

2012 Annual Enrollment Frequently Asked Questions

Below are some Questions and Answers that may be on your mind for this year's annual enrollment. You will also find a detailed chart showing all changes for 2012.

General

Why is there so much focus on wellness this year?

Promoting wellness has been a goal of First Data's health plan strategy for several years. A few current offerings include disease and lifestyle management programs, health advocates and coaches, onsite flu shots, smoking cessation assistance, online health resources and the employee assistance program. In 2012, we are introducing new incentives and aggressively pursuing new initiatives that will engage our employees to be more active participants in the programs. We must all work together to curb medical cost increases by improving our health and preventing negative health conditions.

First Data is not unique in this area. Many large employers across the U.S. have wellness programs that require specific actions by their employees. In 1993, Pitney Bowes led the way in wellness initiatives and since that time many have adopted programs as well. Some household names you'll recognize are American Express, Johnson & Johnson, IBM, JP Morgan Chase & Co., Lowe's, ConAgra and Union Pacific. Many private, public and government agencies in the communities where we live and work also have or are implementing wellness requirements.

Why are my health care costs increasing?

Health care costs are increasing for employees and for First Data. Many factors contribute to increasing health care costs, including:

- The cost of medical services increasing year after year (inflation)
- The need for more services
- Employee behaviors and lifestyle choices that contribute to negative health outcomes

All companies are seeing cost increases for medical. Everything costs more than it did 5 years ago, and healthcare costs are no different. Medical cost increases are in the national and local news. The USA Today newspaper recently reported, "Rising Health Costs Get Harder to Escape". National employers are increasing premiums for single-only as well as for dependent coverage. In addition, the steps First Data has taken in recent years is becoming a trend with other national employers: higher costs for dependents, spousal surcharges and requirements of a wellness program. You can read the full USA Today article on FirstWeb through November 21.

Doesn't the insurance company pay my claims?

No. As a "self insured" plan, First Data pays its share of claims from its general assets. The insurance company's role is to review the claims and calculate the amount you are responsible for paying. First Data pays all medical costs outside of your deductibles, co-insurance and co-pays. No insurance company, including Aetna or UnitedHealthcare, pays any portion of First Data's health care

costs. So what is spent on health care benefits directly impacts other employee programs and ultimately, First Data's bottom line.

Will my payroll contributions increase in 2012?

Yes, for medical and dental plans. Other plans will remain the same. Review the Annual Enrollment Tip Sheet or Enrollment Guide for additional details located on the First Data Benefits Web site at www.firstdatabenefits.us.

How does First Data share medical payroll contributions with employees?

First Data continues to pay the greater portion of monthly premiums for medical coverage. On average, First Data will be paying 75% and asking employees to pay 25%.

What is First Data doing to deal with health care cost increases?

The challenge of rising health care costs is something we must work together to manage. Curbing rising costs requires that we think and act differently in choosing and using health care services. Both First Data and employees must work in partnership in the prevention of health care conditions and for cost containment. First Data is strategically focusing on our wellness program to promote healthy lifestyle choices by our employees.

In addition, First Data will continue to negotiate advantageous rates with our health plan partners, offer flexibility, and provide benefits like the Health Care Flexible Spending Account and the new Wellness Incentives for up to \$650 annually. First Data provides programs and tools designed to assist you in becoming an educated health care consumer and focusing on healthy lifestyle choices.

What is First Data doing to help promote a healthy workforce?

First Data provides many health and wellness resources to employees. Some programs are offered through the health plans and some are offered directly by First Data. Here are some examples:

Resources Available from Your Health Plan

- Weight Management
- Health Coaches
- Healthy Pregnancy programs
- Smoking Cessation
- Disease Management programs

Programs offered by First Data

- On-site health screenings to be held in first quarter 2012
- On-site flu-shot clinics
- 100% coverage for preventive care and screenings
- Health Advocate Services
- SimplyWell – First Data's Wellness Partner
- Employee Assistance Program

Take advantage of the resources available to you. Find out more information by visiting First Data's Benefit Web site at www.firstdatabenefits.us.

What can I do to improve my health and manage my health care costs?

We must continue to work together to meet the challenge of rising health care costs and be wise health care consumers. Part of working together means we need to be aware of costs we incur. Here are some simple things you can do:

- You and your spouse/domestic partner can complete/update your health risk assessment every year to know your health risks (and earn the annual \$200 Wellness Challenge Credit!)
- Schedule preventive care exams/screenings every year
- Follow physician recommendations
- Take your medication as prescribed
- Participate in our free health management programs
- Participate in our company sponsored health screenings at your facility and earn the \$200 Health Screening Incentive
- Request generic drugs instead of brand name
- Use network providers
- Use SimplyWell to help you and your dependents improve your health in some way...lose a few pounds, start a new exercise routine, quit smoking
- Kick your tobacco habit – take advantage of the Medco smoking cessation program

Enrollment

When and How Can I Enroll?

You have from November 14 – 22 to enroll for 2012. Your benefits become effective January 1, 2012.

You can enroll, from any computer with internet access, by going to www.firstdatabenefits.us and click on the ENROLL HERE button to access the *Your Benefits Resources* enrollment site. You'll need your User ID and Password.

Obtain your User ID and Password now to avoid delays in enrolling.

- If you don't know your User ID: Click on I Forgot My User ID, and then enter the requested information.
- If you 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.

Can I make changes to my benefit elections during 2012?

After January 1, 2012, you may make changes to your benefit elections only if you have a qualified status change during 2012. You may change certain benefit elections that are consistent with your qualified status change (such as getting married or having a baby).

Does employee + child rate cover just 1 child or all of my children?

The employee + child rate covers all of your eligible children.

I'm already in a medical plan that I like. Do I need to enroll this year?

While there are no plan design changes to medical options for 2012, First Data always urges employees to review all options available and decide which best fits your personal situation. Active enrollment is the only way to earn up to \$650 in Wellness Incentives.

What happens if I don't enroll?

- You will default into the same medical option you have in 2011.
- If you have your spouse/domestic partner enrolled in medical coverage, you will automatically default to "spousal surcharge applies" and the spousal surcharge will automatically begin with deductions on your first 2012 paycheck.
- You will be automatically enrolled in the voluntary long-term disability protection at 66 2/3% with associated premium deductions.
- For other benefits—like dental, vision, and life insurance—you'll participate in the same coverage you had in 2011.
- You will NOT be able to participate in the Health Care or Day Care Flexible Spending Accounts (or Care\$, if eligible).
- You will NOT be eligible for the \$650 Wellness Incentives.

What Plan ID cards will I receive and when?

- You will receive new Medical Plan ID cards if:
 - You are enrolling in a medical plan for the first time
 - You are re-enrolling in medical for all United Healthcare plans

Your Plan ID cards will be mailed by December 19, 2011; however, the carriers will have you in their records by December 13, 2011 for 2012 coverage. You can always print a temporary ID card after December 13, 2011 by logging onto your carrier's web site.

- Medco will only issue cards to employees enrolling in a medical plan for the first time.
- You will not receive new dental ID cards from Aetna DMO.
- MetLife dental does not issue ID cards at any time.
- VSP vision does not issue ID cards at any time.
- You will receive a new Payflex MasterCard for your Healthcare FSA if your current card expires December 2011. If current card expires after 2011, a new card will be issued upon your card expiration date.

I am not able to complete my enrollment between November 14 – 22, what should I do?

Please make every attempt to complete your enrollment during the designated time period. You can access the enrollment site from any computer with internet access. If unusual circumstances prevent you from enrolling, you will be allowed to make changes to your default elections after the enrollment period closes. Around December 12, a Confirmation of Enrollment will be mailed to your home address. This will list the default elections, including Spousal Surcharge and Tobacco-Free status you are enrolled in for January 1, 2012. Please review the document carefully and fax your changes to 402-916-6015 or send a scanned copy to benefits.information@firstdata.com no later than December 26, 2011. Any required changes that are received after December 26, will not be accepted.

Requirements of the Wellness Challenge Incentive must also be completed by November 22 on the SimplyWell Web site. This web site is also available from any computer with internet access. For the cases where unique situations occur, you can complete your Wellness Challenge Incentive requirements any time between November 1 and November 22. This is a firm deadline and completions after November 22 cannot be accepted and you will not be able to earn the \$200 Wellness Challenge Incentive.

Why are the premiums for the HDHP higher than the \$900 Deductible PPO?

Monthly premiums are determined based on the overall level of benefits provided by the plans. The higher the level of benefits provided, the higher the premium for the plan. The \$400/90%/Rx PPO Plan provides the highest level of benefit protection of the medical plans offered. It has the lowest deductibles and out-of-pocket maximums and 90% in-network coverage, but, this plan requires the largest payroll contribution. The High Deductible Health Plan provides a high level of coverage (90% in-network coverage) after the annual deductible and provides a lower out-of-pocket maximum than the \$900 deductible plan. For the HDHP, once the annual out of pocket maximum is met, the plan covers 100% of eligible medical and Rx expenses. Although the \$900 Deductible PPO Plan has a lower deductible than the HDHP, the plan's in-network coinsurance is 80% with an out-of-pocket maximum that is higher than the HDHP. Although the premiums for the HDHP are lower than the \$900/80%/Rx plan, you need to determine based on your individual medical needs for the year, which plan will provide the level of benefit coverage you will be comfortable with if medical services are needed. To complete your analysis, you must review all the plan details alongside the payroll contributions.

Eligibility

Who is eligible for First Data's health and life benefits?

Regular, full-time employees regularly scheduled to work at least 30 hours a week are benefit-eligible. These employees can cover eligible dependents including spouse, domestic partner and children. For more information about eligibility, refer to the 2012 Summary Plan Description found under Quick Links at www.firstdatabenefits.us.

Are part-time employees eligible for any benefits?

Part-time employees, defined as those working less than 30 hours per week, may participate in some non-health benefit programs provided eligibility requirements are met. A few of the programs include, Employee Assistance Program, time off benefits, tuition reimbursement, Incentive Savings Plan/401(k), employee discount program, and Health Advocate.

How long can my eligible dependents remain on my benefits?

Your children are eligible for First Data's medical, dental, vision, and EAP benefit plans through the end of the month of their 26th birthday. Children are eligible regardless of student status or whether the child still qualifies as the employee's tax dependent.

Eligible dependent children can be covered for child life insurance through the age of 19 or age 23 if a full-time student. Coverage ends on the last day of the month in which the child turns the limiting age. In the event of a claim for a child over the age of 19, you will be required to document full-time student status before benefits are paid.

If you enrolled an ineligible dependent you will not receive any child life insurance benefit. Premiums paid to cover an ineligible dependent will not be refunded.

Do I have to verify my dependents again if I already did so?

Verification is required any time a dependent is newly added to coverage in a medical, dental or vision plan. If your dependent's coverage is continuing from 2011 to 2012 and they have already been verified, you will not be asked to verify them again with annual enrollment. If your dependent was not in coverage on 12/31/2011 but it added for 01/01/2012, you will be required to provide verification documents.

Do I have to prove my dependents are eligible for coverage?

If you enroll any new dependent in coverage, you will receive information regarding dependent verification which is a process where employees must provide specific documentation proving their dependents are eligible for medical, dental, and vision coverage. You will receive your dependent verification information via home mail approximately 14 days after you enroll your dependents in coverage. You must follow the instructions regarding the dependent verification process. If you do not comply with the dependent verification requests, your dependents will be ineligible for coverage and dropped from First Data benefits. Benefit premiums paid to cover ineligible dependents will not be refunded.

Wellness Incentives

What are wellness incentives?

Wellness incentives are a way for First Data and employees to work together to promote healthy behaviors. When employees act or commit to a certain healthy behavior, First Data provides a financial reward. In 2012, First Data offers the following incentives

- \$200 Wellness Challenge Incentive
- \$250 Tobacco-Free Incentive
- \$200 Health Screening Incentive

How do I earn the \$200 Wellness Challenge Incentive?

These steps must be completed during enrollment:

- ACCEPT the challenge during your enrollment on *Your Benefits Resources*
- REGISTER at www.simplywell.com by following the link on the Submitted Successfully page once you confirm your elections
- SCHEDULE an on-site health screening on the SimplyWell Web site
- COMPLETE the health risk assessment (HRA). Covered spouses/domestic partners must also REGISTER and COMPLETE the HRA

Employees who meet the above requirements by November 22, 2011 will see the \$200 Wellness Challenge Incentive start appearing on their first 2012 paychecks, paid on a per pay period basis.

Do I need to complete the Health Risk Assessment?

Completing the Health Risk Assessment is not mandatory but highly encouraged. In order to receive the \$200 Wellness Challenge Incentive, you (and your spouse and/or domestic partner if covered by a First Data Medical Plan) must complete the Health Risk Assessment by November 22, 2011.

If I already took the health risk assessment with Aetna or United, will that information flow to SimplyWell or do I have to take it again?

All employees must register at SimplyWell, complete their on-line health risk assessment and register for the health screening to receive the Wellness Challenge Incentive. No historic information from Aetna or United will roll forward to SimplyWell.

Do I receive partial payment of the \$200 Wellness Challenge Incentive if I complete my Health Risk Assessment but my spouse does not?

No, partial payments cannot be earned. All the requirements of the Wellness Challenge must be met in order to receive an incentive total of \$200 annually.

Do I have to be enrolled in a First Data medical plan to earn the Wellness Challenge Incentive?

No. All benefit-eligible employees are eligible for the Wellness Challenge Incentive if they complete the requirements.

What will First Data do with the results of my health risk assessment and health screening?

Individual results are never provided to First Data. The company will receive no employee-specific information as a result of these wellness initiatives. Overall results will be used to determine future decisions about wellness programs. For instance, results from a specific geographic region could highlight programs First Data would implement to target a specific health risk.

What do you mean by 'on-site health screening'?

First Data and its wellness partner, SimplyWell, will provide health screenings (sometimes known as "biometrics") at every work location with 25 or more employees. The screening includes height and weight measurements, blood pressure screening and a blood draw to measure complete blood count, lipid profile and glucose level. In order to receive the Wellness Challenge Incentive, you must schedule an appointment for one of the on-site health screenings being offered in the first quarter of 2012. More information will be provided to you in January to help you be prepared for your screening.

Will I see dates and times for the on-site health screenings when I register on SimplyWell's Web site during annual enrollment?

Yes. Dates, times and locations will be available during the registration process on SimplyWell's Web site. The screenings are listed in date order so be sure to scroll down through the list to find your specific site location.

How will work-from-home employees meet the on-site health screening requirement?

Employees who work from home or from a location with fewer than 25 employees can select the "physician upload" option during the registration process. You must visit your doctor to conduct the screening and have lab results sent to SimplyWell. The screening must occur between 1/1/2012 – 3/31/2012 and be submitted to SimplyWell by 3/31/2012. Remember, all First Data medical plans pay for preventive care at 100% so your annual exam and appropriate screenings are covered if you're enrolled.

What if my annual physical was less than one year ago? Will the screening still be covered at my doctor's office?

Yes. First Data has made arrangements with the insurance carriers to pay preventive care screenings based on once/ plan year frequency and not once/365 days.

Can employees use their personal physician for their screening even if an on-site option is available?

Yes. Employees who prefer to use their own doctor can select the "physician upload" option during the registration process and have their doctor send the results to SimplyWell. The screening and results submission have to occur between January 1 and March 31, 2012.

If an employee completes the health risk assessment but doesn't complete the screening, can they still get the \$200 Wellness Challenge Incentive?

Yes. The employee must complete the HRA and register for the health screening to receive the \$200 Wellness Challenge Incentive. If they don't complete the screening between January 1 and March 31, 2012 they will keep the \$200 Wellness Challenge Incentive but will not receive the additional \$200 Health Screening Incentive.

How do I earn the \$200 Health Screening Incentive?

To earn the 2012 Health Screening Incentive, you must

- REGISTER at www.simplywell.com by following the link on the Submitted Successfully page once you confirm your elections
- SCHEDULE an on-site health screening on the SimplyWell Web site
- COMPLETE the on-site health screening during the first quarter of 2012

Employees who meet the above requirements by March 31, 2012 will see the \$200 Health Screening Incentive start appearing on their first May 2012 paychecks, pro-rated and paid on a per pay period basis.

How do I earn the \$250 Tobacco-Free Incentive?

If you are enrolled in a First Data medical plan and have been tobacco-free for at least twelve months, select "I am Tobacco-Free" on the Wellness Incentives page on *Your Benefits Resources*. The incentive will begin appearing your first 2012 paycheck and will be pro-rated on a per pay period basis.

Does the Tobacco-Free Incentive apply to all tobacco products?

Yes. An employee can certify as "tobacco-free" if they have not used ANY tobacco products for the last twelve months.

Does the Tobacco-Free Incentive apply to employees only or does it extend to covered dependents?

The tobacco-free incentive applies only to the employee. Applying it to dependents may come in future decisions, but for 2012 it applies only to the employee.

When completing the Health Risk Assessment, why does it ask for household income, educational background, personal physician and emergency contact information?

SimplyWell's personal health statement, available upon completion of both the Health Risk Assessment (HRA) and the health screening, provides employees with a comprehensive source of their health/lifestyle related information. These answers are NOT required to complete the registration process or the HRA, so if you don't feel comfortable providing this information you can skip these questions. SimplyWell will never contact a physician or emergency contact directly. This is a repository of your information – a single document representing your personal health report. Please be assured that in no way is any of this information shared with First Data.

Will my personal results of my health risk assessment or my health screening be shared with First Data or anyone else?

The SimplyWell application has been designed and developed with the best available technology to support full compliance with all applicable federal and state privacy laws. Maintaining the privacy and security of your personal health information is core to SimplyWell and to First Data. You are in control of who you share your personal information with.

What will be done with the data that is collected?

After you have completed your enrollment steps, the health risk assessment and your onsite health screening, you will be able to view your lab results and health report online. Your online health report provides detailed information on your current health, potential risks, nutrition and fitness status. The results from your health report are used to make recommendations for you to start making immediate changes to maintain or improve your health. If lab testing is outside normal ranges, a SimplyWell nurse will make an outreach call to you to discuss the results and recommended actions.

Both my spouse and I work for First Data, are we both eligible for the Wellness Challenge Incentive if I am the one who carries the benefits?

Yes, you both qualify for the Wellness Challenge Incentive and the Health Screening Incentive. When registering on SimplyWell's Web site, you will each need to register as an employee and enter your own employee ID. Your individual registration allows SimplyWell to recognize you both as First Data employees. Upon completion of the additional requirements, you will both be eligible for the Wellness Challenge Incentive. Then, provided you both complete your on-site health screenings, you will both receive your Health Screening Incentive. Your spouse will enter their User ID as FD (their six digit employee id). Only the employee selecting medical coverage and paying payroll contributions will be eligible for the Tobacco-Free Incentive.

Long-Term Disability (LTD)

What is the 66 2/3% long-term disability protection?

Long-term disability (LTD) is income protection in case injury or illness prevents you from working for more than 90 days. First Data already provides 50% basic LTD coverage but will place you in the voluntary option for an additional 16 2/3% protection. This coverage requires payroll contributions from the employee. Use the tools on the *Your Benefits Resources* Web site to determine what coverage level is best for you. If you do not want the additional protection, select the 50% coverage level during enrollment.

Is evidence of insurability (EOI) required for the automatic enrollment in the voluntary long-term disability plan?

No. We have a one-time waiver for this enrollment period. But employees newly enrolled in the voluntary coverage are subject to pre-existing exclusion clause which may limit the benefit paid to you if you are disabled within the first three months.

I'm not required to provide evidence of insurability (EOI) but I may be subject to pre-existing exclusions? What does this mean?

A preexisting condition is a medical condition (including pregnancy) that exists on the day your coverage starts. It is a disability for which you received any type of medical treatment, consultation, care or services, took prescribed medication or had medications prescribed, or had symptoms or conditions that would have caused a reasonably prudent person to seek diagnosis, care or treatment during the 3-month period before your coverage, or any increase in coverage begins.

If you are increasing your benefit from 50% to 66 2/3% benefit, the plan will not pay the increased benefit amount for a disability that results from a pre-existing condition. A condition shall no longer be considered preexisting if the disability begins after you have been covered under the plan and in active employment for a period of 12 consecutive months or longer.

Spousal Surcharge

What is the Spousal Surcharge?

The spousal surcharge is an additional amount you pay for medical coverage if you choose to enroll your spouse/domestic partner in a First Data medical plan and he/she is eligible for coverage through his/her employer.

Does the spousal surcharge apply to domestic partners?

Yes, if you elect medical coverage for your spouse or domestic partner you will be asked whether your spouse or domestic partner is eligible for coverage from his or her employer. If such coverage is available and if you still wish to elect medical coverage for your spouse or domestic partner under First Data's Medical Plan, you will pay a spousal surcharge of \$900 per year (deducted on a per pay period basis). This spousal surcharge will be in addition to your normal pay period deduction for the medical option you elect.

Will the spousal surcharge apply to me if I add my spouse or domestic partner to my coverage in the future?

Yes. Should you experience a qualified status change in 2012 and add your spouse/domestic partner to medical coverage, the spousal surcharge will apply if he/she is eligible for employee coverage through their employer. On the reverse side, if your spouse/domestic partner loses eligibility for coverage during the year, you have a qualified status change and can notify First Data to discontinue the spousal surcharge.

Does the spousal surcharge apply if my spouse or domestic partner is enrolled in Medicare?

Revised 11/3/11

If your spouse or domestic partner is enrolled in Medicare Part A and B, the spousal surcharge does NOT apply to you.

Does the spousal surcharge apply if both my spouse or domestic partner and I work for First Data?

No. The spousal surcharge does NOT apply if both you and your spouse or domestic partner work for First Data.

Is the spousal surcharge only for medical coverage? If I do not enroll my spouse in medical coverage but enroll him or her in dental or vision coverage, will I have to pay the surcharge?

The spousal surcharge is only for medical coverage. If you enroll your spouse/domestic partner in dental or vision coverage, you pay only the payroll contribution amount.

Will I still need to pay the spousal surcharge if my spouse is eligible for coverage at his/her employer but the coverage is not as good or the premiums to enroll are higher than at First Data?

Yes. You still have the option to enroll your spouse in First Data's plan but the spousal surcharge will be applied.

How will First Data know if my spouse's employer offers medical insurance?

When enrolling online, you will be prompted to certify whether or not your spouse is eligible for coverage with his or her employer. All employees covering a spouse in a First Data medical plan will be automatically set to "spousal surcharge applies" and the spousal surcharge will begin on your first 2012 paycheck. If the surcharge does not apply to you, you must select "does not apply" to have it removed. As with all medical plan requirements, employees are required to be honest and truthful in their disclosure. First Data reserves the right to conduct random periodic audits of the eligible dependents enrolled in the medical plans. If discrepancies are found during the audits, employees may face disciplinary action, up to and including termination of employment.

My spouse's employer has already completed their annual enrollment period for 2012. Will they allow me to make changes to our elections now? Will the spousal surcharge still apply if I am not able to change my enrollment elections with my spouse's plan?

You will need to check with your spouse's employer to determine if they will allow any changes to the elections. Most employers should allow changes through the end of the year even if their annual enrollment period has closed. They may consider this a qualified status change and allow you to reselect your coverage options. Regardless of their determination, you will be responsible for the spousal surcharge if you enroll your spouse in First Data's medical plan and they are eligible for, whether or not they are actually enrolled, in their own employer's plan.

What if my spouse terminates employment and as a result loses insurance during the year?

If your spouse loses coverage during the year that qualifies as a status change and you can change your spousal surcharge certification within 31 days of the loss of eligibility.

Can I have my kids on my First Data medical plan even if my spouse has coverage elsewhere without the surcharge?

Yes. There is no surcharge for enrolling eligible children in First Data's medical plan. If you are enrolling your children only, you will pay the Employee + Child(ren) payroll contribution rate. The surcharge only applies if you are enrolling your spouse or domestic partner in First Data's medical coverage and they are eligible for coverage through their employer.

Health Care Flexible Spending Account

My Flex Spending Debit card expires on 12/31/2011 – will I get a new card?

Yes, all employees that have a card with an expiration date of 12/31/11 and elect a flex spending account for 2012 will be issued a new card around January 1. If your Flex Spending debit card has an expiration date beyond 2011, your 2012 elections will be loaded onto your current card.

What if I have expenses before I get my new PayFlex Debit card?

You will need to pay out of pocket, then submit your claim to PayFlex via Express Claims at HealthHub.com or via US mail.

Resources

Are there on site benefit meetings scheduled?

There are 27 webinars scheduled between November 2-21. These meetings are your opportunity to ask questions and prepare for Annual Enrollment. Access the schedule on the First Data Benefits Web site at www.firstdatabenefits.us. There will also be a playback option beginning November 3 if one of the webinar times doesn't work for you.

Check with your local HR partner if site specific meetings will be hosted.

What resources are available to help me learn about my benefit options and make wise choices?

There are many resources available to you and your family to learn more about your benefit choices. Please explore these links and tools. The First Data Benefits Web site is your one-stop source for benefits information and resources, including everything listed below. You can reach it from work or home via www.firstdatabenefits.us.

- Review **Communications** tab – read all the First Data benefit plan details in the Summary Plan Description or the Enrollment Guide

- Review **What Life Stage Are You In?** on the Home Page to help you identify the plan that fits you and your family
- View **Alerts** on the home page to stay informed of important benefit deadlines, requirements, special offerings or activities
- View the **Presentations** tab – watch audio visual presentations describing First Data’s benefit offerings
- Link directly to the Health and Life enrollment Web site, *Your Benefits Resources*, to complete the enrollment process by clicking on the **Enroll Here** icon from the Home page
- Health and Life enrollment Web site, *Your Benefits Resources*, at <http://resources.hewitt.com/firstdata>
 - **Compare Medical and Dental Plan Details** – Build your own side-by-side comparison chart for up to three medical or dental plan options by selecting key features such as cost, coverage, access and ease of use. Find the link on the right side of both the medical and dental enrollment pages.
 - **Find a Doctor or Dentist.** Use this tool to find in-network providers, including doctors, hospitals and other facilities. You may already have a provider and want to check if he or she is in the network or look at your options for other providers if the need arises. If you are looking for an Aexcel Specialist or UnitedHealth Premium Provider, you must click on the provider’s name and look for the high performance designation
 - **Estimate Your Health Care Needs.** Use this tool on the right side of the Health Care Flexible Spending Account enrollment window to estimate your health care expenses for the year. Health care dollars can be used for many expenses that will not be covered by the health plans you select, such as copays and deductibles. Use the “Estimate Your Day Care Needs” tool, found on the right side of the Day Care Flexible Spending Account window to calculate day-care related expenses. Use the tool to figure out how much to contribute toward the Day Care FSA.
 - **Estimate your LTD Needs and Estimate Your Supplemental Life Insurance Needs** – these two tools are located on the right side of each of these enrollment windows and can be used to help you understand what protection level is best for you in the event of a loss

Which phone number should I call with questions?

As a First Data employee, you have a tremendous amount of benefits resources and programs available to you. We want to be sure you know how to reach the right resource when you need it.

Below is a list of the major resources and phone numbers that we hope will help you.

- **Health Advocate 866.695.8622** – Call this number with questions about your medical or dental plan option, network physicians, or transition of care.
- **Employee Resource Line 888.348.4835** – During your enrollment period, call this number with questions for navigating through the 2012 Benefits Web site or navigating at the enrollment web site as you make your benefits elections. Representatives are available 8:00 a.m. to 5:00 p.m., Central Time.
- **SimplyWell 877-991-9355** – Call this number with questions about your health risk assessment

What's Changing for 2012?

Change	How it is now	How it's changing for 2012
MetLife Dental		
Annual Benefit Maximum (per person)	Plan A: \$1,500 in and out of network Plan B: \$3,000 in and out of network	Plan A: \$1,500 in network \$1,250 out of network Plan B: \$3,000 in network \$2,500 out of network
Bruxism (Teeth Grinding)	Not covered	Covered as a major restorative service with a replacement of 1 appliance in 24 months
Denture Repairs, Bridgework Adjustment/ Repairs, Crowns, Onlays and Inlays	Covered as basic restorative services	Covered as major restorative services
Prescription Drugs		
Mandatory Generics	You can elect to fill your prescription with either a generic for \$7 copay or with brand name for coinsurance. No penalty for not electing the generic equivalent.	If a generic equivalent is available, yet you choose to fill your prescription with a brand name, you'll pay the generic copay plus the difference in cost between the brand-name drug and the generic drug. See Mandatory Generics on page 7 for examples.
Value Based Design	For prescriptions to treat asthma, depression or diabetes, copay or coinsurance is reduced.	All prescriptions, regardless of condition, will have the same copay or coinsurance requirement: \$7 copay for generic, 30%/45% coinsurance for brand name.

Long-Term Disability (LTD) Coverage	You are automatically enrolled in the Company-provided Basic LTD (50%) coverage and you must elect Voluntary LTD (66 2/3%) coverage.	You will be automatically enrolled into Voluntary LTD (66 2/3%) coverage and must opt out during the enrollment window if you do not want the additional coverage. By opting out, you will be enrolling in the Company-provided Basic LTD (50%).
Evidence of Insurability (EOI)	EOI required to move from 50% option to 66 2/3% option.	Pre-existing condition limits apply if you are new to Voluntary LTD (66 2/3%) in 2012. EOI not required for enrollment.
Benefits	<ul style="list-style-type: none"> → 6-month survivor benefit → Multiple maximum benefit calculations based on date you become disabled → No limit today for neuromusculoskeletal, soft tissue, and chronic fatigue disorder 	<ul style="list-style-type: none"> → 3-month gross survivor benefit → Maximum benefit to Social Security Normal Retirement Age (SSNRA) based on your date of birth → 24-month benefit limitation for neuromusculoskeletal, soft tissue, and chronic fatigue disorder

Change	How it is now	How it's changing for 2012
UnitedHealth Premium Provider Program (for UnitedHealthcare members only)	UnitedHealth Premium network, a physician designation program, is available to help members identify quality providers.	For select specialty care, you must see a UnitedHealth Premium Provider to pay the \$35 copay. A \$50 copay will apply if you do not use a UnitedHealth Premium Provider for specialty care.
Day Care Flexible Spending Accounts (FSA)	Currently called Dependent Care FSA	Name changing to Day Care FSA
Introducing SimplyWell, our Wellness Provider	Health risk assessments and wellness news provided by either UnitedHealthcare or Aetna, your medical insurance carrier.	SimplyWell will be First Data's single provider for all wellness initiatives for 2012 and beyond. (See pages 5-6 for details.)
Annual Benefits Salary (used to determine Life, Disability and Accidental Death & Dismemberment insurance and medical premium amounts for the upcoming year)	Your annual benefits salary is calculated each year in August and includes: <ul style="list-style-type: none"> → Your base salary and → Annualized commissions calculated for the calendar year based on earnings in the first eight months 	Your annual benefits salary is calculated each year in August and includes: <ul style="list-style-type: none"> → Your base salary and → Actual commissions paid out in the previous 12 months from September 1 through August 31

<p>Annual Benefits Salary (used to determine Life, Disability and Accidental Death & Dismemberment insurance and medical premium amounts for the upcoming year)</p>	<p>Your annual benefits salary is calculated each year in August and includes:</p> <ul style="list-style-type: none"> → Your base salary and → Annualized commissions calculated for the calendar year based on earnings in the first eight months 	<p>Your annual benefits salary is calculated each year in August and includes:</p> <ul style="list-style-type: none"> → Your base salary and → Actual commissions paid out in the previous 12 months from September 1 through August 31
<p>Employee Contributions for Medical Plans</p>	<p>Average Company subsidy is 77.5% of salary-based premiums depending on the plan option and coverage tier with the opportunity to earn \$150 in Wellness Incentives.</p>	<p>Average Company subsidy is 75% of salary-based premiums depending on the plan option and coverage tier with the opportunity to earn \$650 in Wellness Incentives.</p>