



# **Take Charge** *and Choose Well*

2012 Health and Life Benefits Enrollment Guide



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This guide gives highlights of First Data's Health and Life Benefits Program. It is not intended to be a Summary Plan Description (SPD). If there are differences between this guide and the SPD or plan document, the terms of the SPD and plan document will control.

First Data may amend or terminate its plans at any time by its sole discretion. The description of the program, the plan itself or participation in the plan is not an employment contract or any type of employment guarantee and should not be construed as such.

If you have questions about your Health and Life Benefits, please review your SPD, located on the benefits Web site at [www.firstdatabenefits.us](http://www.firstdatabenefits.us) or on the *Your Benefits Resources* Web site.

# Take Charge and Choose Well Your 2012 Health and Life Benefits

First Data gives you the opportunity to **Take Charge** of Your Health and Life Benefits. This is your time to **Choose Well** by:

- Learning about your benefits
- Considering all your options before you enroll
- Selecting the coverage that best fits your personal and family situation for 2012

The benefit decisions you make now will remain in effect through December 31, 2012, unless you have a qualified status change, such as marriage or the birth of a child, during the year.

First Data plans provide you and your family with a comprehensive and competitive health and life benefits package—with a focus on wellness and healthy lifestyle choices.

As all companies are experiencing across the U.S., our costs associated with maintaining a health benefits program and paying employee medical claims continue to increase. In 2012, these expenses are expected to exceed \$145 million. It's important to remember that First Data self funds our medical plan. This means First Data pays all costs for medical services you and your dependents receive after you pay your deductibles, coinsurance and copays. Our ability to continue to offer programs that are competitive and comprehensive with flexible choices is largely dependent on you.

First Data is depending on you—our employees—to become educated health care consumers and participants. For 2012, we have an aggressive focus on enhancing First Data's wellness program. This program is all about going beyond for our employees to promote healthy lifestyle choices and leverage our programs currently offered.

## When to Enroll

**If you're a current employee**, you need to enroll between November 14 and November 22, 2011. The options you choose will take effect on January 1, 2012.

You can review your current coverage on the **Your Benefits Resources**® Web site. For an overview of your 2012 benefit options, read the information in this Enrollment Guide. You can also review the **2012 Summary Plan Description**, located on the benefits Web site, for detailed plan information about most Health and Life Benefits.

**If you are a new employee**, you need to enroll within 31 days of the statement date on your Enrollment Worksheet. Provided you make your elections within your 31-day period, coverage for you and your eligible dependents will take effect on the first of the month following your date of hire.

## If You Do Not Enroll

**If you do not participate in annual enrollment, you will:**

- Default into the same option for medical you are currently enrolled in, including no coverage, but changes to plan design and payroll contributions will apply.
- Default into the spousal surcharge if your spouse/ domestic partner is enrolled in medical coverage.
- Default into the same options for dental, vision and life you are currently enrolled in, including no coverage.
- Default into Voluntary Long-Term Disability (LTD).
- Not be participating in the flexible spending accounts.
- Not be eligible to receive the Wellness Incentives.
- Not be enrolled in Care\$ Benefit, if eligible.
- Not be able to make changes to your benefit choices until 2013, unless you have a qualified status change (for example, marriage, divorce, birth) during the year.

Plan provisions and deductions will begin with your first 2012 paycheck, and deductions will not be refunded.

**If you are a new employee** and do not enroll within 31 days of the statement date on your Enrollment Worksheet, you will be enrolled automatically in basic benefits and Voluntary LTD, default to "No Coverage" in the optional Health and Life Benefits (see pages 7-8 for a list) and not be eligible to receive the Wellness Incentives. Plan provisions and deductions will begin with your first 2012 paycheck, and deductions will not be refunded.

## Where to Enroll

**Enroll online** through the **Your Benefits Resources** Web site, which you can access through the benefits Web site at [www.firstdatabenefits.us](http://www.firstdatabenefits.us) or directly at <http://resources.hewitt.com/firstdata>.

You will need to use your User ID and Password. If you are logging in to the site for the first time, you need the last four digits of your Social Security number, your date of birth and your home zip code.

If you are a returning user and . . .

- **Don't know your User ID:** Click on I Forgot My User ID, and then enter the requested information.
- **Don't know your Password:** Click on I Forgot My Password. You may be prompted to enter a hint or answer a few security questions to gain immediate access. If you don't have security questions on file, your new password will be sent to your preferred e-mail address within 24 hours or through the U.S. mail within 7–10 days. **IMPORTANT:** Do not try to log back into the site until you receive your new password.

## Going Beyond to Promote Healthy Lifestyle Choices

First Data's wellness program is a key focus of our health care strategy and we continually look for opportunities that complement our health plan benefits and fully leverage programs offered. Program goals are to:

- Promote positive health behaviors for optimal health and productivity
- Promote appropriate utilization of the health care system
- Support a healthy worksite culture

First Data's wellness program addresses all aspects of well-being. Programs currently offered include health risk assessments (HRAs), onsite flu shots, smoking cessation assistance, disease and lifestyle management programs, health advocates and coaches, 100% coverage for preventive care and EAP with work/life programs. In 2012, First Data wants to expand wellness beyond what's currently available to you and promote healthy lifestyle choices.

We are excited to introduce you to our new wellness provider and give you the opportunity to earn a total of \$650 in 2012 if you complete all requirements.

SimplyWell®, our nationwide wellness vendor, offers our employees comprehensive, results-driven health and wellness management programs. They offer wellness solutions while empowering participants with tools to highlight personal health opportunities, with a focus on preventive care and individual accountability.

SimplyWell provides a comprehensive wellness Web site at [www.simplywell.com](http://www.simplywell.com) that offers employees a wealth of health tools and resources, including:

- Daily health news
- Self-administered Individual Action Plans
- Healthy living resources and health guides
- Online health questionnaire also referred to as a health risk assessment or HRA
- Registration for health screenings

## First Data's Wellness Timeline

2011 (Completed)	Annual Enrollment 2012	2012	Beyond 2012
\$150 Wellness Challenge provided to employees and spouses (if enrolled in medical) who completed the HRA	Introduce SimplyWell for integrated wellness programs and promote healthy lifestyle choices  \$200 Wellness Challenge Incentive  \$250 Tobacco-Free Incentive	\$200 Health Screening Incentive  Onsite health screenings available at all locations with 25 or more employees  Review of policies, programs and practices in support of promoting healthy lifestyle initiatives	Programs focusing on maintaining or improving health scores from health screenings and assessments

## Earn \$650 in Wellness Incentives in 2012

You will be asked to complete an online health risk assessment, also referred to as a health questionnaire, as a requirement of the annual \$200 Wellness Challenge Incentive. You also have the opportunity to earn a \$250 Tobacco-Free Incentive and an additional \$200 incentive for completing your health screening. Learn how to earn up to \$650 in wellness incentives:

### During enrollment:

#### \$200 Wellness Challenge Incentive (all steps must be completed)

- Accept the Wellness Challenge on **Your Benefits Resources**.
- Register on SimplyWell's Web site (if spouse/domestic partner is enrolled in medical, both register).
- Employee schedules on SimplyWell for the onsite health screening to be completed in first quarter (during annual enrollment only).
- Employee and spouse/domestic partner (if enrolled in medical) both complete the HRA/health questionnaire on SimplyWell's Web site.

#### \$250 Tobacco-Free Incentive

- If you enroll in a First Data medical plan and have not used tobacco in any form for a year or more, a \$250 annual incentive is available to you. Just select "I am Tobacco Free" on the Wellness Incentives page on **Your Benefits Resources**.

#### Smoking Cessation Program through Medco®

This program covers smoking-cessation prescriptions, such as nicotine replacement therapy products and Zyban®, up to a \$500 lifetime maximum.

#### \$200 Health Screening Incentive

- Complete the annual onsite health screening and receive an additional \$200 annual incentive beginning in May. More information will follow enrollment, but be sure to schedule your time during annual enrollment as the first step to earning the incentive.

If you are a new hire in 2012, you will automatically receive the Health Screening Incentive. You will need to take action on future requirements in order to receive additional incentives.

Earn your incentives today and make your health a priority. First Data believes that employees and the employer must work in partnership in the prevention of health care conditions and cost containment. Using incentives can help us work together to achieve great things.

SimplyWell instructions for site registration, scheduling your health screening and completing the health risk assessment: From the SimplyWell Web site (direct link from the Submitted Successfully page on **Your Benefits Resources** during enrollment, or at [www.simplywell.com](http://www.simplywell.com)):

- Click LOGIN.
- Under First Time User select REGISTER.
- Click My Employer.
- Enter Participant ID:
  - Employee ID = FD plus six-digit employee ID (ex FD654123)
  - Spouse ID = FDS plus six-digit employee ID (ex FDS654123)
- Enter date of birth (spouse enters their date of birth).
- Enter gender (spouse enters their gender).
- Click **Begin**.
- Enter contact and security information – allows you to create a personal user ID and password.
- Accept the Agreement and Policy Information.
- Register for your health screening – select a date/time/location in first quarter (employee only).
- Record your medical history – you'll want your medications, surgeries, allergies, etc. handy for completing this step. NOTE: You can make updates to your medical history at any time.
- Complete the online HRA – allow about 30 minutes for this step. If you cannot complete the questionnaire and you need to return later, click the **SAVE & FINISH LATER** button. When you have completed the questions, click the **SUBMIT** button. You must submit the completed HRA to receive credit for this wellness requirement.

If you are an existing employee who cannot make an onsite health screening, work from home or from a location with fewer than 25 employees, you can register for a physician upload to meet the health screening registration requirement.

**Incentives** will be prorated and paid each pay period as an additional earning on your paycheck. The incentives earned will help you offset the cost of your medical premiums. The Tobacco-Free Incentive is tax free, while the Wellness Challenge and Health Screening Incentives are taxable earnings.

# Learn About Your Benefit Options

## Who's Eligible for First Data Health and Life Benefits?

You are eligible for Health and Life Benefits coverage if you are on the U.S. payroll as a full-time employee scheduled to work at least 30 hours per week. Dependents eligible for coverage under Health and Life Benefits include:

- Spouses (including same-sex spouses in certain states)
- Children
  - Through the end of the month in which they turn 26 for medical, dental, vision, EAP and HCFA expenses
  - Unmarried children up to age 19, or 23 for full-time students, for child life insurance
- Domestic partners (for medical, dental and vision coverage only; children of domestic partners are not eligible)

After you enroll any dependent in coverage, you will receive information regarding dependent verification, a process where employees must provide specific documentation that validates dependents are eligible for medical, dental and vision coverage. If you do not comply with the dependent verification requirements, your dependents will be dropped and will not have First Data benefits. Employees who have enrolled ineligible dependents will be subject to disciplinary action up to and including termination of employment.

For detailed definitions of dependent eligibility, please refer to the **Summary Plan Description** found on the benefits Web site or on **Your Benefits Resources**.

## Spousal Surcharge

The spousal surcharge is an additional amount you pay for medical coverage if you choose to enroll your spouse/ domestic partner for coverage in a First Data medical plan and he/she is eligible for coverage through his/her employer. The additional surcharge amount is \$900 per year deducted on a per-pay-period basis.

If you cover a spouse/domestic partner in a First Data medical plan, you will automatically be assigned to "spousal surcharge applies" and the \$900 annual surcharge will automatically be deducted beginning with your first 2012 paycheck and deductions will not be refunded. **If you do not qualify for the surcharge, you must complete your enrollment and select spousal surcharge does not apply for 2012.**

The spousal surcharge does not apply if:

- You do not enroll your spouse/domestic partner in medical coverage
- Your spouse/domestic partner is not employed
- Your spouse/domestic partner is employed but is not eligible for medical coverage through his/her employer
- Your spouse/domestic partner is eligible for and/or is enrolled in Medicare/Medicaid
- You and your spouse/domestic partner both work at First Data

## Enrollment Resources

### Visit . . .

First Data Benefits Web Site  
[www.firstdatabenefits.us](http://www.firstdatabenefits.us)

Your Benefits Resources Web Site  
<http://resources.hewitt.com/firstdata>

SimplyWell Web Site  
[www.simplywell.com](http://www.simplywell.com)

### Call . . .

Health Advocate  
866.695.8622

Employee Resource Line  
888.348.4835

SimplyWell  
877.991.9355

### For . . .

Details on all benefit plans

Enrolling, viewing/changing elections and dependents covered, selecting beneficiaries

Completing the health risk assessment and registering for the onsite health screening

### For questions about . . .

General benefits education, how the medical and dental plans work and finding providers

Eligibility, enrolling and password resets—beginning 1/1/12 Benefit support will be available from 7 a.m.–7 p.m. Central Time

Health risk assessment and wellness program questions

## Whom Should I Cover?

You can choose to cover yourself and any eligible dependents. Consider the following when making your selections:

→ If you're married or have a domestic partner, does your spouse/domestic partner have coverage available through his/her employer? If so, would it be more cost effective for him/her to get coverage through his/her employer or for you to be covered under that employer's plan?

Keep in mind that if you enroll your spouse/domestic partner in a First Data medical plan and he/she is eligible for his/her own employer's plan, you will be charged a \$900 per year spousal surcharge in addition to the annual premium.

→ If you and your spouse/domestic partner will be covered under your respective employers, under which plan should any dependent children be covered? What makes the most financial sense when comparing both employers' plans?

→ Children of domestic partners are not eligible dependents under the First Data plan unless they meet the dependent eligibility requirements. If they do not meet the dependent eligibility requirements, coverage must be provided through other options outside of First Data.

→ If you and your spouse/domestic partner have coverage through both First Data and your spouse's/domestic partner's employer, you need to fully understand the rules about coordination of benefits and how benefits will be paid. Review these rules carefully before enrolling in two employer plans, since coverage under two plans doesn't necessarily mean your expenses will be 100% covered.

## Resources To Help You Learn About Your Health and Life Benefits

→ Your **Summary Plan Description**, which includes detailed plan information about most Health and Life Benefits. You can read it online at [www.firstdatabenefits.us](http://www.firstdatabenefits.us), or you can request to receive a paper copy:

— Go to the **Health and Life** tab on **Your Benefits Resources**, click on the **Forms and Materials** link, and then check the box in front of "H&L eSPD" and click on **Request Materials** or call the Employee Resource Line at **888.348.4835**.

→ Health Advocate at **866.695.8622** for questions about general benefits education, how the medical and dental plans work and finding providers

→ Employee Resource Line at **888.348.4835** for eligibility, enrolling and password resets. Beginning January 1, 2012, be sure you have your **Your Benefits Resources** user ID and password before calling.

→ This document (2012 Health and Life Benefits Enrollment Guide)

To access your benefits information from any computer with internet access, visit: [www.firstdatabenefits.us](http://www.firstdatabenefits.us) to find:

→ Tips for selecting benefits based on your life stage

→ Important benefit updates and alerts

→ Plan design information

→ Contact information

→ Quick links to carrier Web sites

→ A link to the **Your Benefits Resources** Web site where you can:

— **Use** the tools to help you choose the right benefits for your situation

— **Complete** the easy, quick online enrollment

— **Earn** the Wellness Incentives—see page 3 for complete details

— **Review** your dependent elections and, if you are enrolling your spouse/domestic partner, certify whether or not the spousal surcharge applies

— **Confirm** your elections

— **Print** your Submitted Successfully page as confirmation of your elections



# Your Health and Life Benefits at a Glance

At First Data, we know it's important for you to select benefits that meet your needs. Our Health and Life Benefits give you flexibility to elect coverage that works for you and your eligible dependents.

## Basic Benefits

The following benefits are paid for entirely by First Data:

Benefit Type	Description
<b>Short-Term Disability Insurance</b>	Coverage replaces 66 2/3% of your annual benefits salary* for up to 90 days while you are on an approved disability (subject to certain exclusions).
<b>Basic Long-Term Disability Insurance</b>	Coverage equals 50% of your annual benefits salary,* with a minimum benefit of \$100/month and a maximum benefit of \$15,000/month if on an approved disability for greater than 90 days.
<b>Basic Life Insurance</b>	Coverage equals one times your annual benefits salary* (rounded up to the nearest \$1,000) up to a maximum of \$1,000,000.
<b>Basic Accidental Death &amp; Dismemberment Insurance</b>	Coverage equals one times your annual benefits salary* (rounded up to the nearest \$1,000) up to a maximum of \$1,000,000.
<b>Business Travel Accident Insurance</b>	Provided for you while traveling on Company business. Coverage equals four times your annual benefits salary,* up to a maximum of \$1,000,000 (subject to certain exclusions).
<b>Employee Assistance Program</b>	Access to free, confidential counseling with a network of professionals to help you address personal and work/life issues.
<b>Health Advocate</b>	Access to free phone support to help you with health care and health insurance issues, such as billing questions and payment arrangements; helping you to better understand your illness, test results or treatment recommendations; locating and researching current treatments; and assisting with the transfer of medical records, X-rays and lab results.



### \*Annual Benefits Salary

Your annual benefits salary is calculated each year in August for benefit levels beginning the following January 1 and includes:

- Your base salary (including your base compensation for the year, prior to any before-tax contributions to the Incentive Savings Plan, Flexible Spending Accounts and other health and insurance plans)
- Your actual commissions paid out in the last 12 months from September 1, 2010 through August 31, 2011

For additional information on annual benefits salary, review your **Summary Plan Description**.

## Optional Benefits

You and First Data share the cost of some optional benefits such as medical and dental coverage. For benefits like vision, legal and supplemental life insurance, you pay the full cost of coverage. The Care\$ Benefit is entirely paid for by First Data.

The amount you pay for optional benefits coverage depends on which coverages you select, whom you cover and, in some cases, your annual benefits salary.

The cost of coverage is paid with either before-tax or after-tax dollars. If benefits are paid with before-tax dollars, the cost of your benefits is deducted from your paycheck before federal income and Social Security taxes are calculated. As a result, you save money by reducing your taxable income.

Optional benefits you can enroll in include:

Benefit Type	Options May Include	How You Pay for Coverage
<b>Medical</b>	High Deductible Health Plan (HDHP) \$400/90%/Rx PPO Plan \$900/80%/Rx PPO Plan Out-of-Area Plan Aetna Global Medical Plan (Expatriates) Triple-S (Puerto Rico) No coverage	You pay your portion with before-tax dollars from your paycheck. In addition, you will pay a spousal surcharge with before-tax dollars if you enroll your spouse or domestic partner for medical coverage and he or she is eligible for other employer coverage. First Data pays the majority of the actual premium cost.
<b>Dental</b>	Aetna Dental Maintenance Organization (DMO)* MetLife Pref. Dentist Plan A MetLife Pref. Dentist Plan B No coverage	You pay your portion with before-tax dollars from your paycheck. First Data pays the rest of the cost.
<b>Vision</b>	Coverage through Vision Service Plan (VSP®) or no coverage	You pay with before-tax dollars from your paycheck.
<b>Health Care Flexible Spending Account (HCFSA)**</b>	You can put aside between \$100 and \$5,000 per year to be reimbursed for eligible medical, dental and vision expenses.	You pay with before-tax dollars from your paycheck.
<b>Health Savings Account (HSA)</b>	If you enroll in the HDHP, you are eligible to put aside between \$100 and \$3,100 for individual and \$6,250 for family per year to be reimbursed for eligible medical expenses or used as a savings mechanism for future qualified expenses.	You pay with before-tax dollars from your paycheck.
<b>Day Care Flexible Spending Account (DCFSAs)</b>	You can put aside between \$100 and \$5,000 per year to be reimbursed for eligible day-care-related expenses while you and your spouse work. This includes the Care\$ Benefit (if eligible—see page 19 for details). The money in this account cannot be used for your dependents' medical or dental expenses.	You pay with before-tax dollars from your paycheck.

\*Depending on your home location.

\*\*If you enroll in the HSA, your enrollment in the HCFSAs will be limited to dental and vision claims only. Please see page 19.



Benefit Type	Options May Include	How You Pay for Coverage
<b>Voluntary Long-Term Disability Insurance</b>	Buy-up coverage from Company-provided 50% coverage to a total of 66 2/3% of annual benefits salary. <b>At enrollment you will automatically be enrolled in Voluntary Long-Term Disability coverage, resulting in a payroll deduction.</b> You may choose to opt out of this higher coverage at enrollment.	You pay with after-tax dollars from your paycheck.
<b>Supplemental Employee Life Insurance</b>	12 coverage options or no coverage	You pay with after-tax dollars from your paycheck.
<b>Spouse Life Insurance</b>	11 coverage options or no coverage	You pay with after-tax dollars from your paycheck.
<b>Child Life Insurance</b>	2 coverage options or no coverage	You pay with after-tax dollars from your paycheck.
<b>Voluntary Accidental Death &amp; Dismemberment Insurance</b>	Up to 19 coverage options or no coverage	You pay with after-tax dollars from your paycheck.
<b>Legal Plan</b>	Coverage through ARAG® or no coverage	You pay with after-tax dollars from your paycheck.

# Your Medical Options

You have multiple medical plan options, including:

- High Deductible Health Plan (HDHP)
- \$400/90%/Rx PPO Plan
- \$900/80%/Rx PPO Plan
- Out-of-Area Plan
- Aetna Global Medical Plan (Expatriates)
- Triple-S (Puerto Rico)
- No coverage

## Medical Plan Basics

The HDHP and PPO Plans share common features and work much the same in how costs are shared when you need care. Here are some plan basics you should know:

### Preventive care

Both the HDHP and the PPO Plans pay 100% for preventive care, such as routine physicals, immunizations and screenings (age and frequency limits apply). Inform your provider at the time of your service that your preventive care is covered at 100% to ensure you are not charged.

### Annual deductible

Each year, you pay a certain amount of your own covered expenses before the plan starts to pay its share. This amount is called the deductible. Each January 1 you start over with a new annual deductible. The chart below shows how the annual deductible works:

Annual Deductible	HDHP	PPO Plan
<b>Applies to</b>	All medical and prescription drug expenses except preventive care as described above	In-network hospital and outpatient services and out-of-network services
<b>Payment options</b>	You can pay from your health savings account or you can pay out of your pocket	You must pay out of your pocket or use any health care flexible spending account dollars you have available

### Coinsurance

Once you meet your annual deductible (not applicable to prescription drugs under the PPO Plans), you and First Data share the cost of your eligible expenses through coinsurance. Your portion of the coinsurance is lower when you use network providers. The chart below shows how coinsurance works:

Coinsurance	HDHP	PPO Plan
<b>Medical coinsurance applies to</b>	All medical services	In-network hospital and outpatient services and all out-of-network services
<b>Prescription drug coinsurance applies to</b>	Retail and mail-order brand-name drugs (after the annual deductible has been met)	Retail and mail-order brand-name drugs (deductible does not apply)

## Annual out-of-pocket maximum

When your out-of-pocket expenses, including your annual deductible and your portion of coinsurance, reach the annual out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the plan year. In the PPO Plan, this excludes copays and all prescription drug expenses. Each January 1 you start over with a new annual out-of-pocket maximum. Here's what's included in the annual out-of-pocket maximum:

Out-of-Pocket Maximum	HDHP	PPO Plan
Includes	<ul style="list-style-type: none"> <li>→ Annual deductible</li> <li>→ Your portion of coinsurance</li> <li>→ Your prescription drug costs</li> </ul>	<ul style="list-style-type: none"> <li>→ Annual deductible</li> <li>→ Your portion of coinsurance</li> </ul>

## Copayment

A copayment (or copay) is a flat fee you are charged for specific procedures and generic drugs as shown below:

Copayment	HDHP	PPO Plan
You pay copays for	Retail and mail-order generic drugs (after your annual deductible has been met)	<ul style="list-style-type: none"> <li>→ In-network primary care office visit</li> <li>→ In-network specialist office visit</li> <li>→ Emergency room/urgent care</li> <li>→ Retail and mail-order generic drugs</li> </ul>

## In-network (or network)/out-of-network providers

**In-network providers** are those doctors, pharmacies, hospitals, specialists and other health care providers and facilities that have agreed to be part of a health plan's network. They provide their services at special contract prices. Our medical plans pay a higher coinsurance due to a higher discount on medical pricing when you use network providers, so you save in two ways:

1. You pay the provider's negotiated discount rate.
2. You pay the lower in-network coinsurance percentage.

See page 12 for important information about network-designated specialists.

**Out-of-network providers** are those providers who do not participate in the network.

Remember, providers can join or leave the network at any time, so be sure you're comfortable using several doctors and hospitals. You cannot switch plans midyear if your preferred doctor or health care facility leaves your plan's network.

## Preview Your Choices. Take Charge and Choose Well.

### Take these steps when choosing your medical plan option:

- Review detailed information about each plan on pages 11-15 of this guide.
- To learn what each plan offers you at your stage of life, visit the benefits Web site at [www.firstdatabenefits.us](http://www.firstdatabenefits.us). You'll also find more details on each plan and descriptions of the tools and programs included with each plan.
- To compare coverage options, use the **Compare Medical Plan Details** tool on the *Your Benefits Resources* Web site.
- To compare your estimated out-of-pocket costs, use the **Medical Expense Estimator** tool on the *Your Benefits Resources* Web site.
- If you have specific questions about a particular option, review the **Summary Plan Description** or contact the health plan administrator of that option. See page 28 of this guide for the administrator's phone number and Web site address.

## Medical Plan Comparison

The following chart provides more detailed information about coverage for some of the medical plan options. The information below assumes you use **in-network** providers. Where out-of-network coverage is available, you will pay a higher amount for services. For detailed information about how each plan works, review pages 11-15 of this guide or review the **Summary Plan Description**, which can be found on both the benefits Web site at [www.firstdatabenefits.us](http://www.firstdatabenefits.us) and the **Your Benefits Resources** Web site.

Feature	High Deductible Health Plan (HDHP)	\$400/90%/Rx PPO Plan	\$900/80%/Rx PPO Plan	Out-of-Area Medical Plan
<b>Deductible<sup>1</sup></b> (individual/family)	\$1,250/\$2,500	\$400/\$1,200	\$900/\$2,700	\$900/\$2,700
<b>Health Savings Account<sup>2</sup></b> (individual/family)	You may contribute up to \$3,100/\$6,250 each year	Not applicable	Not applicable	Not applicable
<b>Coinsurance<sup>3</sup> after you pay the deductible</b> (paid by plan/your share)	90%/10%	90%/10%	80%/20%	80%/20%
<b>Annual out-of-pocket maximum, including deductible</b> (individual/family)	\$2,250/\$4,500	\$3,000/\$9,000 <sup>4</sup>	\$3,500/\$10,500 <sup>4</sup>	\$3,500/\$10,500 <sup>4</sup>
<b>Office visit</b> (primary/specialist)	Deductible and coinsurance (copays do not apply)	\$25/\$35 copay	\$25/\$35 copay	Deductible and coinsurance (copays do not apply)
<b>Emergency room<sup>5</sup>/urgent care</b>	Deductible and coinsurance	\$150/\$75 copay	\$150/\$75 copay	\$150/\$75 copay
<b>Prescription drugs at retail</b> (what you pay for generic/brand formulary/brand non-formulary drugs)	\$7/30%/45% Administered by Medco (you must meet your deductible before prescription drug copays and coinsurance apply)	\$7/30%/45% Administered by Medco	\$7/30%/45% Administered by Medco	\$7/30%/45% Administered by Medco
<b>Per-prescription retail maximum</b>	\$100	\$100	\$100	\$100

<sup>1</sup>The deductible is the amount you will pay out of pocket for certain services before the plan pays.

<sup>2</sup>See page 13 for more information on HSAs.

<sup>3</sup>Coinsurance is the percentage of the cost of services you and First Data pay for certain services, such as outpatient procedures and hospital visits.

<sup>4</sup>Prescription drug costs do not apply. You will continue to pay prescription drug costs and copayments after you reach the out-of-pocket maximum.

<sup>5</sup>When diagnosed as a true medical emergency.

## Medical Plan Names and Administrators

Your medical plan administrator is determined by where you live. The prescription drug plan administrator is the same for all plans and locations.

Aetna and UnitedHealthcare refer to the medical plans by their network names, which you'll need to know when you are searching for network providers.

If you live in . . .	Your medical plan administrator is . . .	Your medical plan's network name begins with . . .	Your prescription drug plan administrator is . . .
Colorado, Florida, Hawaii, Iowa, Nebraska or New York	UnitedHealthcare	UnitedHealthcare Choice Plus	Medco
Any other state	Aetna	Aetna Choice POS II	Medco

## Specialty Network Requirement

To help you receive the best care at the best price, Aetna and UnitedHealthcare created specialty networks to give you access to some of the highest-performing specialists, who have met efficiency standards and industry-accepted practices for clinical performance.

### Aetna Aexcel® Network

If you are an Aetna member and live in an Aexcel network, in order to be covered at the in-network benefit level, you must use Aexcel-designated providers for specialty care. If you live in an Aexcel network and you receive specialty care from a non-Aexcel provider, you will receive the out-of-network benefit. To find out if you are in an Aexcel network, go to the benefits Web site at [www.firstdatabenefits.us](http://www.firstdatabenefits.us) under **Medical** and enter your home zip code.

To find a current list of Aexcel specialists, go to the Aetna DocFind® online provider directory, which members can access through Aetna Navigator®, and non-members can access at [www.aetna.com/docfind](http://www.aetna.com/docfind). Aexcel specialists will have a blue star next to their names and the designation may change from year to year.

### UnitedHealth Premium Providers

If you are a UnitedHealthcare member, you must receive care from a UnitedHealth Premium designated specialist to pay the \$35 specialist copay. If you receive specialty care from a non-premium provider, you will pay a \$50 specialist copay instead. UnitedHealth Premium Providers have met national industry standards for quality and local market benchmarks for cost efficiency and are designated with two stars in UnitedHealthcare's online provider directory located at [www.myuhc.com](http://www.myuhc.com). You must select a UnitedHealth Premium Provider for care in these specialty services:

- Allergy service
- Cardiac service
- Endocrinology
- Nephrology
- Neurology
- Pulmonary
- Rheumatology

## High Deductible Health Plan (HDHP)

The HDHP gives you more control over how you spend and save your health care dollars. The HDHP has two parts:

- The high deductible health plan
- The health savings account (HSA), administered by PayFlex and held through UMB Bank

### Here's how the high deductible health plan works:

- Preventive care, such as routine physicals, immunizations and screenings, is covered at 100% subject to age and frequency limits (for either in-network or out-of-network providers). Refer to the **Summary Plan Description** to determine which preventive services are covered.
- You must meet your deductible before the plan begins to pay benefits. The in-network deductible is \$1,250 for individual and \$2,500 for family. You may pay your deductible with your HSA or you may pay out of pocket and save your HSA for future medical expenses. The family deductible applies to you and all eligible covered dependents.

For family coverage, each covered person pays expenses until the family deductible is met. For example, if you or a covered family member is hospitalized and expenses equal \$5,000, you will pay the family deductible of \$2,500, or if you have a family of three and two family members have a combined total of \$2,500 in expenses, you have met the family deductible.

- Once you reach the deductible, you and First Data share the costs of your medical and prescription drug expenses.
  - For medical expenses, First Data pays 90% of the costs and you pay 10% for in-network providers. If you use out-of-network providers, First Data pays 70% of the costs and you pay 30%.
  - For prescription drug coverage, see page 16.
- If you reach your out-of-pocket maximum (including your deductible)—\$2,250 for individual, \$4,500 for family (for in-network services)—First Data will pay 100% of the remaining eligible medical and prescription drug expenses for the rest of the year.

## Here's how the HSA works:

- You decide how much you want to contribute. Each year you may contribute between \$100 and \$3,100 for individual coverage (employee only) and up to \$6,250 for family coverage (any eligible dependents covered). This amount will be deducted from your paycheck before taxes on a per-pay-period basis. You will make this election at the time you enroll in the HDHP. You may change this election if you experience a qualified status change during the year.
- If you or your spouse is age 55 or older, you may make an additional "catch-up" contribution to your HSA above the annual maximum. The 2012 catch-up contribution limit is \$1,000. If your spouse is age 55 or older and would like to make catch-up contributions, those contributions must be made to his/her own individual HSA account.
- You own your HSA. Your before-tax contributions earn interest and are not taxed when you make withdrawals to pay for qualified medical expenses. You withdraw money using a special debit card, which is the same card that is used for the Health Care Flexible Spending Account, or you may request reimbursement online at [www.HealthHub.com](http://www.HealthHub.com). You also may allow the account to accumulate over time and use it to help pay for future qualified expenses. You decide when and how to use the money in your account, which is held at UMB Bank. When you have \$1,000 in your HSA account, you have two options to consider for investing purposes—a Money Market Sweep Account and an HSA Brokerage Account. Both options allow for excess funds be moved, or swept, into a separate account that may allow you to earn higher yields on your excess funds.
- Eligible expenses are certain products and services that can be reimbursed through your HSA account. The Internal Revenue Service (IRS) defines what qualifies as an eligible expense. For a list of eligible health savings account expenses, visit PayFlex's Web site at [www.HealthHub.com](http://www.HealthHub.com) or review your **Summary Plan Description**.
- Utilize PayFlex's Web site when managing your HSA at [www.HealthHub.com](http://www.HealthHub.com).



## Helpful Hints: HDHP

- Preventive care, such as routine physicals, immunizations and screenings, is covered at 100% subject to age and frequency limits (for either in-network or out-of-network providers). Refer to the **Summary Plan Description** to determine which preventive services are covered.
- You have in-network and out-of-network coverage, however, you will pay more when going outside the network.
- For medical services, you pay coinsurance after you meet your deductible; copays do not apply. For prescription drugs, you pay the applicable copay or coinsurance after you meet your deductible.
- You do not need a referral to see a specialist. If you are an Aetna member, use Aexcel specialists when available in order to be covered at the in-network benefit level. If you are a UnitedHealthcare member, use a UnitedHealth Premium Provider to avoid a higher copay.
- You have access to condition management programs.
- Wise health care decisions, such as using in-network providers and taking generic prescriptions, directly benefit you by reducing health care costs.

## What's the difference between an HSA and a Health Care FSA?

Both types of accounts are tax-free vehicles for paying health care expenses, but there are a few differences:

- The HSA is a **savings account with a bank**, and, like other bank accounts, your money earns interest, your balance carries forward from year to year and you can make withdrawals, but only up to the amount of your balance. You can make HSA contributions only if you are enrolled in an HDHP.
- The FSA is a **spending account with a health claims administrator**. Payments are made when a claim for a qualified expense is processed. The payment is for the full amount of the claim, up to your annual election, even if you have not yet contributed enough money to the account to cover the cost. By law, you forfeit amounts not used by the end of the plan year after the 2 1/2 month grace period.

See the FSA section on page 19 for information on how the HSA and FSA work together.

## PPO Medical Plans

The PPO Plans allow you to visit both in-network and out-of-network providers, although it costs more to go out of network, and you do not need a referral to see a specialist.

You have two PPO options:

### PPO Options (In-Network Medical Benefits)

	\$400/90%/Rx PPO Plan		\$900/80%/Rx PPO Plan
<b>Deductible</b>	You pay \$400 for individual coverage You pay \$1,200 for family coverage	Or	You pay \$900 for individual coverage You pay \$2,700 for family coverage
<b>Coinsurance</b>	Plan pays 90% You pay 10%	Or	Plan pays 80% You pay 20%
<b>Copays</b>	You pay \$25 for primary care office visit \$35 for specialist office visit* \$150 for emergency room \$75 for urgent care		You pay \$25 for primary care office visit \$35 for specialist office visit* \$150 for emergency room \$75 for urgent care
<b>Out-of-pocket maximum</b>	You pay \$3,000 for individual coverage You pay \$9,000 for family coverage	Or	You pay \$3,500 for individual coverage You pay \$10,500 for family coverage
<b>The trade-off</b>	Lower out-of-pocket costs Higher paycheck contributions	Or	Higher out-of-pocket costs Lower paycheck contributions

\*Aetna members located in an Aetna Aexcel network must use Aexcel specialists in order to be covered at the in-network benefit level. UnitedHealthcare members will pay a \$50 copay if they do not use a UnitedHealth Premium Provider.

### Helpful Hints: The PPO Medical Plans

- Preventive care (such as routine physicals, immunizations and screenings) is covered at 100% subject to age and frequency limits (for either in-network or out-of-network providers). Refer to the **Summary Plan Description** to determine which preventive services are covered.
- You have in-network and out-of-network coverage, however, you will pay more when going outside the network.
- You pay copays (flat fees) for a doctor visit.
- You pay coinsurance (a percentage of covered expenses), after you meet your deductible, for hospital services.
- Once your share of costs reaches the out-of-pocket maximum, the plan pays 100% of covered expenses (excluding copays and prescription drug costs) for the rest of the year.
- You do not need a referral to see a specialist. If you are an Aetna member, use Aexcel specialists when available in order to be covered at the in-network benefit level. If you are a UnitedHealthcare member, use a UnitedHealth Premium Provider to avoid a higher copay.
- You have access to condition management programs.
- Your personal situation will be different from other First Data employees. You may want to pay less in paycheck contributions, but the trade-off is you'll pay more if you need certain medical services. When reviewing your choices, keep in mind this trade-off between your paycheck contributions and your out-of-pocket costs.

## Out-of-Area Medical Plan

If you live in an area not covered by the Aetna or United Healthcare PPO networks, you can participate in an Out-of-Area medical plan.

The plan operates like a traditional medical plan, in that medical expenses are subject to a deductible and coinsurance amounts. The coverage is the same as the \$900/80%/Rx PPO Plan in-network coverage, except for office visits; coinsurance applies (after the deductible) instead of copays.

If you are eligible to participate in this plan, you will see this option on the **Your Benefits Resources** Web site.

## Note to U.S. Expatriates

If you live and work overseas on a U.S. expatriate assignment, you're eligible to participate in the Aetna Global Medical Plan. Check the **Your Benefits Resources** Web site for more details.

## Note to People in Puerto Rico

If you live and work in Puerto Rico, you're eligible to participate in the Triple-S Plan. Check the **Your Benefits Resources** Web site for more details.



## Your 2012 Medical Plan Costs

Plan	If Your Salary Is	Biweekly Deductions				Semimonthly Deductions			
		Employee Only	Employee + Spouse*	Employee + Child(ren)	Family*	Employee Only	Employee + Spouse*	Employee + Child(ren)	Family*
HDHP	Under \$35,000	\$44.00	\$97.27	\$89.65	\$131.54	\$47.67	\$105.38	\$97.13	\$142.50
PPO Plan \$400/90%/Rx	\$35,000	\$53.05	\$116.28	\$106.86	\$158.70	\$57.47	\$125.97	\$115.76	\$171.93
PPO Plan \$900/80%/Rx		\$39.33	\$87.46	\$80.78	\$117.53	\$42.61	\$94.75	\$87.51	\$127.32
Out-of-Area Plan		\$53.05	\$116.28	\$106.86	\$158.70	\$57.47	\$125.97	\$115.76	\$171.93
Aetna Global Medical Plan		\$38.25	\$80.86	\$76.00	\$121.08	\$41.44	\$87.60	\$82.34	\$131.17
Triple-S		\$34.84	\$63.95	\$71.52	\$71.52	\$37.74	\$69.28	\$77.48	\$77.48
HDHP		\$35,000 – \$80,000	\$50.67	\$117.26	\$107.74	\$160.10	\$54.89	\$127.03	\$116.72
PPO Plan \$400/90%/Rx	\$80,000	\$61.98	\$141.02	\$129.24	\$194.04	\$67.15	\$152.78	\$140.01	\$210.22
PPO Plan \$900/80%/Rx		\$44.83	\$105.00	\$96.65	\$142.58	\$48.57	\$113.75	\$104.70	\$154.47
Out-of-Area Plan		\$61.98	\$141.02	\$129.24	\$194.04	\$67.15	\$152.78	\$140.01	\$210.22
Aetna Global Medical Plan		\$43.49	\$96.75	\$90.68	\$147.02	\$47.11	\$104.82	\$98.24	\$159.27
Triple-S		\$39.22	\$75.61	\$85.07	\$85.07	\$42.49	\$81.91	\$92.16	\$92.16
HDHP		More than \$80,000	\$59.01	\$142.25	\$130.35	\$195.79	\$63.93	\$154.11	\$141.21
PPO Plan \$400/90%/Rx	\$80,000	\$73.15	\$171.96	\$157.23	\$238.23	\$79.25	\$186.29	\$170.33	\$258.09
PPO Plan \$900/80%/Rx		\$51.71	\$126.92	\$116.48	\$173.90	\$56.02	\$137.50	\$126.19	\$188.40
Out-of-Area Plan		\$73.15	\$171.96	\$157.23	\$238.23	\$79.25	\$186.29	\$170.33	\$258.09
Aetna Global Medical Plan		\$50.04	\$116.61	\$109.02	\$179.45	\$54.21	\$126.33	\$118.11	\$194.40
Triple-S		\$44.70	\$90.19	\$102.01	\$102.01	\$48.43	\$97.71	\$110.51	\$110.51
*Spousal Surcharge – Additional \$900 per year		All salaries	n/a	\$34.62	n/a	\$34.62	n/a	\$37.50	n/a

# Your Prescription Drug Coverage

Prescription drug coverage, administered by Medco, is included with your medical coverage.

With the High Deductible Health Plan (HDHP), you must meet your deductible before you begin to pay any copays or coinsurance. Once you reach your out-of-pocket maximum, you no longer pay copays or coinsurance; First Data will pay 100% of your prescription drug expenses for the rest of the year.

Under the PPO plans, you pay the copays/coinsurance shown below regardless of whether or not have met your deductible or out-of-pocket maximum.

	Retail Pharmacy (30-day supply)	Mail-Order Pharmacy (90-day supply)
Generics	\$7	\$14
Brand Formulary	30%	30%
Brand Non-Formulary	45%	45%
Per-Prescription Maximum	\$100	\$250

## Mandatory Generics

If you opt to take a brand-name prescription when a generic equivalent is available, you will pay more. You will be charged the difference between the brand-name drug and the generic equivalent, plus the \$7 generic copay. Many brand-name drugs have generic equivalents. Generic drugs are required by the Food and Drug Administration (FDA) to have the exact same active ingredients and meet the same quality standards as the brand-name drug. In addition, generics cost an average of six times less than the brand-name drug, yet are just as safe and effective.

For example, if you receive a prescription for acid reflux and opt for the brand-name drug Prilosec instead of the generic equivalent, omeprazole, you will pay more. A 30-day prescription for Prilosec costs \$251.39, while the same quantity of omeprazole costs \$26.87. If you fill your prescription with Prilosec, you will pay the retail generic copay of \$7 plus the cost difference between omeprazole and Prilosec (\$251.39 - \$26.87 = \$224.52). Because there is a 30-day per-script retail maximum of \$100, you will be required to pay \$107 for Prilosec instead of only \$7 for the generic omeprazole.

If you have a reason for not using the generic equivalent, such as you are allergic to an ingredient in the generic drug, you may appeal to Medco by calling **800.841.5403**.

## \$10 Medco Mail-Order Drug Program

More than 400 generic drugs are available at \$10 or less for a 90-day supply, including drugs in the following categories:

- Asthma
- Blood pressure
- Cold and allergy
- Diabetes
- Heartburn
- High cholesterol
- Mental health
- Vitamins and electrolytes
- Women's health
- Thyroid therapy
- Skin conditions

Instead of going to your local grocery store, you can mail in your prescription (if on the Medco list) and receive a discount. You also can conveniently reorder your prescriptions online. Medco will send you a reminder to let you know it is time to reorder your prescription.

To find out if your generic medication is included, go to [www.medco.com/lowcostgenerics](http://www.medco.com/lowcostgenerics) or call **800.841.5403**.

## Mail-Order Incentive Program\*

This program encourages you to get your long-term medications through the Medco mail-order program.

If you decide to purchase your long-term drugs at a participating retail pharmacy instead, you will pay more after the third time. The first three times you will pay your regular 30-day supply copayment or coinsurance.\*

Beginning with the fourth refill of a long-term prescription at a participating retail pharmacy, you will pay the following:

Drug Type	You pay for a 30-day supply**
Generics	\$14
Brand Formulary	50%***
Brand Non-Formulary	100%***

\*Mandatory generic rule applies  
 \*\*After the deductible for HDHP  
 \*\*\*Up to \$250 per prescription maximum

# Your Dental Options

First Data’s dental plan options are designed to help you pay the cost of dental expenses for you and your family. You and First Data share the cost of this coverage. Your portion of the cost—paid with before-tax dollars deducted from your paycheck—depends on which option you select and whom you choose to cover.

Your dental options may include the following, depending on your work or home location:

- Aetna Dental Maintenance Organization (DMO)
- MetLife Pref. Dentist Plan A (PDP)
- MetLife Pref. Dentist Plan B (PDP)
- No coverage

## Helpful Hints: Your Dental Options

- To compare your options, visit the **Compare Your Dental Options** tool on the **Your Benefits Resources** Web site. You can also get more information about the plans, including benefit summaries, at the benefits Web site or by reviewing the **Summary Plan Description**.
- When enrolled in the Aetna DMO plan, you must:
  - Select and use in-network providers
  - Select and use a primary care dentist
  - Obtain referrals
- **Remember:** You can use the Health Care FSA to reimburse eligible expenses not covered by your dental plan. Read more about the Health Care FSA on page 19 of this guide.
- To see whether or not your dentist is in the Aetna network—or to locate a dentist in the network—use the **DocFind** tool located at [www.aetna.com/docfind](http://www.aetna.com/docfind).
- To see whether or not your dentist is in the MetLife network—or to locate a dentist in the network—visit [www.metlife.com/dental](http://www.metlife.com/dental) and click on the **Find a Participating Dentist** link.

## In-Network Dental Benefits

Feature	Aetna DMO	MetLife Pref. Dentist Plan A (PDP)	MetLife Pref. Dentist Plan B (PDP)
<b>Deductible</b> (individual/family)	\$0	\$50/\$150	\$50/\$150
<b>Annual Benefit Maximum</b> (per person)	Not applicable	\$1,500 in network	\$3,000 in network
<b>In-Network Coinsurance</b> (paid by plan)			
Preventive/diagnostic	100%	100%	100%
Basic restorative	90%	80%	90%
Major restorative	60%	60%	70%
Orthodontic	50%	50%	50%
<b>Lifetime Benefit Maximum</b> (orthodontics for covered children up to age 19)	Not applicable	\$1,500 per covered child	\$1,500 per covered child

## Your 2012 Dental Plan Costs

	Biweekly Deductions				Semimonthly Deductions			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<b>Aetna DMO</b>	\$2.54	\$5.08	\$6.10	\$8.64	\$2.75	\$5.51	\$6.61	\$9.36
<b>MetLife Pref. Dentist Plan A (PDP)</b>	\$5.67	\$11.34	\$13.62	\$19.29	\$6.15	\$12.29	\$14.75	\$20.90
<b>MetLife Pref. Dentist Plan B (PDP)</b>	\$15.48	\$30.98	\$37.18	\$52.67	\$16.78	\$33.57	\$40.28	\$57.06

# Your Vision Option

The vision program helps keep your costs down for eye exams and prescription eyewear and provides benefits through Vision Service Plan (VSP). You pay the full cost of coverage with before-tax dollars deducted from your paycheck. The amount you pay depends on whom you cover under the plan.

The plan gives you access to in-network and out-of-network providers. The plan provides the following annual benefits for services provided by a VSP **in-network** provider:

## Helpful Hints: Your Vision Option

- You'll save money when you use a VSP in-network provider. To find a VSP doctor in your area—or to see whether or not your current doctor is in the network—go to VSP's Web site at [www.vsp.com](http://www.vsp.com) and click on **Find a VSP Network Doctor**.
- After you choose an eye doctor, make an appointment. When you go to your appointment, tell the doctor that you're a VSP member and provide the covered member's Social Security number. You don't need to file a claim—your eye doctor and VSP will handle the rest.
- **Remember:** Use the Health Care FSA to reimburse eligible expenses not covered by the vision plan. If you choose not to purchase vision coverage—but have vision expenses during the year—you can use the Health Care FSA to reimburse expenses that would have been covered by the plan. Either way, you save tax dollars, so be sure to take vision expenses into account when deciding how much to save in your FSA. (Read more about the Health Care FSA on page 19 of this guide.)

Eye Exams	Lenses and Frames	Contact Lenses
You pay a \$10 copay and the plan pays the rest.	<ul style="list-style-type: none"> <li>→ Your copay is \$20 for lenses covered under the plan.</li> <li>→ Your copay is \$20 for frames, which are then covered up to the plan allowance. Check with your VSP doctor for details.</li> </ul> <p>Please note: When you purchase lenses and frames during the same visit, your total copay is only \$20.</p>	Covered by the plan up to \$120 maximum (copay does not apply).

Important note: The chart represents high-level details about the plan. For more information, including exclusions and limitations, review the **Summary Plan Description**, visit the VSP Web site at [www.vsp.com](http://www.vsp.com) or call a customer service representative at **800.877.7195**.

## Your 2012 Vision Plan Costs

### Biweekly Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$4.30	\$6.85	\$6.91	\$11.32

### Semimonthly Deductions

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$4.66	\$7.43	\$7.49	\$12.26



# Flexible Spending Account (FSA) Options

FSAs help you pay for eligible health care and day care expenses while also helping you save money on taxes by reducing your taxable income. PayFlex is the administrator of both the Health Care and the Day Care FSAs.

## The Health Care FSA

You can contribute from \$100 to \$5,000 per year in the Health Care FSA to be reimbursed for eligible medical, dental and vision expenses that aren't covered by First Data's benefit plans (or any other benefit plans, such as a spouse's/domestic partner's employer plan). Examples of eligible expenses include office visit copayments, prescription drug copayments or coinsurance and certain over-the-counter health supplies, such as bandages, contact lens solution and reading glasses.

Note: The Internal Revenue Service (IRS) no longer allows you to reimburse over-the-counter medications through your FSA without a prescription. Examples include allergy, sinus, cold and flu medication, pain relievers and digestive aids.

## Health Care FSA Debit Card

When you or a covered dependent has an eligible health care expense, you can use your PayFlex MasterCard. The MasterCard gives you immediate access to the money you have pledged to your Health Care FSA. Generally, the FSA debit card will be accepted at health-care-related merchants, such as physician and dentist offices, vision care providers and hospitals.

You can submit paper claims if you prefer. **Regardless of how you pay for eligible expenses, save the receipts for all of your FSA purchases—this is an IRS requirement!**

## The Day Care FSA

You can contribute from \$100 to \$5,000\* (including the Care\$ Benefit) per year in the Day Care FSA to be reimbursed for day-care-related expenses while you are at work for a dependent child up to age 13—and/or a dependent adult who is not capable of self care. This includes the Care\$ Benefit (if eligible), which allows you to receive a contribution from First Data to your Day Care FSA. Eligible expenses include day care tuition, fees for day camp or care given within your home to an elderly dependent. The Day Care FSA cannot be used for your dependents' medical or dental expenses.

When you have eligible expenses, submit a paper claim to PayFlex. PayFlex will process the claim and reimburse you for the expenses up to the balance of your Day Care FSA account.

## Care\$ Benefit

First Data will contribute a Care\$ Benefit to the Day Care FSA for you if you work full time, earn \$40,000 or less per year, have eligible dependent-aged children and you elect this benefit during your enrollment.

If you elect to contribute the minimum amount of \$100 to the Day Care FSA for 2012, First Data will automatically contribute up to \$720 per year as follows:

- \$30 per pay period if you are paid semimonthly or
- \$27.69 per pay period if you are paid biweekly

OR

If you do not elect to contribute money to the Day Care FSA for 2012 and you elect to receive the Care\$ Benefit when you enroll, First Data will contribute up to \$480 per year as follows:

- \$20 per pay period if you are paid semimonthly or
- \$18.46 per pay period if you are paid biweekly

## Helpful Hints: Your FSA Options

- It's important to estimate your expenses carefully when you enroll in one or both FSAs. You will have until December 31, 2012, to use the money in your Day Care FSA and until March 15, 2013, to use the money in your Health Care FSA. Money left in your account(s) after that will be forfeited.
- Use the following tools on the **Your Benefits Resources** Web site (under **Consider Flexible Spending Accounts**) to calculate your eligible expenses for the FSAs:
  - **Estimate Your Health Care Needs**
  - **Estimate Your Day Care Needs**
- Not sure whether or not you should contribute to an FSA? Click on the **Why Use a Health Care Spending Account** link under the **Knowledge Center** tab on **Your Benefits Resources** to see how much you could save on taxes and to learn more about FSAs. You can also use the FSA calculator on [www.HealthHub.com](http://www.HealthHub.com).
- For a list of eligible health care and dependent care expenses, visit PayFlex's Web site at [www.HealthHub.com](http://www.HealthHub.com).
- If you are contributing to both an HSA and a Health Care FSA, your FSA will be a "limited FSA." That means your FSA cannot be used to reimburse expenses that apply to your medical, prescription drug and over-the-counter health expenses. You can use your limited FSA for expenses such as dental and vision expenses not covered by your plan.
- The Day Care FSA is only for day care expenses, not for health care expenses for your dependents. Use the Health Care FSA to be reimbursed for your dependents' health care expenses.

\*If you are married and file separate federal income tax returns, the maximum that you can contribute to the Day Care FSA is \$2,500.

# Long-Term Disability Coverage Option

Your Long-Term Disability (LTD) insurance coverage, administered by MetLife, is designed to replace a percentage of your annual benefits salary if you become disabled and unable to work. First Data employees have two types of LTD coverage:

- **Basic LTD coverage** for employees is paid in full by First Data. This coverage is equal to 50% of your annual benefits salary and pays a minimum of \$100 per month and a maximum of \$15,000 per month.
- **Voluntary LTD coverage** is paid for by you with after-tax dollars. Your rate is based on your benefits salary. Find specific rates on **Your Benefits Resources**. This optional coverage is an additional 16 2/3% buy up on the Basic LTD coverage and requires a payroll contribution. Your total coverage is equal to 66 2/3% of your annual benefits salary and pays a minimum of \$100 per month and a maximum of \$20,000 per month.

You will be automatically enrolled in the Voluntary LTD coverage during enrollment, resulting in payroll deductions that will not be refunded. If you do not want the extra coverage, you must opt out to be enrolled in the Basic LTD coverage.

Pre-existing condition provisions may apply if you currently are enrolled in the Basic LTD 50% plan and you stay in the Voluntary LTD 66 2/3% plan. You will not need to submit Evidence of Insurability (EOI) to qualify for the additional coverage for 2012 but the plan may limit the benefit paid to you if you have received treatment for a condition in the previous three months.

If you receive benefits under other disability plans, such as Social Security or Workers' Compensation, the LTD benefit is reduced by the amount received under those plans. However, in no case would you receive less than the minimum benefit of \$100 per month.

## Taxes

Any benefit paid to you from the Basic LTD insurance plan is subject to federal and state taxes. Since you pay for Voluntary LTD insurance coverage with after-tax dollars, that portion of your benefit is not considered taxable income.

## Helpful Hints: Your LTD Coverage Option

- When considering Voluntary LTD coverage, think about what expenses you would have if you were unable to work. What other sources of income would be available to you if you became disabled? Would that be enough for you and your family to live on?
- Use the **Estimate Your Long-Term Disability Needs** tool on the **Enroll in Your Benefits** page on the **Your Benefits Resources** Web site to help you identify the coverage that may offer financial protection if you become disabled.



# Life Insurance and Accidental Death and Dismemberment Insurance Options

Life Insurance and Accidental Death and Dismemberment (AD&D) insurance provides protection for you, your spouse and your dependents against loss of income in case of death or a covered loss as the direct result of an accident. MetLife is our life insurance plan administrator, and Chartis administers our AD&D plan.

Here are overviews of what First Data provides automatically at no cost to you and the additional coverage you can elect when you enroll in your Health and Life Benefits.

Your rate is based on your age, level of coverage and tobacco use. Find specific rates on ***Your Benefits Resources***.

## Basic Coverage (Automatic Coverage; First Data Pays 100%)

Plan	Description	Coverage Highlights
<b>Basic Life Insurance</b>	Pays benefits if you die	<ul style="list-style-type: none"> <li>→ Coverage equals one times your annual benefits salary rounded up to the nearest \$1,000.</li> <li>→ Maximum benefit is \$1,000,000.</li> </ul>
<b>Basic AD&amp;D Insurance</b>	Pays benefits if you die or suffer a covered loss as the direct result of an accident	<ul style="list-style-type: none"> <li>→ Coverage equals one times your annual benefits salary rounded up to the nearest \$1,000.</li> <li>→ Maximum benefit is \$1,000,000.</li> </ul>
<b>Business Travel Accident Insurance</b>	Coverage is provided for you while traveling on Company business	<ul style="list-style-type: none"> <li>→ Coverage equals four times your annual benefits salary.</li> <li>→ Maximum benefit is \$1,000,000.</li> </ul>

## Voluntary Coverage (You Elect and Pay for Any Additional Coverage)

Plan	Description	Coverage Highlights
<b>Supplemental Life Insurance</b>	Pays additional benefits if you die	<ul style="list-style-type: none"> <li>→ 12 coverage options to choose from</li> <li>→ Amount you pay each pay period is based on the option you elect, your age as of January 1, 2012, and your tobacco-user status.</li> <li>→ Certain coverages may require EOI. See page 22 for more information.</li> </ul>
<b>Spouse Life Insurance*</b>	Pays benefits if your spouse dies	<ul style="list-style-type: none"> <li>→ 11 coverage options to choose from</li> <li>→ Amount you pay each pay period is based on the option you elect and your spouse's age as of January 1, 2012.</li> <li>→ Coverage over \$100,000 is limited to one-half of the employee's supplemental coverage.</li> <li>→ To choose coverage of \$100,000 or more, employee must be enrolled in Supplemental Life Insurance.</li> <li>→ Certain restrictions and coverages may require EOI. See page 22 for more information.</li> </ul>
<b>Child Life Insurance</b>	Pays benefits if a child dies	<ul style="list-style-type: none"> <li>→ 2 coverage options to choose from—\$5,000 or \$10,000.</li> <li>→ All eligible children are insured at the same level.</li> <li>→ Amount you pay each pay period depends on the option elected. You pay one price no matter how many children you elect to cover.</li> <li>→ You must designate the eligible child(ren) you will cover on the <b><i>Your Benefits Resources</i></b> Web site.</li> <li>→ You can cover a child until the end of the month in which he or she reaches age 19, or if a full-time student, until the end of the month in which he or she reaches age 23.</li> </ul>
<b>Voluntary AD&amp;D Insurance*</b>	Pays benefits if you, your spouse or your children die or suffer a covered loss as the direct result of an accident	<ul style="list-style-type: none"> <li>→ 19 coverage options/2 coverage categories to choose from</li> <li>→ Coverage can be up to a maximum of 10 times your annual benefits salary, but is limited to \$1,000,000.</li> <li>→ You can cover a child until the end of the month in which he or she reaches age 19, or if a full-time student, until the end of the month in which he or she reaches age 23.</li> </ul>

\*Subject to certain exclusions.

## Helpful Hints: Your Life Insurance and AD&D Options

- Think about how much income your family would need if something were to happen to you. Do you have other life or AD&D insurance coverage? Will this be enough to cover your needs?
- To help you identify the coverage that may offer financial protection if you die, use the:
  - **Estimate Your Life Insurance Needs** tool on the **Your Benefits Resources** Web site on the **Enroll in Your Benefits** page
  - Life insurance calculators on the MetLife Web site
- Be sure that you also name a beneficiary on the **Your Benefits Resources** Web site.
- You may want to review your life and AD&D insurance needs with a licensed financial advisor.

## When Is EOI Required?

You need to provide proof of good health—also called Evidence of Insurability or EOI—in the following cases:

- If you want to purchase Supplemental Life insurance AND you meet one of the following criteria:
  - You previously waived coverage and want to elect coverage for 2012.
  - You currently have coverage and want to increase your coverage.
- If you want to purchase Spouse Life insurance AND you meet one of the following criteria:
  - You previously waived coverage and want to elect coverage for 2012.
  - You currently have spouse coverage and want to increase coverage.

If you have questions about EOI, call MetLife at **800.638.6420**.

## Submit your EOI online—it's fast and easy

If EOI is required for your Life Insurance, once you have successfully submitted your enrollment online, you will see a message on your Submitted Successfully page requesting you complete your MetLife EOI form online by the specified deadline.

## Beneficiary Designation

Designating a beneficiary is important and easy to do. A beneficiary is the person or persons you assign to receive your Life and AD&D benefits if you die. This ensures that your benefits will be paid according to your intentions. Anyone can be a beneficiary, and more than one person can be named. If you do not designate a beneficiary and you die, benefits will be paid according to rules specified in the plan documents. **To review or update your beneficiary(ies)**, log in to the **Your Benefits Resources** Web site, select the **Health and Life** tab at the top of the page, and then click on **Beneficiaries**.

# Your Legal Plan Option

The Legal Plan, administered by ARAG®, gives you access to a network of attorneys who provide a variety of services. If you enroll, you pay the full cost of coverage through after-tax dollars deducted from your paycheck. Your 2012 rate is either \$7.38 biweekly or \$8 semimonthly.

The plan pays attorneys' fees for covered services, including:

- Legal advice on numerous matters—including contested divorces and guardianship—either over the phone or in person
- Preparation of wills, both basic and complex
- Resources to minimize and recover from identity theft, including attorney referral and follow-up
- Mortgage preparation, deeds, notes and powers of attorney
- Legal representation in the sale or purchase of a primary residence

You must use in-network attorneys for these services to receive maximum coverage. If you select an out-of-network attorney, the plan pays fees according to a set fee schedule.

Plan members also have access to online legal tools and resources at **www.ARAGlegalcenter.com**, including a law guide, do-it-yourself document library and a list of network attorneys (in case you have a legal need not covered by the plan).

For any legal matter that occurs or is initiated prior to coverage in the plan, coverage will be excluded and no benefits will apply.

## Helpful Hints: Your Legal Plan Option

- Think about whether or not your wills and other legal documents are up to date. Would this benefit help you?
- Do you anticipate needing legal assistance with buying or selling a home? If so, the Legal Plan is one option for getting the help you need.
- For more information, contact the ARAG Group at **800.247.4184** or refer to the **Summary Plan Description** on the benefits Web site at **www.firstdatabenefits.us** or on **Your Benefits Resources**.

# Employee Assistance Program

The Employee Assistance Program (EAP), administered by Horizon Health, gives you, your dependents and household members access to confidential counseling through a network of professionals who help people address personal problems and work/life balance issues, such as:

- Difficulties in relationships
- Emotional and psychological issues
- Stress and anxiety issues with work or family
- Alcohol and drug abuse
- Personal and life improvement
- Depression
- Grief

You, your eligible dependents and household members are automatically covered under the plan—you do not need to elect this program to participate. And it's paid for 100% by First Data.

You can talk with a qualified EAP counselor 24 hours a day, seven days a week by calling **888.825.3509**. A counselor will assess the situation and refer you or your eligible dependent to the best available resource for help. A few important things to know:

- You can contact the EAP by phone as often as you would like.
- You can schedule an appointment to see a counselor in person. If you choose this option, you and each eligible dependent have access to eight in-person counseling visits per issue each year. After the eighth visit, you are responsible for paying costs for any additional services you seek.

## Helpful Hints: Your EAP Benefits

- **Remember:** First Data automatically enrolls and pays for all employees and coverage—no need to enroll. Provide the telephone number to your dependents.
- For more information about the plan, refer to the **Summary Plan Description**.

# Health Advocate

Health Advocate is a free phone service staffed by health care professionals who know the ins and outs of the health care industry. Their sole purpose is to assist you with confidential personal support when you have a health care or health insurance-related question.

Health advocates are registered nurses, backed by medical directors, and benefits/claims specialists who will do the legwork and interact with your insurance providers and doctors.

Call Health Advocate at **866.695.8622** to assist you with:

- Finding doctors, hospitals and other providers
- Explaining your medical and dental coverage
- Reviewing medical and dental bills and explanations of benefits (EOBs)
- Scheduling second opinion appointments
- Explaining your condition and treatment options
- Facilitating the transfer of medical records, X-rays, and lab results

First Data pays for this benefit and you are automatically enrolled.



# After You Enroll: Important Information

## Plan ID Cards

When you enroll in the HDHP or either PPO Medical Plan, you will receive two ID cards. One will be for your medical plan coverage (from Aetna or UnitedHealthcare) and the second will be from Medco for your prescription drug coverage.

When you enroll in the Aetna Global Medical Plan or the Triple-S (Puerto Rico) HMO Plan, you will receive one ID card to use for both your medical and prescription drug coverage.

When you enroll in the Aetna DMO, you will receive a dental ID card. If you enroll in one of the MetLife dental plans, you will not receive a dental ID card.

When you enroll for a Health Care FSA, you will receive an FSA PayFlex MasterCard.

### For 2012 annual enrollment, you will receive new ID cards if:

- You are enrolling in a new plan.\*
- You are staying in the same plan for all UnitedHealthcare and Triple-S medical plans.
- Your FSA PayFlex MasterCard has an expiration date of December 2011 (otherwise continue to use your current card).

For all other plans, you will not receive a new ID card. Please continue to use your current card in 2012.

\*If you are a new enrollee in medical coverage in a PPO or HDHP plan, you will receive a Medco prescription drug ID card in addition to your medical ID card.

## Women's Health and Cancer Rights

The HDHP, PPO and Out-of-Area plans comply with the Women's Health and Cancer Rights Act. This means that if a breast cancer patient chooses to have breast reconstruction in connection with a mastectomy, coverage will be provided in a manner determined in consultation with the attending physician and patient.

## Children's Health Insurance Program (CHIP)

If you are eligible for coverage under the First Data medical plans but are not able to afford the required premium contributions, CHIP may be able to help. CHIP is a state and federal partnership that provides low-cost health insurance coverage for children in families who earn too much income to qualify for Medicaid but cannot afford to purchase coverage through an employer or private insurer.

To learn more and apply for assistance, call CHIP at **1-877-KIDSNOW (1-877-543-7669)** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov).

## Medicare-Eligible Employees and Dependents

As part of the Medicare Prescription Drug Improvement and Modernization Act (MMA), Medicare provides prescription drug benefits (called Medicare Part D). This optional coverage pays for a portion of the costs for many types of prescription drugs, up to certain limits. If you are eligible and choose to enroll in Medicare Part D, you will receive all prescription drug benefits through a private prescription drug plan that you'll choose during the 2012 Medicare Part D enrollment period (October 15–December 7, 2011).

The First Data medical plan options available to you include prescription drug coverage that has been certified as being, on average, as good as or better than the coverage you would receive under the standard Medicare Part D plan. You may recall receiving an official Creditable Prescription Drug Coverage Notice from First Data in October that states this fact if you are:

- Age 65 or older; or
- Eligible for Medicare because you have permanent kidney failure or have certain disabilities.

As long as you remain enrolled in a First Data medical plan, you will continue to receive prescription drug coverage from First Data. If you decide to enroll in Medicare prescription drug coverage at a later time, you will not pay a penalty fee as long as you do not go 63 days or more without prescription drug coverage that is, on average, as good as or better than the coverage under a standard Medicare prescription drug plan.

In some cases, First Data may not be aware that you are eligible for Medicare. If you are eligible but did not receive a notice, please call the First Data Employee Resource Line at **888.348.4835** and follow the prompts so we can send you a Creditable Prescription Drug Coverage Notice.

## Your Privacy Is Protected

The Health Insurance Portability and Accountability Act (HIPAA) requires the federal government issue national standards to protect the privacy of personal health information. These standards allow First Data to use and disclose your personal health information for purposes of treatment, payment and health care operations.

Protected health information is the information that the First Data Health and Life Benefits program creates and obtains in providing benefits to you. This may include information regarding your health status (including diagnosis, treatment and claims payment) or your enrollment or participation in the First Data Health and Life Benefits program. Under penalty of law, certain protected health information cannot be used or disclosed without your specific authorization.

Every three years, employers are required to provide you with a HIPAA Privacy Notice that describes how your health information may be used and your rights with respect to your health information. Please read the First Data Corporation Group Health Plan Health Insurance Portability and Accountability Act Privacy Notice below. This notice explains First Data compliance procedures and responsibilities, as well as your right to view your protected health information and make any corrections.

Call the First Data Employee Resource Line at **888.348.4835** and follow the prompts if you have questions or concerns about the use of your protected health information.

### FIRST DATA CORPORATION GROUP HEALTH PLAN HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PRIVACY NOTICE

#### I. NOTICE OF THE PLAN PRIVACY PRACTICES

**NOTICE:** THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### II. USE AND DISCLOSURE OF HEALTH INFORMATION

The Health Plan may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. The First Data Corporation Group Health Plan (the "Health Plan") has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

#### To Make or Obtain Payment

The Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

#### To Conduct Health Care Operations

The Health Plan may use or disclose health information for its own operations to facilitate the administration of the Health Plan and as necessary to provide coverage and services to all of the Health Plan's participants. Health care operations include such activities as:

- A. Quality assessment and improvement activities.
- B. Activities designed to improve health or reduce health care costs.
- C. Clinical guideline and protocol development, case management and care coordination.
- D. Contacting health care providers and participants with information about treatment alternatives and other related functions.
- E. Health care professional competence or qualifications review and performance evaluation.
- F. Accreditation, certification, licensing or credentialing activities.
- G. Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- H. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- I. Business planning and development, including cost management and planning-related analyses and formulary development.
- J. Business management and general administrative activities of the Health Plan, including customer service and resolution of internal grievances.

For example, the Health Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

#### For Treatment Alternatives

The Health Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **For Distribution of Health-Related Benefits and Services**

The Health Plan may use or disclose your health information to provide you with information on health-related benefits and services that may be of interest to you.

### **For Disclosure to the Plan Sponsor**

The Health Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of the Health Plan. The Health Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the Health Plan.

### **When Legally Required**

The Health Plan will disclose your health information when it is required to do so by any federal, state or local law, including any no-fault laws.

### **To Conduct Health Oversight Activities**

The Health Plan may disclose your health information to a health oversight agency for authorized activities, including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

### **In Connection with Judicial and Administrative Proceedings**

As permitted or required by state law, the Health Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Health Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

### **For Law Enforcement Purposes**

As permitted or required by state law, the Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Health Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

### **In the Event of a Serious Threat to Health or Safety**

The Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

### **For Specified Government Functions**

In certain circumstances, federal regulations require the Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

### **For Workers' Compensation**

The Health Plan may release your health information to the extent necessary to comply with laws related to Workers' Compensation or similar programs.

## **III. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, the Health Plan will not disclose your health information other than with your written authorization. If you authorize the Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

## **IV. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Health Plan maintains:

### **Right to Request Restrictions**

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Health Plan's disclosure of your health information to someone involved in the payment of your care. However, the Health Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer.

### **Right to Receive Confidential Communications**

You have the right to request that the Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Health Plan only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to the Privacy Officer. The Health Plan will attempt to honor your reasonable requests for confidential communications.

### **Right to Inspect and Copy Your Health Information**

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the Privacy Officer. If you request a copy of your health information, the Health Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

### Right to Amend Your Health Information

If you believe that your health information records are inaccurate or incomplete, you may request that the Health Plan amend the records. That request may be made as long as the information is maintained by the Health Plan. A request for an amendment of records must be made in writing to the Privacy Officer. The Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Health Plan, if the health information you are requesting to amend is not part of the Health Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Health Plan determines the records containing your health information are accurate and complete.

### Right to an Accounting

You have the right to request a list of disclosures of your health information made by the Health Plan for any reason other than for treatment, payment or health operations. The request must be made in writing to the Privacy Officer. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Health Plan will inform you in advance of the fee, if applicable.

### Right to a Paper Copy of this Notice

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please call the First Data Employee Resource Line at **888.348.4835** and follow the prompts. You also may obtain a copy of the current version of the Health Plan's Notice at [www.firstdatabenefits.us](http://www.firstdatabenefits.us).

## V. DUTIES OF HEALTH PLAN

The Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Health Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Health Plan changes its policies and procedures, the Health Plan will revise the Notice and will provide a copy of the revised

Notice to you within 60 days of the change. You have the right to express complaints to the Health Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Health Plan should be made in writing to First Data Corporation, Health Plan, 6200 South Quebec St., 360, Greenwood Village, CO 80111. The Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## VI. FOR ADDITIONAL INFORMATION

You may obtain additional HIPAA information and request HIPAA forms by calling the First Data Employee Resource Line at **888.348.4835** and following the prompts.

You may contact the First Data Privacy Officer for all issues regarding patient privacy and your privacy rights. Please forward correspondence to:

First Data Corporation  
FDC Health Plan Privacy Officer  
6200 South Quebec St., 360  
Greenwood Village, CO 80111

## VII. EFFECTIVE DATE

This Notice is effective April 14, 2003.



# Important Contact Information

During enrollment, you can use this information to contact the plans directly with any questions. After enrollment, you may want to keep this list handy so you can use it throughout the year. This information can also be found on the benefits Web site and on the **Your Benefits Resources** Web site.

Source of Information	How to Access Information
The <i>Your Benefits Resources</i> Web site	<a href="http://resources.hewitt.com/firstdata">http://resources.hewitt.com/firstdata</a>
Benefits Web site	<a href="http://www.firstdatabenefits.us">www.firstdatabenefits.us</a>
Health Advocate	866.695.8622 <a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a>
First Data Employee Resource Line	888.348.4835, follow the prompts <a href="mailto:benefits.information@firstdata.com">benefits.information@firstdata.com</a>
SimplyWell	877.991.9355 <a href="http://www.simplywell.com">www.simplywell.com</a>

Plan	Carrier	Phone Number	Web Site Address
<b>Medical</b>	Aetna	800.475.8782	<a href="http://www.aetna.com">www.aetna.com</a>
	UnitedHealthcare	866.627.7800	<a href="http://www.myuhc.com/groups/firstdata">www.myuhc.com/groups/firstdata</a> (pre-enrollment) <a href="http://www.myuhc.com">www.myuhc.com</a> (for enrolled members)
	Aetna Global Medical Plan	800.231.7729	<a href="http://www.aetnaglobalbenefits.com">www.aetnaglobalbenefits.com</a>
	Triple-S	787.774.6060	<a href="http://www.ssspr.com">www.ssspr.com</a>
<b>Prescription Drug</b>	Medco	800.841.5403	<a href="http://www.medco.com">www.medco.com</a> (for enrolled members) Visit the benefits Web site for the pre-enrollment link.
<b>Dental</b>	Aetna DMO	800.843.3661	<a href="http://www.aetna.com">www.aetna.com</a>
	MetLife PDP Plans	877.638.4332, option 1	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a> (pre-enrollment) <a href="http://mybenefits.metlife.com">http://mybenefits.metlife.com</a> (for enrolled members)
<b>Vision</b>	Vision Service Plan (VSP)	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Long-Term Disability</b>	MetLife	877.638.4332, option 2	<a href="http://www.metlife.com">www.metlife.com</a>
<b>Life Insurance</b>	MetLife	For EOI inquiries, call 800.638.6420  For other questions, call the First Data Employee Resource Line (see above)	<a href="http://www.metlife.com">www.metlife.com</a>
<b>Flexible Spending Account</b>	PayFlex	800.284.4885	<a href="http://www.HealthHub.com">www.HealthHub.com</a>
<b>AD&amp;D Insurance</b>	Chartis	To file a claim, call the First Data Employee Resource Line (see above)	<a href="http://www.chartisgroup.com">www.chartisgroup.com</a>
<b>Legal Assistance</b>	ARAG	800.247.4184	<a href="http://www.ARAGlegalcenter.com">www.ARAGlegalcenter.com</a>
<b>Employee Assistance Program (EAP)</b>	Horizon Health	888.825.3509	<a href="http://www.horizoncarelink.com">www.horizoncarelink.com</a> Login: firstdata Password: myeap



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