employee election amount or \$500,000. Amounts over \$25,000 subject to Evidence of Insurability (EOI).																																	
Employee and Spouse/Domestic Partner <i>Monthly Contributions based on age and coverage amounts elected</i>	<table border="1"> <thead> <tr> <th>Age</th> <th>Employee / Spouse Rates Per \$1,000</th> <th>Spouse/Domestic Partner Cost per \$1,000</th> </tr> </thead> <tbody> <tr><td><25</td><td></td><td>\$0.060</td></tr> <tr><td>25-29</td><td></td><td>\$0.060</td></tr> <tr><td>30-34</td><td></td><td>\$0.080</td></tr> <tr><td>35-39</td><td></td><td>\$0.095</td></tr> <tr><td>40-44</td><td></td><td>\$0.159</td></tr> <tr><td>45-49</td><td></td><td>\$0.243</td></tr> <tr><td>50-54</td><td></td><td>\$0.451</td></tr> <tr><td>55-59</td><td></td><td>\$0.697</td></tr> <tr><td>60-64</td><td></td><td>\$0.935</td></tr> <tr><td>65+</td><td></td><td>\$2.173</td></tr> </tbody> </table>	Age	Employee / Spouse Rates Per \$1,000	Spouse/Domestic Partner Cost per \$1,000	<25		\$0.060	25-29		\$0.060	30-34		\$0.080	35-39		\$0.095	40-44		\$0.159	45-49		\$0.243	50-54		\$0.451	55-59		\$0.697	60-64		\$0.935	65+		\$2.173
Age	Employee / Spouse Rates Per \$1,000	Spouse/Domestic Partner Cost per \$1,000																																
<25		\$0.060																																
25-29		\$0.060																																
30-34		\$0.080																																
35-39		\$0.095																																
40-44		\$0.159																																
45-49		\$0.243																																
50-54		\$0.451																																
55-59		\$0.697																																
60-64		\$0.935																																
65+		\$2.173																																
Employee Voluntary AD&D	Voluntary AD&D Benefit will match your Supplemental Life election amount. Cost for AD&D is \$0.022 per \$1,000 of benefit.																																	
Eligible Children	<p>Increments of \$2,000 up to a \$10,000 maximum. Benefit to age 19 or 26 if full time student</p> <p>\$0.53 per \$2,000</p>																																	

BUSINESS TRAVEL ACCIDENT PROGRAM



Fidelity National Information Services, Inc. is offering travel benefits to employees, guests and their eligible dependents traveling on behalf of the company for business purposes*. Below is a brief overview of the benefits being offered and contact information in the event of illness or injury. Should you have any questions, please contact your Benefits Administrator or Local HR representative.

WHILE YOU ARE TRAVELING ANYWHERE IN THE WORLD

Accidental Death & Dismemberment Benefits

If, within 365 days of a covered accident, injury results in any one of the losses shown, the benefit amount shown opposite the loss will be paid. If multiple losses occur, only one benefit amount the largest will be paid for all losses due to the same accident.

Additional Benefits:

- ◆ Coma, Disability (PTD), Home Alteration and Vehicle Modification, Rehabilitation, Seatbelt and Airbag

WHILE YOU ARE TRAVELING OUTSIDE YOUR HOME COUNTRY OR COUNTRY OF PERMANENT ASSIGNMENT

Medical Expense Benefits:

We will pay up to \$500,000 for medically necessary expenses incurred for hospital and medical care, treatment or services within 30 days of a covered accident or sickness.

Additional Benefits:

- ◆ Baggage Delay, Family Reunion, Lost Baggage, Personal Property and Financial Instrument Reimbursement, Trip Cancellation, Trip Interruption

ISOS will provide "Assistance Services Only" for these benefits during your business trip. Contact your local Benefits Administrator or Local HR representative for a claim form for payment of these benefits

EMERGENCY RESPONSE BENEFITS APPLICABLE TO ALL PLANS

If you are traveling more than 100 miles from your permanent residence or you are outside your home country on company business, we will pay the following emergency response benefits:

- ◆ Emergency Medical Evacuation, Guarantee of Payment for Hospital Admission, Repatriation of Remains, Security Evacuation Expense, including Natural Disaster (applies only if traveling outside home country), War Risk (applies only if traveling outside your home country, country of permanent assignment, the United States, Afghanistan, Iran or Iraq)

Covered Loss	Benefit Amount
Life, Two or more Members, Quadriplegia	100% of Principal Sum
Paraplegia	75% of Principal Sum
Hemiplegia, One Member	50% of Principal Sum
Thumb Index Finger of the Same Hand, Uniplegia	25% of Principal Sum

If you need medical or security advice or assistance, call International SOS 24 hours a day, 7 days a week (call collect where available):
 Philadelphia +1.215.942.8226
 Singapore +65.6338.7800
 London +44.20.8762.8008
 Sydney +61.2.9372.2468
www.internationalsos.com

Please call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems

ADDITIONAL BENEFIT

PROGRAMS

We're here to help when you need it most.
Here's how.



Find the right doctors

We can also find the right hospitals, specialists and other leading providers, anywhere in the country.

Schedule appointments

Our experts can expedite appointments, arrange second opinions and transfer medical records.

Assist in the transfer of medical records

We'll also handle the details of transferring X-rays and lab results.

Work with insurance companies

Our team works on your behalf to obtain appropriate approvals for needed services.

Resolve benefits issues

We'll do the legwork to resolve insurance claims and billing issues, untangle medical bills and coordinate benefits.

Help with eldercare

We can help address senior issues including finding eldercare services, adult day care and more.

Get your questions answered

We help you become informed about test results, treatments and medications.

Help to make informed decisions

We will research conditions and treatment options, and facilitate second opinions.

Your Health Advocate benefit is being offered by your employer at no additional cost for you and covers eligible employees, their spouses, dependent children, parents and parents-in-law.*

* Restrictions apply

Health Advocate is not affiliated with any insurance company or third party provider, and does not provide medical care or recommend treatment.



866.695.8622

Visit us online at:
HealthAdvocate.com/members

HealthAdvocate™
Always at your side

ADDITIONAL BENEFIT PROGRAMS

THE CAPITAL MARKETS 401(K) PLAN

Under the Capco 401(k) plan through The Vanguard Group (effective January 1, 2017); all eligible employees may contribute on a pre-tax and/or for a Roth IRA post tax from 1% to 40% of eligible compensation (base, bonus, commissions) up to the IRS annual maximum limits. Company match is 50%, up to a maximum of 6% of eligible compensation. There is a three-year progressive vesting schedule:

Years of Service	Vested Percentage
Less than 1	0%
1 but less than 2	34%
2 but less than 3	67%
3 or more	100%

VOLUNTARY BENEFITS

Capco offers voluntary products! There are several plans that are available to employees--plans are portable and employees may choose to elect more than one line of coverage.

Aflac Supplemental Hospital Indemnity

Provides benefits for inpatient and outpatient service as a result of covered accidents and sickness. Benefits also available for spouse and dependent children.

Aflac Critical Illness

Provides a lump sum benefit upon the diagnosis of each covered illness, which include: heart attack, stroke, major organ transplant, kidney failure (end stage), cancer, carcinoma in situ and coronary.

Aflac Accident

Provides benefit for the treatment of injuries suffered as the result of a covered accident. Provides 24 hour protection and does not limit number of claims.

UNUM Long Term Care (LTC)

Helps provide for the cost of long-term care beyond a pre-determined period. Long-term care insurance covers care generally not covered by health insurance, Medicare or Medicaid.

Identity Theft

Covers any type of identity theft- not just financial or credit. Licensed investigators will restore your identity without any caps or limits on their services.

Life Events Legal Plan

Offers the ability to speak with an attorney on any type of legal issue.

CAPCO WELLNESS REIMBURSEMENT PROGRAM

Capco encourages a healthy workforce and has put in practices that support a healthy culture!

Employee may select one of the two wellness options below (not both):

Option 1

Employee may sign up for a gym membership via Capco's corporate discount program (gyms listed below). Capco will pay the full amount of the membership up front and Employee will reimburse Capco through semi-monthly payroll deductions. Capco subsidizes \$50 monthly for the membership dues. Up to \$39 of the one-time processing fee is reimbursable via T&E for employee only (use project code 1200295). Corporate discount is extended to spouses/domestic partners. Note: Spouses/domestic partners and family members of Capco employees are not eligible for the monthly employer subsidy. Please contact HC Ops for more details.

- New York Sports Club
- New York Health & Racquet Club
- Equinox
- Crunch
- Sport & Health
- RDV Athletic Club
- Complete Body

Option 2

Employee may request reimbursement for up to \$50 monthly on **any physical activity expense or massage therapy service** (gym membership of choice, fitness class, public bike share or massage therapy) by sending supporting documentation (receipt of payment and proof of enrollment) to Human.Capital.Americas@capco.com. Please note that this option is a taxable benefit processed via payroll. Applicable taxes will be withheld from the \$50 reimbursement. Up to \$39 of the one-time processing fee is reimbursable via T&E for employee only (use project code 5022927). This provides you of the freedom to self-select your fitness venue or enjoy a relaxing massage for:

- **Traveling employees who may not want to get "locked in" to a specific gym**
- **More variety of gyms and fitness venues for mobile and dispersed workforce**
- **Employees who wish to enjoy the benefits of massage therapy**

WORKING ADVANTAGE

Capco has a membership with Working Advantage and employees have access to discounts for movie theatres, movie rental, theme parks, ski tickets, Broadway theatre tickets, special family events, online shopping and much more.

Registering is easy. Simply go to the Working Advantage website at www.workingadvantage.com and click on "Register". Using the Member ID (946917007), you may complete your one-time registration for free and create your own personal account with a password of your choice. You can order either online or by phone at 1-800-565-3712 Monday through Friday 8:00 a.m. to 6:30 p.m. and Saturday 9:00 a.m. to 5:00 p.m. ET.

ADDITIONAL BENEFIT PROGRAMS

Introducing ...

FIS MARKETPLACE

GET THE ABSOLUTE BEST PRICING ON:

- Apparel
- Auto
- Cell phones
- Computer/software
- Dining
- Electronics
- Entertainment
- Financial services
- Flowers/gifts
- Health/wellness
- Home
- Personal Vacations
- Tickets
- Travel



Don't pay retail ever again! FIS Marketplace is a new, employee perks program designed to be a one-stop shop for employees. Save money on large purchases, as well as your everyday purchases. And, earn points for every dollar you spend, and get even more stuff for free. Once you activate your account, you will have access to exclusive offers and deep discounts from top popular merchants at the places you already shop. In addition, your employee access comes with five friends and family accounts.

**START
SAVING
TODAY!**

1. Visit the FIS Marketplace on FIS & me:
 - > via Employee Matters > HR and Benefits > FIS Marketplace
 - > or go to <https://fisglobal.corporateperks.com/login>
2. Login/register
3. Shop

*This program is currently only available to U.S. employees. Other locations will be rolled out in the future.

ADDITIONAL BENEFIT PROGRAMS



Maternity/Paternity Leave Policy

Maternity leave will be paid at 100% of base salary up to a maximum of eighteen (18) weeks in the event of the birth of a child, or placement of a child due to adoption or foster care for the primary caregiver. Paternity leave is covered at 100% of base salary up to a maximum of four (4) weeks.

To assist with managing your parental leave under this policy, please note the following guidelines and support:

- ◆ Paternity leave must be taken within the first three (3) months of the baby being born. New parent will need to provide documentation, such as hospital discharge paperwork or birth certificate.
- ◆ Maternity leave will be covered for two (2) weeks full pay prior to delivery date, and sixteen (16) weeks thereafter, for a total of eighteen (18) weeks of paid leave.
- ◆ In the event of placement of a child due to adoption or foster care, the primary caregiver will be entitled to a maximum of eighteen (18) weeks of paid leave.

Newborn Gift

Capco is proud to present our new parents with a \$750 gift (per baby) as a way to welcome our newborns and newly adopted family members.

Adoption Assistance Program

Recognizing adoption as a meaningful and viable way to build a family, Capco provides an Adoption Assistance Program to assist employees with their adoption expenses. Capco provides up to \$10,000 in adoption assistance to all employees who are eligible for benefits and have a minimum of one (1) year of service. Active employees who opt out or waive health, dental, and vision coverage remain eligible for the Adoption Assistance Program. The adoption must be final before expenses are eligible for reimbursement.

The coverage applies to public and private agency adoptions, independent adoptions, and international adoptions. The adopted child must be under the age of 18.

Eligible Expenses

The following adoption charges are eligible for reimbursement:

- ◆ Legal/Court fees
- ◆ Agency fees
- ◆ Required medical exams/immunizations for child
- ◆ Transportation costs to bring the child home to the adopting parents

Ineligible Expenses

The following charges are not eligible for reimbursement:

- ◆ Expenses for adopting stepchildren or children related to either parent, such as nephews, nieces, cousins
- ◆ Transportation for adopting parents
- ◆ Medical examination fees for adopting parents
- ◆ Cost of personal items for parents or children during or after the adoption

Please contact Human Capital for additional information, USHumanCapitalOperations@Capco.com

ADDITIONAL BENEFIT PROGRAMS

Capco employees have access to support for the whole family.

Family Care. SOLVED.



Start Making Your Life Easier.

REGISTER AT NO COST:

www.careadvantage.com/capco

Back-Up Username: Capco

Back-Up Password: backup4u

OR CALL: 877-BH-CARES (242-2737)

Bright Horizons
Care Advantage[™]

A Bright Horizons Solution at Work

Your Many *Bright Horizons Care Advantage*[®] Benefits Include:

BACK-UP CHILD AND ADULT/ELDER CARE:

High-quality, low-copay replacement care for your child in your home or in a center; in-home care for adult/elder loved ones throughout the U.S. any time you need an extra hand.

NEW COPAYS IN 2016 FOR BACK-UP CARE:

Employees can access up to 10 annual days of family care when regular arrangements fall through. Get immediate access to care supports at subsidized rates; center-based care is \$10/child or \$15/family; all in-home care is \$4/hour.

NANNIES, ELDER CARE, PET CARE, AND MORE:

Do-it-yourself access to a comprehensive database of self-pay services including nannies and sitters for evening and weekend care, plus elder care resources, pet sitters, homework help, and more.



ADDITIONAL BENEFIT PROGRAMS

Life Balance - Employee Assistance Program

When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on us to offer help. Unum's EAP offers unlimited access to master's level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.

Help for personal challenges, big and small

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important.

That's when you can pick up the phone and speak confidentially to a master's level consultant who can help you or a family member to:

- Locate childcare and eldercare services and obtain matches to the appropriate provider based on your or your family's preferences and criteria. The consultant will even confirm space availability.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement.
- Work through complex sensitive issues such as personal or work relationships, depression, or substance abuse.
- Get a referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation.

You'll have access to an attorney for state specific legal information and services. If you decide to retain the attorney, you may be eligible to receive a 25% discount on additional services.

You also have unlimited access at www.lifebalance.net where you can:

- Read booklets, life articles and guides
- View videos and online seminars, as well as listen to podcasts
- Subscribe to email newsletters
- Find information on parenting, retirement, finances, education and more
- Use health management online calculators and other tools to help you with topics such as losing weight or starting a new exercise program
- Access links to other informative websites
- Use school, camp, eldercare and childcare locators
- Use financial calculators, retirement planners, worksheets and more

Guidance for work-related conflicts

If you're a manager dealing with staff issues such as an employee who's feeling overwhelmed, you have unlimited access to guidance from a team of consultation experts. Call the toll-free work-life balance EAP to:

- Have a confidential sounding board and objective view
- Work on communication and problem-solving skills
- Learn how to motivate your employees

A wallet card is available with telephone number and online contact information. Please see your human resources manager to request one.

Your work-life balance employee assistance program can help you find solutions to the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Childcare and/or eldercare referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Help is easy to access:

- **Telephonic consultations:** Speak confidentially with a master's level consultant to clarify your need, evaluate options and create an action plan.
- **Face-to-face meeting:** Meet with a local consultant up to three times per issue for short-term problem resolution.
- **Educational materials:** Receive information through our online library of downloadable materials and interactive tools.

To learn more, please visit www.lifebalance.net; user ID and password: lifebalance



ADDITIONAL BENEFIT PROGRAMS

Claim your
15%
discount
when you enroll online

Petplan
pet insurance



Call **1.800.809.9200** or Visit **PetplanBenefits.com**

15% EMPLOYEE DISCOUNT VOUCHER

Visit **PetplanBenefits.com** and type in **CAPCO** to receive a **15% discount**.

Policy Benefits	Petplan Bronze Policy	Petplan Silver Policy	Petplan Gold Policy
Annual Coverage Limits	\$10,000	\$14,000	\$22,000
Deductible	Choice of \$50, \$100, or \$200 deductible		
Reimbursement	Choice of 100%, 90% or 80% reimbursement direct to you		
Policy Coverage	Accidents • Illnesses • Hereditary, congenital + chronic conditions Prescription medications • Surgery • Specialist treatment Cancer treatment • Alternative + holistic therapies Non-experimental stem cell therapies • Diagnostic testing MRI + CAT scan imaging • Non-routine dental treatment		
Additional Coverage	N/A	Boarding + kennel fees Advertising + reward Loss due to theft/straying	Boarding + kennel fees Advertising + reward Loss due to theft/straying Death from illness or injury Vacation cancellation
Additional Info	Covered for Life™ with annual renewal		

Terms and conditions apply. Policy becomes effective at 12:01am the day after adoption. A 24-hr waiting period for accidents, a 14-day waiting period for illnesses and a 6-month exclusion for cruciate ligaments and patellas applies. Lifetime coverage is contingent on the policy being renewed each year without any break in coverage. Subject to annual policy limits of \$10,000, \$14,000 or \$22,000. Limits are replenished in full on renewal. Pre-existing conditions, including those where clinical signs are present prior to the effective date of the policy or during the policy waiting period, are excluded from coverage.

Coverage under any pet insurance policy is expressly subject to the conditions, restrictions, limitations, exclusions and terms of the policy documentation issued by the insurer. Availability of this program is subject to each state's approval and coverage may vary by state. Pet insurance policies are issued by AGCS Marine Insurance Company and administered by Fetch Insurance Services, LLC (Fetch Insurance Agency, LLC in Michigan), d/b/a Petplan (Petplan Insurance Agency, LLC in California). AGCS Marine Insurance Company, a member of the Allianz Group, is rated A+ by A.M. Best (2012).

Visit **PetplanBenefits.com** and type in **CAPCO** to receive 15% discount.

2017 Health Plan Notices

* Women's Health and Cancer Rights Act of 1998

Your medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy - related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema).

Please call your plan administrator for more information. These benefits may be subject to annual deductibles, co-insurance provisions or copays that are appropriate and consistent with other benefits under your plan.

* The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The law prevents discrimination from health insurers and employers.

Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

* Notice of Special Enrollment Rights

If you are an active employee declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends and you fulfill other special enrollment requirements. (These requirements are set out in your Certificate of Coverage)

In addition, if active employees have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

There is an additional enrollment period if an active employee or dependent loses eligibility for Children's Health Insurance Program (CHIP), Medicaid or becomes eligible for CHIP for Medicaid premium assistance. The special enrollment allows children or their parents to have 60 days, rather than 30, to request enrollment.

Also, your health plan may not establish rules for eligibility (including continued eligibility) of an individual to enroll under the terms of the plan based on a health status-related factor.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oi/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p align="center">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>
<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/ebsa www.cms.hhs.gov

1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2017)

Important Notice from Capco About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capco and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Capco has determined that the prescription drug coverage offered by United Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Capco coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Capco coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Capco and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes through Capco. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender:	Capco
Contact--Position/Office:	Capco Benefits / Diana Kristona-Drue
Address:	77 Water Street, 10th Floor, New York, NY 10005
Phone Number:	1-877-207-6978 / 1-407-551-8902

CONTACT I N F O R M A T I O N

Find policy numbers, customer service phone numbers, and websites for benefit carriers below.

BENEFIT PROVIDER	POLICY NUMBER	PHONE NUMBER	WEBSITE and ADDITIONAL INFORMATION
United Healthcare Medical	GA-700855	1.888.444.6222	www.myuhc.com
United Healthcare/Optum Rx Retail and Mail-order Prescription Drug Service	GA-700855	1.800.562.6223 <i>Doctors may call 1-800-791-7658</i>	www.myuhc.com Fax forms to 1.800.491.7992 Fax request form can be found on the EMS portal
Aetna/US Healthcare Dental	723707	1.877.238.6200	www.aetna.com
EyeMed Vision	9833823	1.866.9EYEMED	www.eyemedvisioncare.com
Unum Life/AD&D STD – NY Employees STD – All Employees LTD	Basic Life and AD&D, STD, LTD: 951554 STD - NY: 951556 Supplemental Life: 951555	1.866.679.3054	www.unum.com
Employee Assistance Program (Unum) Life Balance	Must mention The Capital Markets Company, Inc.	1.800.854.1446	www.lifebalance.net User ID and Password: lifebalance
CBIZ Flexible Spending Accounts		1.800.815.3023 Option 4	https://myplans.cbiz.com
Fidelity Investments 401(k)	The Capital Markets Company Plan 45459	1.800.581.5800	www.401k.com
Health Advocate		1.800.581.5800	healthadvocate.com/members



Disclaimer: This Benefit Guide provides a brief summary of the benefits available under Capco's Benefit Program. In the event of any discrepancy(ies) between this summary and any Document, Insurance Contract or Certificate, the Insurance Document(s) will prevail. Capco retains the right to modify or eliminate these benefits at any time and for any reason.