

2017

# 2017 Benefits Enrollment Guide



**November 07 - November 21**

## Employee Eligibility Requirements

The Solutions’ Benefit program provides a wide range of options, allowing you to make the selections that fit your needs. Your cost depends upon the options you choose. Coverage begins on the first day of the month following 30 days of employment. In order to be eligible for the full time (Non-SCA, Non-Union) benefit coverage you must work at least 30 hours per week and you must enroll within 31 days of your date of hire.

## Medical / Health Care Coverage UnitedHealthcare

Fluor Federal Solutions will again offer two health care plan options through UnitedHealthcare, each providing different advantages to fit your cost and coverage needs. The Company also shares the cost with you.

- **Preferred Provider Organization (PPO or Buy-up) Option:** This option has a deductible, copays and coinsurance which provide savings when you use doctors and hospitals within the PPO network. You may utilize providers outside the network, but you will be required to pay more for the service. This plan offers co-pays for routine services and pharmacy.
- **Health Savings Account (H.S.A. or Basic) Option:**

This option has a higher *aggregate* deductible with no copays. Once the deductible is met for the plan year, the plan pays 80% of eligible expenses. New hires are defaulted into this plan when they do not make a selection within 31 days of hire.

  - The Company contributes \$500/Single or \$1,000/family, made in 2 payments (Jan/July), when electing the HSA medical plan option and establishing an HSA account. *The HSA Seed amount is approved by the Benefits Committee each year and is subject to change. This contribution is pro-rated for mid-year new hires.*
  - The Health Savings Account is a tax favored individually owned bank account that helps you plan, save and pay for health care and is portable. You can open an HSA account online as part of the enrollment process and contribute up to the IRS maximum for 2017 of \$3,400/single or \$6,750/family (there is a \$1,000 catch up provision for age 55+). The employer contribution applies to the total annual contribution limit.
- **Prescription Drugs**

You must be enrolled in one of the UnitedHealthcare medical plans in order to be eligible for the prescription drug coverage. Coverage is included in the Medical Plan. The PPO offers coverage through co-payments, and the HSA offers coverage subject to the deductible and co-insurance.

## Dental Coverage UnitedHealthcare

UnitedHealthcare provides insurance benefits for preventive dental care as well as basic and major dental procedures. The plan has a DPO (Dental Provider Organization) network of private practice dentists who will charge you less for services. You may visit dentists that are not in the DPO Network; however, you will be required to pay more for the service. Options are available for you and your family. The Company shares the cost with you.

## Vision Plan UnitedHealthcare

UnitedHealthcare provides insurance benefits for vision coverage through UnitedHealthcare for routine vision services and materials.

## Life and Accident Insurance

The Company offers you financial protection benefits through Liberty Mutual that can safeguard your family from the unexpected. **Life Insurance benefit amounts are subject to age reductions.**

### What The Company Provides:

- Basic Employee Life Insurance benefit of \$50,000.
- Accidental Death and Dismemberment Insurance benefit of \$50,000.
- Business Travel Accident Insurance benefit of up to 5 times your annual salary (\$1,000,000 maximum).

### What You Can Purchase for Yourself:

#### Voluntary Life insurance –

- You may purchase additional coverage in \$50,000 increments up to a maximum of \$250,000 (not to exceed 5 times your annual base salary). The guarantee issue amount is \$200,000 for new hires; if you elect an amount greater than this, Evidence of Insurability (EOI) will be required. Coverage reduces at age 65-69 to 65%, age 70-74 to 40%, and 75+ to 20. EOI will be required for greater coverage and for late entrants.

### What You Can Purchase for Your Family:

- **Voluntary Life insurance – Spouse** - You may purchase insurance for your spouse in increments of \$25,000 to a maximum of \$125,000 or 50% of the amount of Employee Life Insurance in force on the covered employee. Coverage reduces at age 65-69 to 65%, age 70-74 to 40%, and 75+ to 20. EOI will be required for greater coverage and for late entrants.
- **Voluntary Life insurance – Child(ren)** - You may purchase coverage for your **child(ren)** of \$5,000.

## Critical Illness Insurance

- You may elect to purchase Critical Illness coverage for yourself, spouse, or children
- Coverage includes: Heart Attack, Life Threatening Cancer, Stroke, Major Organ Transplant, Kidney (Renal) Failure, Paralysis, Coma, Brain Damage, Blindness, Ruptured Cerebral, Carotid or Aortic Aneurysm, Coronary Artery Bypass, Carcinoma in situ
- **Employee Coverage Options** – \$5,000 to \$50,000 in increments of \$1,000. Guaranteed Issue Amount is \$15,000
- **Spouse Coverage Options** – \$5,000 to \$50,000 in increments of \$1,000. Guaranteed Issue Amount is \$15,000
- **Children Coverage Options** – 25% of Employee approved Amount of Coverage; not to exceed \$12,500

## Group Accident Insurance

- You may elect to purchase Group Accident Insurance
- Provides coverage for accident related incidents on and off the job (24 hours), separate from Worker’s Compensation.

## Business Travel Accident Insurance

- When on approved business travel, the company provides benefit coverage in the amount of 5x base salary in the event of injury or death.

## Disability

### • Short Term Disability (STD)

You may purchase Short Term Disability to provide partial income replacement to protect you when you are unable to work due to illness or injury. STD benefits start on the 8<sup>th</sup> consecutive day of disability (accidental injury, sickness or hospitalization). STD will pay 66.67% of your base weekly salary up to a maximum benefit of \$1,000 per week.

### • Long Term Disability 40% Company

The Company provides Long Term Disability benefits at no cost to you for disabilities that last longer than 26 weeks. LTD provides income replacement of 40% of your base monthly salary, up to a maximum of \$3,000 per month.

### • Long Term Disability 20% Buy Up

You can purchase an additional 20% of LTD coverage to protect you when you are unable to work due to illness or injury for disabilities that last longer than 26 weeks. By purchasing the LTD 20% Buy Up, your income replacement will be **60%** of your base salary, up to a maximum of \$5,000 per month.

## 401(k) Savings Plan

At any time, you have the opportunity to invest up to 60% of your salary on a pre-tax basis into the 401(k) plan. You are eligible to participate in the 401(k) beginning on your first day of work. The Company provides matching contributions of 100% of the first 3% of your contributions and 50% of the next 2% of your contributions. You are immediately 100% vested in both your contributions and the Employer Matching Contributions. The Company offers a balanced portfolio of funds for you to select through Fidelity at [www.401k.com](http://www.401k.com).

## Employee Assistance Program

Employees enrolled in the Company’s Group Long Term Disability and Life Insurance Policies, along with your immediate family members are eligible for MyLibertyAssist® EAP services. Five (5) free face to face sessions; telephonic assistance available 24/7; Marital/Family; Personal; Alcohol/Drug abuse; Stress/Anger and Grievance counseling are available.

## Paid Time Off (PTO)

PAID TIME OFF (PTO) is provided to eligible employees for leisure time off, personal time off, plant closure days, time lost from work due to illness or injury, family emergencies or medical/dental appointments. Benefits are accrued on a weekly basis on the following schedule. Year of Service PTO Credits Earned.

Years	Months	Accrual Hours	
		Per Week Maximum	Per Year Maximum
0 - 4	1 - 47	3.85	200.20
5 -19	48 - 227	4.62	240.24
20+	228+	5.39	280.28

- PTO may be used to supplement the regular paycheck in connection with the short-term disability plan.
- Includes plant closure days.
- Maximum carry over hours is 2080 hours.

## Dependent Eligibility Requirements

You can elect medical and dental coverage for your:

- Legal spouse
- Natural children (under age 26)
- Unmarried children, if disabled before age 26
- Legally adopted children
- Stepchildren or other children under your legal guardianship
- Children you are legally responsible for providing health coverage under the terms of a Qualified Medical Child Support Order (QMCSO)

For more information on dependent eligibility, you may contact FCE Benefits.

## Dependent Certification

By enrolling your dependents, you are acknowledging:

- You have provided the correct information concerning you and your dependents.
- You have certified that all enrolled dependents meet the eligibility criteria as defined by the plan.
- **Important:** You may be requested by the Company or its representatives to provide supportive documentation to verify dependent eligibility. Any false information provided may result in cancellation of coverage, recovery of claims spent as well as disciplinary action up to and including termination.

## Changing Your Benefits

In general, plan rules prevent you from making changes to your coverage elections during the year. This means once you make your health care plan dependent elections as a new hire or at Annual Enrollment, you may not add or drop dependents until the next Annual Enrollment period. However, you may be able to change your level of coverage during the year if you experience a qualified life event, such as:

- You get married or divorced
- You acquire a dependent child through birth or adoption
- Your spouse or dependent dies
- Your dependent no longer meets the plan’s eligibility requirements
- Your spouse terminates employment or begins new employment
- You or your spouse has a significant change in health care coverage
- You are required to provide dependent medical coverage as a result of a valid court decree that meets the requirements of a Qualified Medical Child Support Order (QMCSO).

Any benefit enrollment change must be consistent with your qualified status change. **To change your coverage, you must notify FCE Benefits within 31 calendar days of the date of the qualified life event.** Your new elections will be effective on the date of your qualified life event, and retroactive payroll deductions may be withheld. If you do not submit a request with documentation within the 30-day period, you must wait until the next Annual Enrollment period to change your benefit elections. *Documentation supporting the event will be required.*

## Designate Your Beneficiaries

You automatically receive Company-provided Employee Basic Life Insurance, Accidental Death & Dismemberment Insurance and Business Travel Accident Insurance, which means it is important that your beneficiary designations are current. In addition, you may have elected Optional Life Insurance and 401k which also allow you name beneficiaries. A designation of Beneficiary is the name of the person or persons who receive your benefit if you die. (To add or update your beneficiaries refer to, “How to Enroll Information”)

## Has Your Mailing Address Changed?

The Company sends important information to your home address. Ensure your current address is on file at [www.fcebenefits.com](http://www.fcebenefits.com). To update your information send the change to [fluorfederalsolutions@fluor.com](mailto:fluorfederalsolutions@fluor.com).

## Dependent Information

If you are adding dependents for coverage because of a status change, have their Social Security numbers and birth dates available before you contact the FCE Benefits.

## Find Your UnitedHealthcare Providers

**Stay in the network.** *You will generally pay less if you use network doctors, hospitals and pharmacies. By using in-network providers, you pay a much lower deductible with all the plans. Staying in-network makes a big difference in the amount you pay for services and in your out-of-pocket maximum. If you go out-of-network, you generally pay more when you receive care and are responsible for any expenses above the maximum non-network reimbursement rate. That means the plan will only pay based on the reimbursement rate — not on the total charges.*

**To find a participating** doctor, hospital and pharmacy for UnitedHealthcare Choice:

### If you are not yet a member and looking for providers in the new Choice Network

1. Visit [welcometouhc.com/choice](http://welcometouhc.com/choice)
2. Select Find a Doctor or Facility under the Benefits tab
3. On the next screen, enter a doctor name, facility name, specialty or condition.  
You can even search by distance, gender, language and more.

## Find Your UnitedHealthcare Providers (cont’d)

### If you are a plan member looking for providers in the Choice Network:

1. Log in to myuhc.com
2. Select Find a Doctor
3. Select Find a Provider
4. On the next screen, enter a doctor name, facility name, specialty or condition.  
You can even search by distance, gender, language and more.

## Government Information

### Summary of Benefits and Coverage (SBC)

To comply with health care reform mandates, you have access to an SBC, which summarizes important information about your health care coverage in a standardized format. This summary will help you compare your available medical plan options. You can access the SBC online at UnitedHealthcare or through FCE Benefits.

### Special Enrollment Rights under CHIPRA

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was enacted by the United States federal government on February 4, 2009. The special enrollment rights under CHIPRA allow the following for qualified participants:

- *If you or your dependent becomes eligible for state granted premium assistance, or coverage terminates due to loss of eligibility (as opposed to termination or failure to pay premiums) under Medicaid or the Children’s Health Insurance Program (CHIP), you may enroll in the Company’s Group Plan. You must request coverage under the plan within 60 days of this special-enrollment qualifying event by calling FCE Benefits.*
- *If your dependent becomes eligible to receive a premium subsidy from Medicaid or CHIP, you will be allowed to disenroll (drop) your dependent from the company’s Group Plan. You must request this coverage within 60 days of this special-enrollment qualifying event by calling FCE Benefits.*

### Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the company’s Group Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Company’s Group Plan. If you would like a copy of the Notice of Privacy Practices, please email [fluorfederalsolutions@fluor.com](mailto:fluorfederalsolutions@fluor.com).

### Patient Protection and Affordable Care Act (PPACA) New Health Insurance Marketplace Coverage Options and Your Health Coverage

Employer notifications are provided during new hire orientation. If you would like a copy, please email [fluorfederalsolutions@fluor.com](mailto:fluorfederalsolutions@fluor.com).

### Women’s Health and Cancer Rights Act

Health plans must cover breast reconstruction after a mastectomy. Coverage will be available in a manner determined in consultation between patient and physician for reconstruction of the breast on which the mastectomy is performed; for surgery and reconstruction of the other breast to produce a symmetrical appearance; and for prostheses and physical complications for all stages of mastectomy, including lymphedemas. Such coverage is subject to all terms of the plan, including relevant deductibles and co-insurance provisions.

## Your Special Enrollment Rights

If you are declining enrollment for yourself or for your dependents (including your spouse or domestic partner) in the company’s Group Plan because of other health insurance coverage available to you, you may in the future be able to enroll yourself or your dependents in the company’s Group Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

## Section 125 Plan

The U.S. Salaried Benefits Program qualifies as a Section 125 Plan. This section of the Federal Internal Revenue Service Code allows you to use nontaxable pay to make benefit payments. Benefits based on earnings are not affected by your before-tax contributions. For example, disability benefits are calculated as a percentage of your total base pay, including any before-tax reductions. Under current tax laws, before-tax payroll reductions are not subject to Social Security (FICA) taxes. This law gives you an immediate tax savings; however, it may reduce your Social Security benefits when you retire or if you become disabled. Because of the tax implications, you cannot change coverage during a plan year except for qualifying events summarized in this guide and listed in detail in the Summary Plan Description, available online at [www.fcebenefits.com](http://www.fcebenefits.com).

**Note:** Section 125 life event changes are not applicable to all coverages.

## Medicare D

If you or a covered dependent are eligible for Medicare, either because you are at least age 65 or because of a disability, then **this information and the Certificate of Creditable Coverage (available in HR) are of critical importance to you. IF NEITHER YOU NOR ANY COVERED DEPENDENT IS MEDICARE-ELIGIBLE, YOU MAY DISREGARD THIS INFORMATION AND THE CERTIFICATE, AS THEY DO NOT DIRECTLY APPLY TO YOU.**

The Company’s Medical Plan provides prescription drug coverage equal to or greater than the standard Medicare Part D program, as defined by the Federal Government. This means that if you remain enroll and remain covered by the Company’s Medical Plan, you will not be subject to a financial penalty should you later choose to enroll in a qualified Medicare Part D program.

The Certificate of Creditable Coverage (available in HR) will serve as written documentation of the fact that our plan’s coverage meets the appropriate requirements. Please retain this document in your records. Certificates will be available in HR each year to advise you of the continuing status of our plan. This is being done to protect all Medicare eligible individuals from having to pay the late enrollment penalty if they later enroll in an approved Medicare Part D program.

# Fluor Federal Solutions, LLC “Solutions” (Non-SCA, Non-Union)

## 2017 Benefits Highlights

Medical		UnitedHealthcare PPO Medical Plan Option		UnitedHealthcare HSA Medical Plan Option*	
		In Network	Out Network	In Network	Out Network
Deductible	▪ Individual	\$2,500	\$4,500	\$2,500	\$6,000
	▪ Family	\$5,000	\$9,000	\$5,000	\$12,000
Plan Coinsurance <i>(the plan will pay)</i>		80% after deductible	50% after deductible	80% after deductible	60% after deductible
Out of Pocket Limit	▪ Individual	\$ 5,000	\$10,000	\$ 5,000	\$10,000
	▪ Family	\$10,000	\$20,000	\$10,000	\$20,000
Lifetime Maximum		Unlimited			
Adult/Child Routine Physical Exam		100% (deductible waived)	Not Covered	100% (deductible waived)	Not Covered
Doctor’s Office Visit		\$20 co-pay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Specialist Visit		\$40 co-pay	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Services		Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Urgent Care		\$125 co-pay (deductible waived)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room		\$250 co—pay (deductible waived)		Subject to Deductible and Coinsurance	
Prescription Drugs Highlights		In Network	Out Network	In Network	Out Network
Deductible	▪ Individual	No Deductible	No Deductible	Same Deductible as Medical	Same Deductible as Medical
	▪ Family				
Generic		\$10 copay for retail / \$25 copay for mail order		Subject to Deductible and Coinsurance	
Formulary Brand		\$25 copay for retail / \$62.50 copay for mail order		Subject to Deductible and Coinsurance	
Non Formulary brand		\$50 copay for retail / \$125 copay for mail order		Subject to Deductible and Coinsurance	
Health Savings Account <i>(company contribution)</i>		The Company contributes \$500/single or \$1,000/family when electing the H.S.A. medical plan option and setting up a HSA account. The HSA Seed amount is approved by the Global Benefits Committee each year. Pro-rated for mid-year new hires.			
Health Savings Account <i>(employee funded)</i>		The HSA option features a health savings account, which is a tax favored individually owned bank account that helps you plan, save and pay for health care. You can open an H.S.A. account online and contribute up to \$3400/single or \$6750/family. The money in your HSA is always yours — there is no “use it or lose it” rule.			
Vision		In Network	Out Network		
- Routine Eye Exam		\$10 copay	\$40 reimbursement		
- Vision Lenses		\$25 copay	\$40; \$60; \$80 reimbursement		
- Standard Progressive Vision Lenses		Discount Available	Discount Available		
- Contact Lenses (elective)		\$105 allowance	\$105 reimbursement		
- Contact Lenses (medically necessary)		\$0 copay	\$210 reimbursement		
- Frames (every 2 years)		\$130 allowance/ 30% discount over allowance	\$45 reimbursement		
Dental		In / Out Network			
Individual Deductible		\$75			
Family Deductible		\$225			
Calendar Year Maximum		\$1500 per person			
Preventive/Diagnostic Care		100%			
Basic Restorative		80%			
Major Restorative		50%			
Orthodontics		50%			



**2017 Benefits Highlights**

<b>Short Term Disability</b>	You can purchase STD to protect you when you are unable to work due to illness or injury. STD benefits start on the 8th consecutive day of disability (accidental injury, sickness or hospitalization) and will pay 66.67% of your base weekly salary up to a maximum benefit of \$1,000 per week.			
<b>Long Term Disability 40%</b>	Long-term disability insurance is provided at no cost to you for disabilities that last longer than 26 weeks. LTD provides income replacement of 40% of your base monthly salary, up to a maximum of \$3,000 per month. Benefits payable as long as you remain disabled or reach age 65. <i>Enrollment is automatic.</i>			
<b>Long Term Disability 20% Buy Up</b>	You can purchase LTD 20% Buy Up of your base monthly salary to protect you when you are unable to work due to illness or injury for disabilities that last longer than 26 weeks. By purchasing the LTD 20% Buy Up, your income replacement will be 60% of your base salary, up to a maximum of \$5,000 per month. Benefits are payable as long as you remain disabled or reach age 65.			
<b>Life Insurance</b>	<b>Coverage</b>			
<b>Basic Life</b>	The Company provides you with a \$50,000 Basic life insurance benefit. Coverage reduces at age 65-69 to 65%, age 70-74 to 40%, and 75+ to 20%. <i>Enrollment Automatic</i>			
<b>Accidental Death &amp; Dismemberment</b>	The Company provides you with a \$50,000 AD&D life insurance benefit. Coverage reduces at age 65-69 to 65%, age 70-74 to 40%, and 75+ to 20%. <i>Enrollment Automatic</i>			
<b>Voluntary Life: Employee Only</b>	You may purchase additional life insurance coverage within the first 30 days of employment. You may select coverage in \$50,000 increments up to a maximum of \$250,000 (not to exceed 5 times your annual base salary). The guarantee issue amount is \$200,000 for new hires; if you elect an amount greater than this, Evidence of Insurability (EOI) will be required. Coverage reduces at age 65-69 to 65%, age 70-74 to 40%, and 75+ to 20. EOI will be required for greater coverage and for late entrants.			
<b>Voluntary Life: Spouse/Child(ren)</b>	You may purchase insurance for your spouse in increments of \$25,000 to a maximum of \$125,000 or 50% of the amount of Employee Life Insurance in force on the covered employee. Coverage reduces at age 65-69 to 65%, age 70-74 to 40%, and 75+ to 20. EOI will be required for greater coverage and for late entrants. Also, you may purchase insurance on your child(ren) a flat amount of \$5000.			
<b>Business Travel Accident</b>	The Company provides Business Travel Accident coverage of up to 5 times your annual salary (\$1,000,000 maximum) if you should suffer a loss while traveling on the request of the company. <i>Enrollment Automatic</i>			
<b>Voluntary Critical Illness Insurance</b>	You may purchase Critical Illness Insurance for yourself, spouse or children of \$5,000 to \$50,000 in increments of \$1,000. Guaranteed issue amount is \$15,000. Children coverage is 25% of Employee Approved amount of coverage not to exceed \$12,500			
<b>Voluntary Group Accident Insurance</b>	You may purchase Group Accident Insurance that provides coverage for accident related incidence on and off the job (24 hrs).			
<b>401(k) Savings Plan</b>	You have the opportunity to invest in up to 60% of your salary on a pre-tax basis into the 401(k) plan. You are eligible to participate in 401(k) beginning on your first day of work. The Company makes matching contributions of 100% of the first 3% of your contributions and 50% of the next 2% of your contributions. You are immediately 100% vested in both your contributions and the Employer Matching Contributions. The Company offers a balanced portfolio of funds for you to select from.			
<b>Employee Assistance Program</b>	You are eligible for MyLibertyAssist® assistance services provided by Bensinger, DuPont & Associates. MyLibertyAssist EAP services are available to you and your immediate family members. Five free face to face sessions; Telephonic assistance available 24/7; Marital/Family; Personal; Alcohol/Drug abuse; Stress/Anger and Grievance are available.			
<b>Paid Time Off “PTO”</b>	PAID TIME OFF (PTO) is provided to eligible employees for leisure time off, personal time off, plant closure days, time lost from work due to illness or injury, family emergencies or medical/dental appointments. Benefits are accrued weekly based on the following schedule.			
	<b>Years</b>	<b>Months</b>	<b>Accrual Hours Per Week Maximum</b>	<b>Accrual Hours Per Year Maximum</b>
	0 - 4	1 - 47	3.85	200.20
	5 - 19	48-227	4.62	240.24
	20+	228+	5.39	280.28

While Fluor Federal Solutions LLC intends to continue providing comprehensive benefits programs, the Company reserves the right to modify or terminate any of the benefit plans at any time. For more information on the procedures to modify or terminate benefit plans, refer to the Plan Documents. The Company will provide advance notification of substantial, material benefit changes. This information highlights the Company’s benefits program for Fluor Federal Solutions LLC participants. Plans described are subject to the specific terms and provisions of the legal documents governing the plans. Provisions of the plans as established in the plan documents are the sole source for interpretation and administration of the plans and programs. This is an information booklet and is not intended as an offer of employment or to set forth terms and conditions of employment in any way. The Company expects to continue the plans and programs as described in this booklet; but, does reserve the right to changes or discontinue such plans or programs at any time.

## Employee Premiums “Monthly Cost”

Plans	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UHC HSA - Medical and Prescription	\$51.69	\$339.63	\$294.66	\$471.45
UHC PPO - Medical and Prescription	\$266.58	\$583.81	\$506.50	\$810.41
Vision Plan	\$4.09	\$7.75	\$9.09	\$12.79
Dental	\$10.56	\$21.11	\$22.17	\$31.67
<b>Short Term Disability</b>	<b>Age</b>	<b>Employee Rate</b>	<b>Age</b>	<b>Employee Rate</b>
<b>Age + Rate per \$10 of Benefit</b> <b>Cost Share</b>	< 29	\$0.719	50 to 54	\$0.752
	30 to 34	\$0.710	55 to 59	\$0.785
	35 to 39	\$0.587	60 to 64	\$1.016
	40 to 44	\$0.594	65+	\$1.230
	45 to 49	\$0.603		
<b>Long Term Disability 40%</b>	100% Employer Paid			
<b>Long Term Disability Buy Up</b>	\$.42/100 of base salary <i>Employee paid</i>			
<b>Basic Life \$50,000 max</b>	100% Employer Paid			
<b>AD&amp;D Life \$50,000 max</b>	100% Employer Paid			
<b>Voluntary Life: Employee/Spouse</b>	<b>Age</b>	<b>Employee Rate</b>	<b>Age</b>	<b>Employee Rate</b>
<b>Age + Rate per \$1000 of Benefit</b> <b>100% Employee paid</b>	< 24	\$0.055	55 to 59	\$0.480
	25 to 29	\$0.060	60 to 64	\$0.670
	30 to 34	\$0.080	65 to 69	\$1.274
	35 to 39	\$0.090	70 +	\$2.060
	40 to 44	\$0.112		
	45 to 49	\$0.168		
	50 to 54	\$0.257		
<b>Voluntary Life: Child(ren)</b>	Age < 26		\$0.67	
<b>Voluntary Group Critical Illness: Employee/Spouse</b>	<b>Age</b>	<b>Rate per \$1000</b>	<b>Age</b>	<b>Rate per \$1000</b>
<b>Age + Rate per \$1000 of Benefit</b> <b>100% Employee paid</b>	0-29	\$0.286	60-64	\$3.344
	30-34	\$0.482	65-69	\$4.672
	35-39	\$0.494	70-74	\$6.107
	40-44	\$0.741	75-79	\$8.245
	45-49	\$1.178	80-84	\$10.296
	50-54	\$1.771	85+	\$15.454
	55-59	\$2.385	Child	\$0.932
<b>Voluntary Group Accident Insurance</b>		<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>
<b>100% Employee Paid</b>	EE	\$6.96	\$9.81	\$13.10
	ES	\$11.88	\$16.82	\$22.52
	EC	\$17.47	\$24.94	\$33.18
	EF	\$22.41	\$31.96	\$42.61
<b>EAP</b>	Company Paid			
<b>401(k) Savings Plan</b>	Company Match 100% of the first 3% and 50% of the next 2%			

## 2017 ANNUAL ENROLLMENT CHECKLIST

- Annual Enrollment starts November 7 and ends November 21, 2016
- Read materials in this guide
  
- Determine which plans you are eligible for and which require that you make an election
- Verify your health care providers are in the new UHC networks
- Compile Dependent Information (Full Names, Birthdates, Social Security Numbers)
- Compile Beneficiary Information (Full Names, Birthdates, Social Security Numbers)
- Access the FCE Benefits Website to enroll in benefits at <http://www.fcebenefits.com>
- To ensure proper enrollment in the desired plans, be sure to complete the entire enrollment process and “Confirm” your benefit elections for the plan year.

### WHO NEEDS TO TAKE ACTION

- ACTION IS REQUIRED** During a passive enrollment employees still must certify their dependents. In addition, it is prudent to review Benefit elections and update Beneficiary’s due to ongoing life changes .
- After Enrollment:** When enrolling online, print confirmation statement showing your 2017 benefit elections. Please review carefully to ensure your desired enrollment choices were made.

**FLUOR PROPRIETARY INFORMATION**

## HOW TO ENROLL

### TO SUCCESSFULLY COMPLETE YOUR BENEFIT ENROLLMENT:

- Go to [www.fcebenefit.com](http://www.fcebenefit.com); Click on **Member Login** at the top of the page
- Enter 647 in the **Employer Code** field
- Login with your user name
  - ➔ Your first initial and last name, all lowercase, with no spaces or punctuation
  - ➔ For example, John Smith’s user name would be **jsmith**.
- Provide your password
  - ➔ The default is the last four digits of your Social Security number.
  - ➔ For example, John Smith’s SSN is 111-22-1234; John’s password would be **1234**
  - ➔ ***If you have questions or need help, call FCE Benefits at 800-899-9355.***

### TO ENROLL OR MAKE CHANGES TO YOUR 401K ACCOUNT:

- Go to Fidelity NetBenefits® at [www.401k.com](http://www.401k.com)
- Set up your personal identification number (PIN). If you're already a Fidelity customer, you can use your existing PIN. Please note, you will be prompted to enter your email address.
- Click on the link to enroll and set up beneficiaries.
- If you have questions or need help, call Fidelity at 800-835-5097***

## CONTACT INFORMATION

Plans	Carrier	Phone #	Email / Web Site
FCE Benefits Resources		800-899-9355	<a href="http://www.fcebenefits.com">www.fcebenefits.com</a>
<ul style="list-style-type: none"> <li>• Life / AD&amp;D</li> </ul>	Liberty Mutual	800-451-7065	GroupLifeClaims@LibertyMutual *
<ul style="list-style-type: none"> <li>• Disability</li> </ul>	Liberty Mutual	800-713-7384	<a href="http://www.mylibertyconnection.com">www.mylibertyconnection.com</a>
<ul style="list-style-type: none"> <li>• EAP</li> </ul>	Liberty Mutual	877-695-2789	<a href="http://www.bensingerdupont.com/MLA">www.bensingerdupont.com/MLA</a>
401K Plan	Fidelity	800-835-5097	<a href="http://www.401k.com">www.401k.com</a>
Medical/Dental/Vision Group Name: FCE Group Ins Member #743756	United Healthcare	800-357-0978 866-633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
Fluor Federal Solutions LLC		931-552-0232	<a href="mailto:fluorfederalsolutions@fluor.com">fluorfederalsolutions@fluor.com</a> *

\*Email address

### FLUOR PROPRIETARY INFORMATION