



This is your chance...  
to take care of your  
**health and well-being.**

Dr. Robert Wah  
CSC Chief Medical Officer



DOCTOR'S ORDERS...  
**ENROLL!**  
2013 BENEFITS OPEN ENROLLMENT GUIDE

# 2013 Healthcare Plan Options

*Comprehensive and flexible healthcare choices for you and your family.*

In 2013, CSC will offer a choice of three comprehensive healthcare plan options, all administered by Aetna:

- Signature Preferred Provider Organization (PPO)
- Be Well Premier Consumer-Driven Health Plan (CDHP)
- Be Well Consumer-Driven Health Plan (CDHP)

All three plan options generally offer the same benefits, provider network, and services, but have different employee contribution rates, copayments/coinsurance, deductibles, and out-of-pocket maximums, as outlined in the chart on pages 3-6. It is important to compare the specific plan details and the cost of each option to help you determine which plan best meets your healthcare needs, and those of your family.

- 1 Think about your family's healthcare needs:** How often do you visit the doctor? Are you planning to have surgery or is a pregnancy or adoption in your near future? Are you relatively healthy? Anticipating your medical needs for the coming year will help you to make an informed decision.
- 2 Consider plan details:** Annual deductibles, coinsurance, copayments, and out-of-pocket maximums all affect how much you pay for healthcare.
- 3 Consider all the costs:** Don't forget to factor your contribution rate (your per-pay-period payroll deduction) into your decision. Your contribution rate is based on your salary, the plan you select, and which eligible family members you choose to cover, if any.
- 4 Consider participating in CSC's new wellness program:** If you elect a Consumer-Driven Health Plan (CDHP), you will also be eligible to earn valuable wellness incentives for participation in CSC's new Healthy Behaviors wellness programs. Incentives will be paid by CSC and deposited directly into your Health Savings Account (HSA). More details are available on page 9.



## KEY TERMS TO KNOW

<b>Deductible</b>	The amount you must pay out of your pocket for healthcare before your healthcare plan pays any benefits
<b>Coinsurance</b>	The percentage of cost you and your healthcare plan pay for services after you have met the deductible
<b>Copayment (Copay)</b>	A flat dollar amount you pay to receive healthcare
<b>In-Network Provider</b>	A healthcare provider contracted with the healthcare plan administrator to provide services to plan members for discounted, pre-negotiated rates. Your benefits coverage is usually higher if you see an in-network provider
<b>Out-of-Pocket Maximum</b>	The most you will have to spend in a calendar year before the healthcare plan pays 100% of your eligible medical expenses. Keep in mind, the out-of-pocket maximum does not include out-of-network charges exceeding the amount recognized by the healthcare plan administrator

# Compare Your Healthcare Plan Options

Consider plan details.

This table compares the key features of the three healthcare plan options available to you.

HEALTHCARE BENEFIT HIGHLIGHTS	SIGNATURE PPO		BE WELL PREMIER CDHP		BE WELL CDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
HEALTHCARE BENEFITS ADMINISTERED BY AETNA						
<b>Annual Deductible</b>	\$400 Individual \$1,200 Family	\$800 Individual \$2,400 Family	\$1,350 Individual \$2,700 Family <sup>2</sup>	\$2,800 Individual \$5,600 Family <sup>2</sup>	\$2,500 Individual \$5,000 Family <sup>2</sup>	\$5,200 Individual \$10,400 Family <sup>2</sup>
<b>Annual Out-of-Pocket Maximum (including Deductible)</b>	\$2,900 Individual \$6,200 Family	\$4,800 Individual \$10,400 Family	\$3,000 Individual \$6,000 Family	\$4,700 Individual \$9,400 Family	\$4,250 Individual \$8,500 Family	\$6,650 Individual \$13,350 Family
<b>Annual Maximum Contribution to a Healthcare Flexible Spending Account (FSA)</b>	\$2,500		Not Eligible		Not Eligible	
<b>Annual Maximum Contribution to a Health Savings Account (HSA)</b>	Not Eligible		\$3,250 Individual \$6,450 Family (Includes any company contributions)		\$3,250 Individual \$6,450 Family (Includes any company contributions)	
<b>Total Healthy Behaviors Wellness Incentive Opportunity (See page 9)</b>	Not Eligible		Earn: \$950 Individual \$1,500 Family		Earn: \$950 Individual \$1,500 Family	
<b>Office Visits Primary Care</b>	\$20 Copayment, then plan pays 100%	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Specialist Care</b>	\$35 Copayment, then plan pays 100%					

<sup>1</sup> Based on usual and prevailing charge limits.

<sup>2</sup> The family deductible is an aggregate deductible, which means you will need to satisfy the entire family deductible before the plan pays benefits for any covered individual.



HEALTHCARE BENEFIT HIGHLIGHTS	SIGNATURE PPO		BE WELL PREMIER CDHP		BE WELL CDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
HEALTHCARE BENEFITS ADMINISTERED BY AETNA						
<b>Preventive Care Services (e.g., prenatal care, routine physicals, immunizations, and screenings for adults and children)</b>	Plan pays 100%, no deductible or copay	Plan pays 60% after deductible for the following women's services only: contraceptive counseling and devices, routine maternity prenatal visits, gestational diabetes testing during pregnancy, and voluntary sterilization for women	Plan pays 100%, no deductible or coinsurance	Plan pays 60% after deductible for the following women's services only: contraceptive counseling and devices, routine maternity prenatal visits, gestational diabetes testing during pregnancy, and voluntary sterilization for women	Plan pays 100%, no deductible or coinsurance	Plan pays 60% after deductible for the following women's services only: contraceptive counseling and devices, routine maternity prenatal visits, gestational diabetes testing during pregnancy, and voluntary sterilization for women
<b>Surgery Inpatient/Outpatient Hospital</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Diagnostic Tests X-Ray and Laboratory (where there are symptoms or a diagnosed condition)</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Hospital Services (Inpatient and Outpatient)</b>	Plan pays 80% after deductible	Plan pays 60% after deductible; a separate deductible of \$250 will be required for inpatient confinement	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Urgent Care</b>	\$35 Copayment, then plan pays 100%	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible

<sup>1</sup> Based on usual and prevailing charge limits.

Compare your healthcare plan options — continued.

HEALTHCARE BENEFIT HIGHLIGHTS	SIGNATURE PPO		BE WELL PREMIER CDHP		BE WELL CDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
HEALTHCARE BENEFITS ADMINISTERED BY AETNA						
<b>Emergency Room</b>	\$150 additional copayment/visit (waived if admitted), then plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 80% after deductible	
<b>Non-Emergency Use of the Emergency Room</b>	Not Covered		Not Covered		Not Covered	
<b>Physical, Occupational and Speech Therapies</b>	\$35 Copayment if done in the office setting, then plan pays 100%. If done in outpatient hospital setting, hospital benefits apply. Limit 60 visits (combined) per calendar year	Plan pays 60% after deductible. Limit 60 visits (combined) per calendar year	Plan pays 80% after deductible. Limit 60 visits (combined) per calendar year	Plan pays 60% after deductible. Limit 60 visits (combined) per calendar year	Plan pays 80% after deductible. Limit 60 visits (combined) per calendar year	Plan pays 60% after deductible. Limit 60 visits (combined) per calendar year
<b>Acupuncture</b>	\$35 Copayment, then plan pays 100%. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year
<b>Chiropractic</b>	\$35 Copayment, then plan pays 100%. Limit 20 visits per calendar year	Plan pays 60% after deductible. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year	Plan pays 60% after deductible. Limit 20 visits per calendar year	Plan pays 80% after deductible. Limit 20 visits per calendar year	Plan pays 60% after deductible. Limit 20 visits per calendar year
<b>Mental Health/Substance Abuse</b>						
<b>Outpatient Office Visit</b>	\$35 Copayment, then plan pays 100%	Plan pays 60% after deductible; a separate deductible of \$250 will be required for inpatient confinement	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
<b>Inpatient Hospital</b>	Plan pays 80% after deductible					
<b>Residential Treatment Facility</b>	Plan pays 80% after deductible					

<sup>1</sup> Based on usual and prevailing charge limits.





PRESCRIPTION DRUG BENEFIT HIGHLIGHTS		SIGNATURE PPO	BE WELL PREMIER CDHP	BE WELL CDHP
PRESCRIPTION DRUG BENEFITS ADMINISTERED BY CVS CAREMARK				
Prescription Drugs		The plan will cover up to a 30-day supply, plus one refill of each prescription drug at a retail pharmacy. Prescription drugs that are required beyond the supply covered through the retail pharmacy (60 days) are considered long-term maintenance medications under the terms of this plan. Long-term/maintenance medications must be obtained through the Maintenance Choice Program, or the prescription will not be covered.		
Deductible	Under the Signature PPO Plan, there is no deductible	Under the Be Well Premier CDHP, you will have to meet your individual or family deductible prior to receiving these benefits. Until your deductible is met, you will have to pay the full cost of the drug. You will receive a CVS Caremark card, which you should use to ensure you access the network discounted pharmacy rates	Under the Be Well CDHP, you will have to meet your individual or family deductible prior to receiving these benefits. Until your deductible is met, you will have to pay the full cost of the drug. You will receive a CVS Caremark card, which you should use to ensure you access the network discounted pharmacy rates	
Annual Prescription Drug Out-of-Pocket Maximum	None	Prescription drug costs count toward the overall Be Well Premier CDHP annual out-of-pocket maximum	Prescription drug costs count toward the overall Be Well CDHP annual out-of-pocket maximum	
Prescription Drug Benefit Retail (Up to 30-day supply)	<p><b>Generic:</b> \$8 flat copay (for generic oral contraceptives, plan pays 100%, no deductible or copay required)</p> <p><b>Formulary Brand:</b> 25% coinsurance with minimum copay of \$20; maximum copay of \$70</p> <p><b>Non-Formulary Brand:</b> 40% coinsurance with minimum copay of \$40; maximum copay of \$100</p>	<p><b>Generic:</b> Member pays 20% after deductible (for generic oral contraceptives, plan pays 100%, no deductible or coinsurance required)</p> <p><b>Formulary Brand:</b> Member pays 20% after deductible</p> <p><b>Non-Formulary Brand:</b> Member pays 40% after deductible</p>	<p><b>Generic:</b> Member pays 20% after deductible (for generic oral contraceptives, plan pays 100%, no deductible or coinsurance required)</p> <p><b>Formulary Brand:</b> Member pays 20% after deductible</p> <p><b>Non-Formulary Brand:</b> Member pays 40% after deductible</p>	
Maintenance Choice (CVS Caremark Mail Service or CVS Retail Pharmacy) (Up to 90-day supply). See program description	<p><b>Generic:</b> \$15 flat copay (for generic oral contraceptives, plan pays 100%, no deductible or copay required)</p> <p><b>Formulary Brand:</b> 25% coinsurance with minimum copay of \$40; maximum copay of \$140</p> <p><b>Non-Formulary Brand:</b> 40% coinsurance with minimum copay of \$80; maximum copay of \$200</p>	<p><b>Generic:</b> Member pays 15% after deductible (for generic oral contraceptives, plan pays 100%, no deductible or coinsurance required)</p> <p><b>Formulary Brand:</b> Member pays 15% after deductible</p> <p><b>Non-Formulary Brand:</b> Member pays 30% after deductible</p>	<p><b>Generic:</b> Member pays 15% after deductible (for generic oral contraceptives, plan pays 100%, no deductible or coinsurance required)</p> <p><b>Formulary Brand:</b> Member pays 15% after deductible</p> <p><b>Non-Formulary Brand:</b> Member pays 30% after deductible</p>	
Maintenance Choice: Participation is mandatory for maintenance medications. Maintenance medications — prescriptions you take on a regular schedule month after month — must be filled at a CVS pharmacy or CVS Caremark Mail Service pharmacy. You are permitted to fill one 30-day supply of a maintenance prescription drug and one subsequent refill of that drug at a non-CVS retail pharmacy before your prescription will not be covered. If you try to fill a maintenance medication at a non-CVS pharmacy after you have used the allotted retail fills, you will not be able to get your prescription at that time, but will be redirected to a CVS pharmacy or the mail order service.				
Specialty Drugs (e.g., self-injectables)	Retail copay applies; mandatory use of CVS Caremark Specialty Pharmacy Network	Retail coinsurance applies; mandatory use of CVS Caremark Specialty Pharmacy Network	Retail coinsurance applies; mandatory use of CVS Caremark Specialty Pharmacy Network	
Mandatory Generic Substitution	Generic medication will be substituted for a brand-name medication when the generic is rated by the FDA as equivalent and where substitution is permitted by law, unless the brand name is specifically requested. When a generic medication is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic, plus the brand copayment.			



# PPO

## ABOUT THE SIGNATURE PPO

The Signature PPO offers access to a broad national network of doctors, hospitals, and other healthcare providers. When you need care, you have the choice of seeing in-network providers or using providers who do not participate in the Aetna network. However, your costs are typically higher when you see out-of-network providers.

- For in-network doctor and specialist office visits, you pay a flat copay. No referrals are needed. For other services, you are responsible for meeting your annual deductible before the plan will pay any benefits. However, preventive care is always covered at 100% — there is no copay and no need to meet your annual deductible.
- Once you meet the deductible, you and the plan share the cost of covered services through coinsurance. However, if you meet the annual out-of-pocket maximum, the plan will pay the full cost of covered services for the remainder of the plan year (other than out-of-network charges that exceed the amount recognized by the healthcare plan administrator).
- Signature PPO prescription drug benefits are administered through CVS Caremark. PPO members pay a flat copay for generic drugs, and coinsurance for formulary brand and non-formulary brand drugs with a minimum and maximum out-of-pocket for each prescription. PPO members do not need to satisfy any annual deductible before using their pharmacy benefits; however, their prescription drug costs do not apply toward their annual out-of-pocket maximum.
- If you participate in CSC's Signature PPO, you can also contribute to a Healthcare Flexible Spending Account (FSA), a tax-advantaged account to help pay for qualified medical expenses. An FSA is a spending account rather than a savings account, which means FSA funds do not roll over from year to year, and unused funds are forfeited. (See page 12 for additional details.) If you participate in the Signature PPO, you may not open and contribute to a Health Savings Account (HSA).

## SPECIAL AETNA PROGRAMS FOR ALL PLANS

**CSC is partnering with Aetna to offer special programs to plan members, including:**

- **Beginning Right Maternity Program** — providing education and guidance on prenatal care, newborn care, breastfeeding and other pregnancy issues. Pregnant women who complete the program will receive a \$150 gift card.
- **Institutes of Excellence** — providing travel and lodging support for transplant care at one of Aetna's Institutes of Excellence.

## WHAT IS A PROVIDER NETWORK?

A provider network is a network of physicians, hospitals, and other healthcare providers that provide services to healthcare plan members at a pre-negotiated price. This price is negotiated by the healthcare plan administrator (in this case Aetna) and reduces out-of-pocket expenses for consumers. If you visit in-network healthcare providers, you will pay less than if you see out-of-network providers.

For a list of providers who participate in Aetna's network, visit:  
[www.aetna.com/docfind/custom/csc/](http://www.aetna.com/docfind/custom/csc/).

# CDHPs

## ABOUT THE BE WELL PREMIER CDHP AND BE WELL CDHP

The Be Well Premier CDHP and Be Well CDHP are Consumer-Driven Health Plans. They provide access to the same broad national network of doctors, hospitals, and other healthcare providers as the Signature PPO. No referrals are needed. Like the PPO, both also offer prescription drug benefits through CVS Caremark. However, there are key differences between the CDHP options and the Signature PPO:

- The CDHPs offer **lower per-pay-period employee contributions in return for higher annual deductibles** (minimum annual deductibles for CDHPs are governed by federal law).
- The annual **family deductible is an aggregate deductible**, which means the entire deductible must be met before the plan pays benefits for any covered family member (other than preventive care). For example, if you choose the Be Well Premier CDHP and are covering your family of four, you must meet the \$2,700 family deductible before the plan will begin to pay for services in-network. Each of your family's deductible-eligible charges go toward filling the \$2,700 family deductible "bucket."
- Under the CDHPs, **prescription drug costs count toward the annual deductible**, which means you will pay the full cost of prescription drugs until you meet your annual deductible.

Once the deductible has been met, plan members pay coinsurance for all prescription drugs. There is no minimum or maximum out-of-pocket for each prescription. However, drug costs are applied toward the annual out-of-pocket maximum, which means once you have reached the out-of-pocket maximum, the plan pays 100% of covered expenses.

- The CDHPs allow you to open and contribute to a **tax-advantaged Health Savings Account (HSA)**. Your HSA is a bank account that you own and manage. You may contribute to your HSA on a before-tax basis, up to the annual IRS limits each year. Unlike a Healthcare FSA, you do not forfeit your contributions at the end of the year, but rather, you can roll them over indefinitely. You may use HSA funds to pay for qualified medical expenses, or save funds for future medical expenses — even expenses you expect to incur in retirement. If you participate in one of the CDHPs, you may not contribute to a Healthcare FSA.
- If you elect a CDHP, you may also be eligible to earn **valuable wellness incentives** for participation in our new **Healthy Behaviors wellness programs** beginning in 2013. Incentives will be paid by CSC and deposited directly into the HSA you establish through CSC. (See page 9 for additional details.)

## TRANSITIONING TO AETNA IN 2013?

**If you are transitioning to Aetna in 2013 and are undergoing an active course of treatment with a provider outside of the Aetna network, you may be eligible for Transition of Care (TOC) coverage. This coverage allows eligible employees to continue care with the out-of-network doctor at the preferred plan benefit level for a period of time while transitioning to Aetna.**

Examples include members who transition to an Aetna-administered plan and are:

- Pregnant for 16 or more weeks as of January 1, 2013
- In an ongoing treatment plan, such as chemotherapy or radiation therapy
- Recovering from recent surgery
- In need of (or have had) an organ or bone marrow transplant

To apply for TOC coverage, complete the Transition of Care application form and submit to Aetna no later than 90 days after the start of the plan year (January 1, 2013). If you have specific questions about Transition of Care, please contact Aetna directly at 1.800.525.6815.



# Healthy Behaviors Wellness Programs

*Consider participating in CSC's new wellness program.*

You can earn valuable company contributions to your Health Savings Account (HSA) by participating in CSC's wellness program. In line with our Be Well campaign, CSC wants to make it easier for you to focus on the healthy side of life. That's why we're introducing our new Healthy Behaviors programs, designed to help you take more control of both your health and healthcare spending.

If you elect the **Be Well Premier CDHP** or **Be Well CDHP**, you may participate in the Healthy Behaviors programs and earn wellness incentives associated with activity completion. CSC will deposit the incentives directly into the HSA you establish through CSC.

In 2013, we will offer **5** ways to earn wellness incentives. We've carefully selected these wellness activities because they can have a substantial, long-term impact on your health and well-being.



HEALTHY BEHAVIORS PROGRAMS	WHEN YOU...	IF YOU HAVE SINGLE COVERAGE, CSC CONTRIBUTES...	IF YOU HAVE EMPLOYEE +1 OR FAMILY COVERAGE, CSC CONTRIBUTES...
<b>1</b> Tobacco-Free Attestation/Cessation	Report status as tobacco-free or complete a tobacco cessation program	\$150	\$250
<b>2</b> Personal Health Screening (PHS)	Complete a biometric screening (e.g., blood pressure, cholesterol, glucose)	\$200	\$350
<b>3</b> Personal Health Assessment (PHA)	Complete a self-reported online questionnaire	\$200	\$350
<b>4</b> Health Advisor Call	Initiate a call to Health Advisor to review PHA and PHS	\$200	\$350
<b>5</b> RedBrick Health Program Participation	Participate in an online or telephonic wellness coaching program, activity tracking, or wellness challenge	\$200	\$200
<b>Total Incentive Opportunity:</b>		<b>\$950</b>	<b>\$1,500</b>

## TELL ME MORE!

**Who administers the Healthy Behaviors programs?** We've engaged RedBrick Health, an innovative wellness partner, to administer the Healthy Behaviors programs and provide you with the tools you need to make positive lifestyle choices.

Your personal health information is kept completely confidential and will not be shared with CSC at any time.

**Who is eligible to participate in the Healthy Behaviors programs?** All employees who enroll in the Be Well Premier CDHP or Be Well CDHP may participate in the Healthy Behaviors programs and earn the wellness incentives associated with activity completion (if they are also enrolled in an HSA). Employees who enroll in the Signature PPO or waive medical coverage through CSC are not eligible to participate in the Healthy Behaviors programs.

**Can my dependents participate in the Healthy Behaviors programs and earn rewards?** While enrolled spouses and same-sex partners are welcome and encouraged to participate in the Healthy Behaviors programs, they are not eligible for the incentives. Dependent children are not eligible to participate at this time.

**Am I required to participate in the Healthy Behaviors programs?** No, you are not required to participate in the Healthy Behaviors programs. However, we strongly encourage employees who

are enrolled in one of the CDHP healthcare plan options to participate to become more informed about their health, take action on their health risks, and earn valuable CSC contributions to their HSA.

**Do I have to achieve a certain outcome when participating in the wellness activities to earn my incentive? For example, does my cholesterol have to be under a certain level to earn my Personal Health Screening incentive?**

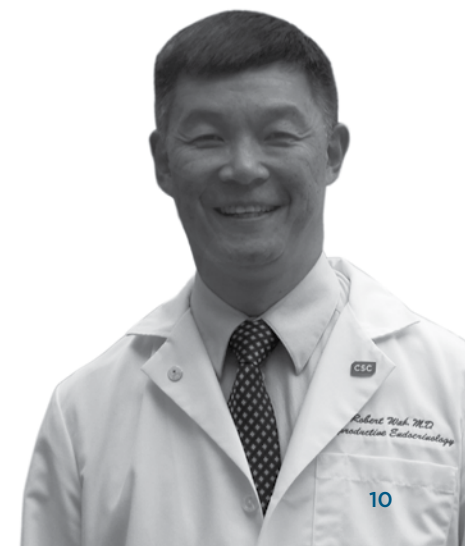
No. To earn the wellness incentive, you only need to complete the activity (e.g., complete a biometric screening). You do not need to reach a benchmark or achieve a specific outcome.

**How will the incentives be paid?** Incentives will be credited to your HSA upon completion of each program after reasonable processing time. You must open an HSA through CSC prior to completing the Healthy Behaviors programs to be credited for incentives earned. You must complete the Healthy Behaviors programs by August 31, 2013, to receive the associated wellness incentives for 2013.

**Where do I get more information about participating? How do I begin completing my activities?** If you enroll in the Be Well Premier CDHP or Be Well CDHP, you will be provided with a 2013 Plan Member Guide, detailing the Healthy Behaviors programs and providing instructions for logging on to RedBrick Health's website and earning your wellness incentives.

We know that taking preventive measures is one of the best ways to minimize or eliminate risk factors for other illnesses. When my patients do that, they're making a conscious decision to engage in their own healthcare and protect the well-being of themselves as well as their family.

Dr. Robert Wah,  
CSC Chief Medical Officer



# Tax-Advantaged Accounts

*Saving for your expenses today and in the future.*

CSC offers two types of tax-advantaged accounts for you to pay for qualified medical expenses:

- **Health Savings Account (HSA)** — for employees who enroll in the Be Well Premier CDHP or Be Well CDHP
- **Healthcare Flexible Spending Account (FSA)** — for employees who enroll in the Signature PPO or waive healthcare coverage through CSC

The structure and rules of these accounts are dictated by federal law.

## HSA

### HEALTH SAVINGS ACCOUNT

An HSA allows both you and CSC to contribute before-tax funds that you can use during the year or save over the long term for qualified medical expenses for yourself or your eligible dependents.

**If you have funds remaining at the end of the year, the balance rolls over, and the account is yours to keep. You can bring your account with you if you leave CSC or retire!**

You can elect how much you want to contribute via payroll deduction at enrollment, but you can also change your contributions at any time during the year. If you participate in the Healthy Behaviors wellness programs, CSC will make valuable contributions to your HSA as well. (See page 9 for more information.)

An HSA is tax-advantaged in three ways:

- 1 Tax-free contributions:** You may choose to make before-tax contributions through convenient payroll deductions or make tax-deductible contributions directly to your HSA.
- 2 Earnings:** Your HSA earns tax-free interest, and once your balance reaches \$1,000, you may choose to invest a portion. Any investment earnings will also be tax-free.
- 3 Using your balance:** You won't pay taxes when you use funds from your HSA to pay for qualified medical expenses (as defined by the IRS).

### Annual HSA Contribution Limits

The IRS sets HSA contribution limits each year. These limits include any company contributions earned through the Healthy Behaviors wellness programs. The IRS also allows catch-up contributions for HSA participants age 55 or older. The 2013 HSA catch-up contribution limit is \$1,000. This is to allow employees to save more for post-retirement medical expenses. If eligible, you may make catch-up contributions directly into your HSA — they may not be made via payroll deductions.

2013 TOTAL HSA CONTRIBUTION LIMIT	
Single	\$3,250
Family	\$6,450

### HSA Eligibility Requirements and Qualified Expenses

Eligibility requirements and qualified HSA expenses are mandated by the IRS.

In general, to be eligible for an HSA, you must meet the following requirements:

- You must be covered under a high-deductible health plan
- You have no other healthcare coverage
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return (regardless of whether that person actually claims you as a dependent)
- You cannot have a Healthcare Flexible Spending Account (Healthcare FSA) or Healthcare Reimbursement Account (HRA)
- Your spouse cannot have a Healthcare FSA

For more information, visit [www.irs.gov](http://www.irs.gov) and see:

- **Publication 969** for eligibility requirements
- **Publication 502** for eligible expenses

### How to Open an HSA

If you elect one of the CDHPs, you may open an HSA when enrolling via the *Choices Online* enrollment site. You are encouraged to open your HSA during Open Enrollment, but you may do so at any time during the plan year.

**Note:** To use HSA funds for reimbursement, expenses must be incurred after the account is established. You must open an HSA through CSC to earn the Healthy Behaviors wellness incentives. Once enrolled, you will receive a welcome letter followed by your HSA Mastercard® debit card and information on using your account.



# FSA

## HEALTHCARE FLEXIBLE SPENDING ACCOUNT

**A Healthcare FSA allows you to set aside dollars from your pay before taxes are withheld to reimburse yourself for eligible medical expenses.** You may enroll in and use this FSA if you enroll in the Signature PPO or waive healthcare coverage through CSC.

### Annual Healthcare FSA Contribution Limits

Due to federal healthcare reform requirements, the Healthcare FSA contribution limit is \$2,500 in 2013. Unlike an HSA, once you set your annual contribution during Open Enrollment, you cannot change that amount during the year (except in the case of certain qualified life events) and you forfeit any unused funds at the end of the plan year. When deciding how much to contribute, you should familiarize yourself with qualified expenses and carefully estimate the expenses you expect to incur to reduce the risk of losing unused funds.

### How to Open a Healthcare FSA

If you elect the Signature PPO or waive CSC healthcare coverage, you will be able to open a Healthcare FSA via the *Choices Online* enrollment site. You may only open a Healthcare FSA during the Open Enrollment period (except in the case of certain qualified life events), and remember, you generally cannot change your contribution election during the plan year.

### Healthcare FSA Qualified Expenses

Qualified medical expenses are mandated by the IRS. For a list of qualified expenses, see IRS Publication 502 on the IRS website at [www.irs.gov](http://www.irs.gov).

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## DEPENDENT CARE FSA

**A Dependent Care FSA is available to all employees and may be used to reimburse yourself for qualified child and dependent care expenses. You may use this account without being enrolled in a healthcare plan.**

The Dependent Care FSA contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately) in 2013. You may only open a Dependent Care FSA and set your annual contribution during the Open Enrollment period (except in the case of certain qualified life events). Generally, you may not make contribution changes during the year. Federal law requires that you forfeit any unused funds remaining in your FSA at the end of the plan year. When deciding how much to contribute, you should familiarize yourself with qualified expenses and carefully estimate the expenses you expect to incur to reduce the risk of losing unused funds.

For qualified Dependent Care FSA expenses, see IRS Publication 503 available at [www.irs.gov](http://www.irs.gov).

All employees will have the opportunity to open a Dependent Care FSA via the *Choices Online* enrollment site.

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HOW DO THE HSA AND THE HEALTHCARE FSA COMPARE?

When it comes to your healthcare expenses, you have great money-saving opportunities at your fingertips — but they are only valuable if you know how to use them.

These are the facts:

- You can use an HSA when you enroll in one of the CDHPs, and you can use the Healthcare FSA when you enroll in the Signature PPO or waive CSC healthcare coverage
- You don't pay taxes on the money you put into an FSA or HSA
- CSC only contributes funds to an HSA (not an FSA) based on participation in Healthy Behaviors wellness programs
- Funds in an HSA roll over from year to year, earn interest over time and go with you wherever you go; FSA funds **do not**
- You may make changes to your HSA contributions at any time during the year; you may change your FSA contributions only at Open Enrollment or in the case of certain qualified life events

Here's a simple way of comparing the HSA and Healthcare FSA:

FEATURE	HSA	FSA
Can open an account when enrolled in the Signature PPO	X	✓
Can open an account when enrolled in the Be Well Premier CDHP or Be Well CDHP	✓	X
Tax-free contributions	✓	✓
Contributions can be elected/changed only at Open Enrollment or after a qualified life event	X	✓
Contributions can be elected/changed at Open Enrollment or any other time	✓	X
Funds can earn interest tax-free	✓	X
Funds can be used tax-free for qualified medical expenses	✓	✓
Balance rolls over from year to year	✓	X
Savings can be used tax-free for qualified medical expenses in retirement	✓	X





# 2013 Dental Plan Options

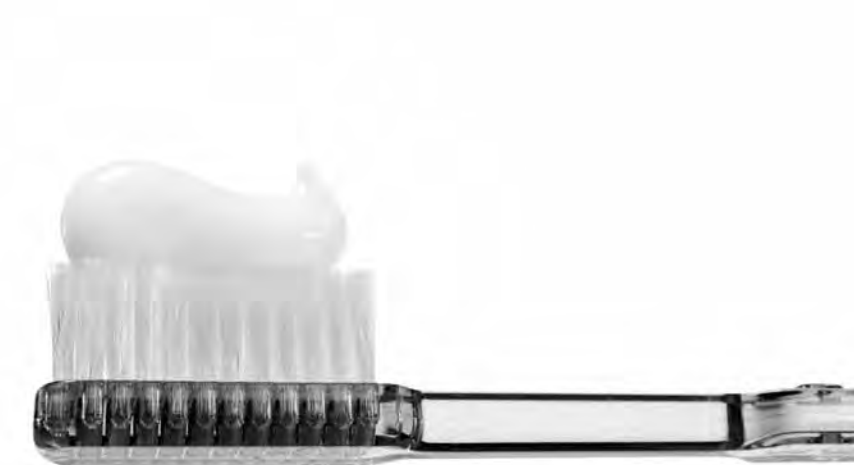
*New enhancements in 2013.*

CSC will continue to offer two dental plan options administered by Delta Dental of Virginia in 2013. In response to employee feedback, there will be two enhancements to covered benefits under the CSC Dental Plan Plus.

## CSC Dental Plan Plus Enhancements:

- Dental implants will now be covered under major care services
- The maximum annual benefit will increase from \$1,500 to \$2,000 per covered individual

No changes will be made to the CSC Dental Plan option. Your previous dental plan elections will carry over to 2013, unless you change your elections during Open Enrollment.



DENTAL PLAN			DENTAL PLAN PLUS	
Annual Deductible	\$50/Individual \$150/Family		\$50/Individual \$150/Family	
Annual Maximum Benefit	\$1,500 per covered member		<b>New in 2013!</b> \$2,000 per covered member	
Orthodontic Lifetime Maximum Benefit	Not covered		\$1,000 per covered member	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Diagnostic and Preventive Care:</b> Oral Exams, Cleanings, Periodontal Maintenance	100% covered (deductible waived)	80% covered (deductible waived)	100% covered (deductible waived)	80% covered (deductible waived)
<b>Basic Care:</b> Fillings, Oral Surgery, Root Canals, Periodontic Services	80% covered after deductible	60% covered after deductible	80% covered after deductible	60% covered after deductible
<b>Major Care:</b> Bridges, Dentures, Crowns	50% covered after deductible	40% covered after deductible	50% covered after deductible	40% covered after deductible
Implants	Not covered		<b>New in 2013!</b> 50% covered after deductible	<b>New in 2013!</b> 40% covered after deductible
Orthodontia	Not covered		50% covered after deductible	40% covered after deductible

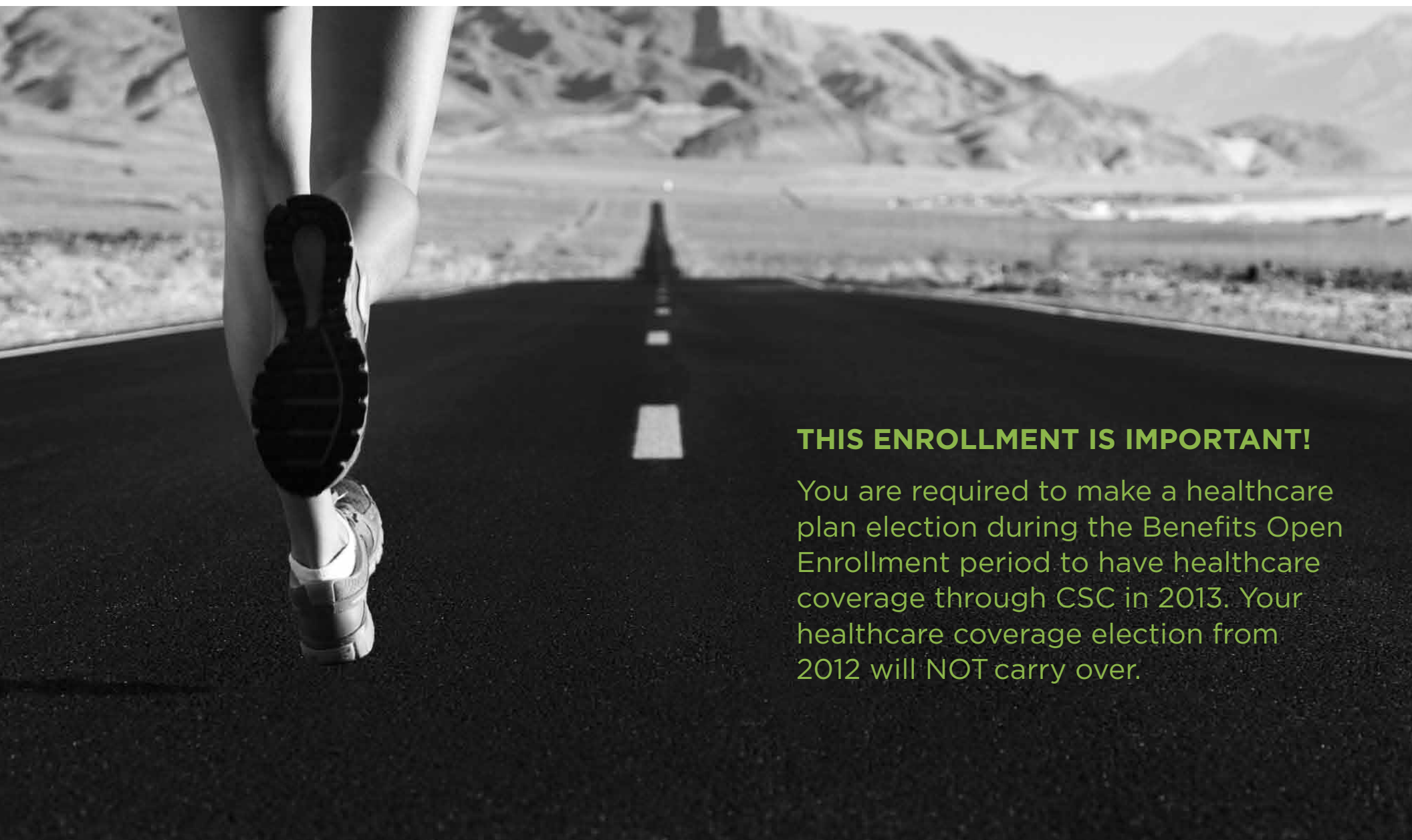
# Vendor Contact Information

*Call with questions.*

	PHONE NUMBER	WEBSITE	CLAIMS ADDRESS
<b>Aetna (Medical Plans)</b>	1.800.525.6815	<a href="http://www.aetna.com">www.aetna.com</a>	Aetna Medical Claims Department P.O. Box 14089 Lexington, KY 40512-4089
<b>CVS Caremark (Prescription Drug Coverage)</b>	1.877.775.5641	<a href="http://www.caremark.com">www.caremark.com</a>	CVS Caremark P.O. Box 52196 Phoenix, AZ 85072-2196
<b>RedBrick Health (Healthy Behaviors Wellness Programs)</b>	1.855.824.6440	<a href="http://www.redbrickhealth.com/login">www.redbrickhealth.com/login</a>	RedBrick Health P.O. Box 2260 Minneapolis, MN 55402-0260
<b>Delta Dental of Virginia (Dental Plans)</b>	1.800.280.6674	<a href="http://www.deltadentalva.com">www.deltadentalva.com</a>	Delta Dental of Virginia 4818 Starkey Road Roanoke, VA 24018-8542
<b>VSP (Vision Plan)</b>	1.800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>	VSP P.O. Box 997105 Sacramento, CA 95899-7105
<b>Aetna Healthcare FSA* (Flexible Spending Account for PPO Participants)</b>	1.800.416.7053	<a href="http://www.aetna.com">www.aetna.com</a>	Aetna FSA Claims Department P.O. Box 4000 Richmond, KY 40476-4000
<b>Aetna HSA* (Health Savings Account for CDHP Participants)</b>	1.800.525.6815	<a href="http://www.aetna.com">www.aetna.com</a>	

*\* PayFlex, a subsidiary of Aetna, administers the FSA and HSA accounts.*

*This enrollment guide summarizes certain benefit changes for 2013 and represents a summary of material modifications to the CSC Employee Benefits Guidebook. In the event there is a conflict between this guide and the legal plan documents that govern these benefits, the plan documents will prevail. In addition, the company reserves the right to alter, modify, amend or terminate these benefits, in whole or in part, at any time without prior notification.*



### **THIS ENROLLMENT IS IMPORTANT!**

You are required to make a healthcare plan election during the Benefits Open Enrollment period to have healthcare coverage through CSC in 2013. Your healthcare coverage election from 2012 will NOT carry over.