

2020 Open Enrollment



Open Enrollment for your 2020 Benefits!

Benefits Open Enrollment is here! This is your annual opportunity to review KLDiscDiscovery's benefits offerings and make your elections for the coming year. Please note that your current elections will NOT rollover into 2020. You must actively participate and make elections in order to have coverage in 2020. The Open Enrollment window begins on **November 5, 2019** and ends on **November 18, 2019**.

During Open Enrollment, you can:

- Enroll for the first time or make changes to your benefits for you and your family
- Add or remove dependents to/from your benefit plans
- Enroll or re-enroll in a Flexible Spending Account plan for 2020 (FSA plans always require active re-enrollment for the new year)
- Make your annual HSA election if enrolled in a HDHP/HSA medical plan

The changes you make during Open Enrollment will take effect on January 1, 2020. Your coverage selections will remain in effect throughout the year, unless you experience a Qualified Life Event and request a change to your benefits within 31 days.

2020 Benefit Highlights



MEDICAL

Cigna is KLDiscDiscovery's medical and Rx carrier. You have three medical plans to choose from. A high level comparison of these plans is available on the following page. You can call Cigna's pre-enrollment hotline at 888.806.5042 for any questions about your plan options.



EMPLOYEE ASSISTANCE PROGRAM

Cigna Employee Assistance Program (EAP) is offered at no cost to you or your family members.



DENTAL

Delta Dental is KLDiscDiscovery's dental carrier. You have two dental plans to choose from. A high level comparison of these plans is available on the following page.



VISION

VSP is KLDiscDiscovery's vision carrier. A high level review of the vision plan is outlined on the following page.



DISABILITY

Lincoln Financial is KLDiscDiscovery's short and long term disability vendor. Additional short and long term disability plan details will be available during Open Enrollment. Disability benefits are paid for by KLDiscDiscovery.



LIFE AND AD&D

Lincoln Financial is KLDiscDiscovery's life and AD&D carrier. In addition to the employer paid life and AD&D benefits paid for by KLDiscDiscovery, you will have the option to elect voluntary life and AD&D benefits for you and your family. Additional plan information will be available to you during Open Enrollment.



CRITICAL ILLNESS

MetLife is KLDiscDiscovery's Critical Illness carrier. The Critical Illness benefit is 100% voluntary. Additional information will be available during Open Enrollment.



HOSPITAL INDEMNITY

MetLife is KLDiscDiscovery's Hospital Indemnity carrier. The Hospital Indemnity benefit is 100% voluntary. Additional information will be available during Open Enrollment.



FLEXIBLE SPENDING ACCOUNT

PlanSource is KLDiscDiscovery's Flexible Spending vendor. Additional information will be available during Open Enrollment.



COMMUTER BENEFITS

PlanSource is KLDiscDiscovery's Commuter benefits vendor. Additional information will be available during Open Enrollment.



PREPAID LEGAL & IDENTITY THEFT

Legal Shield is KLDiscDiscovery's prepaid legal and identity theft carrier. The legal and identity theft benefits are 100% voluntary. Additional information will be available during Open Enrollment.

Open Enrollment Information Sessions

Location	Date	Time	Location	Date	Time
FTE Webex	11/05/19	9:00am-10:00 am EST	FTE WebEx	11/12/19	12:00pm-1:00pm EST
Eden Prairie	11/05/19	10:00am-11:00am CST 1:00pm-2:00pm CST	Ambler	11/13/19	10:00am-11:00am EST 1:00pm-2:00pm EST
Austin	11/06/19	10:00-11:00am CST 2:00pm-3:00pm CST	New York (3rd Ave.)	11/14/19	10:00am-11:00am EST 1:00pm-2:00pm EST
McLean	11/12/19	10:00am-11:00am EST 1:30pm-2:30pm EST			

Comparing Your Cigna Health Plan Options

Medical	Open Access Plus Plan		Choice Fund Open Access Plus HSA 1400		Choice Fund Open Access Plus HSA 2000	
	In-Network	Out-of-Network ^c	In-Network	Out-of-Network ^c	In-Network	Out-of-Network ^c
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance (your plan pays)	90%	70%	80%	60%	80%	60%
Deductible						
Employee only	\$250	\$1,000	\$1,400	\$2,700	\$2,000	\$4,000
Family Coverage ^{A,B}	\$500	\$2,000	\$2,800	\$5,400	\$4,000	\$8,000
Out-of-pocket maximum						
Employee only	\$2,500	\$4,000	\$2,700	\$5,400	\$6,000	\$12,000
Family Coverage	\$5,000	\$8,000	\$5,400	\$11,000	\$12,000	\$24,000

Services	Plan Pays		Plan Pays		Plan Pays	
Preventive care	100%	70% AD	100%	60% AD	100%	60% AD
Immunizations	100%	70% AD	100%	60% AD	100%	60% AD
Office Visit						
Primary Care Physician	\$25 copay	70% AD	80% AD	60% AD	80% AD	60% AD
Specialist	\$50 copay	70% AD	80% AD	60% AD	80% AD	60% AD
Emergency room	\$200 copay (waived if admitted)		80% AD		80% AD	
Urgent care	\$75 copay	70% AD	80% AD	60% AD	80% AD	60% AD
Inpatient care	90% AD	70% AD	80% AD	60% AD	80% AD	60% AD
Outpatient care	90% AD	70% AD	80% AD	60% AD	80% AD	60% AD
Mental Health						
Inpatient	90% AD	70% AD	80% AD	60% AD	80% AD	60% AD
Outpatient	\$25 copay	70% AD	80% AD	60% AD	80% AD	60% AD
Substance Abuse Disorder						
Inpatient	90% AD	70% AD	80% AD	60% AD	80% AD	60% AD
Outpatient (Physician's Office)	\$25 copay	70% AD	80% AD	60% AD	80% AD	60% AD

Prescription Drugs	Retail (30-Day Supply)	Mail Order (90-Day Supply)	Retail (30-Day Supply)	Mail Order (90-Day Supply)	Retail (30-Day Supply)	Mail Order (90-Day Supply)
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Tier 1—Generics	\$10 copay	\$20 copay	\$10 copay AD	\$20 copay AD	\$10 copay AD	\$20 copay AD
Tier 2—Preferred	\$35 copay	\$70 copay	\$35 copay AD	\$70 copay AD	\$35 copay AD	\$70 copay AD
Tier 3—Nonpreferred	\$60 copay	\$120 copay	\$60 copay AD	\$120 copay AD	\$60 copay AD	\$120 copay AD

AD = After Deductible

This is not a complete list of covered services. Please see your Summary Plan Description (SPD) for the complete list. This chart is intended for comparison purposes only. If there are discrepancies, the plan document will govern.

^A Open Access Plus: After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan.

^B Choice Fund Open Access Plus HSA 1350 and Choice Fund Open Access Plus HSA 2000 Plans: All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.

^C Out-of-network reimbursement is based on the lesser of 1) the provider's nominal charge for a similar service of supply or 2) 200% of a fee schedule developed by Cigna.

Comparing Your Delta Dental Plan Options

Dental	Basic Plan			Premium Plan		
	In-Network		Out-of-Network ^A	In-Network		Out-of-Network ^A
	PPO	Premier		PPO	Premier	
Calendar Year Deductible <i>(applies to Basic and Major Services)</i>						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150	\$150	\$150
Calendar Year Maximum	\$1,000 per person	\$750 per person	\$750 per person	\$2,000 per person	\$2,000 per person	\$750 per person
Lifetime Orthodontic Maximum	N/A	N/A	N/A	\$2,000 per person	\$2,000 per person	\$1,000 per person
Covered Benefits (your plan pays)						
Diagnostic & Preventive Services	100%	50%	50%	100%	100%	80%
Basic Services	80%	50%	50%	90%	80%	80%
Other Basic Services	50%	50%	50%	60%	50%	50%
Major Services	50%	50%	50%	60%	50%	50%
Orthodontic Services <i>(for dependent children under the age of 19)</i>	Not covered			50%	50%	50%

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^A Out-of-network reimbursement is based on the 90th reasonable and customary percentile.

Your VSP Vision Plan Benefits

Vision	Description	Copay	Frequency
Your Coverage with a VSP provider (out-of-network coverage available, but not outlined in this overview)			
WellVision Exam	➤ Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$20	See frame and lenses
Frame	➤ \$150 allowance for a wide selection of frames ➤ \$170 allowance for featured frame brands ➤ 20% savings on the amount over your allowance ➤ \$80 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	➤ Single vision, lined bifocal, and lined trifocal lenses ➤ Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	➤ Standard progressive lenses ➤ Premium progressive lenses ➤ Custom progressive lenses ➤ Average savings of 20-25% on other lens enhancements	\$55 \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	➤ \$150 allowance for contacts and contact lens exam (fitting and evaluation) ➤ 15% savings on a contact lens exam (fitting and evaluation)	\$0	Every calendar year
Diabetic Eyecare Plus Program	➤ Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed

This is not a complete list of covered services. Please see your Summary Plan Description (SPD) for the complete list. This chart is intended for comparison purposes only. If there are discrepancies, the plan document will govern.