



2015 Benefits Summary

United States

This information is a summary of all benefits available to employees working in the United States. Detailed benefit descriptions can be found in the Employee Benefits Handbook.

USO reserves the right to amend, change or terminate the plans, programs and policies described at any time

Medical Benefits



The USO offers the **Choice Plus Plan** to all regular, active employees who are scheduled to work 20 or more hours per week at a work location within the Continental United States. This medical plan (which includes prescription drug benefits) is administered by **United Healthcare (UHC)**. The UHC Choice Plus Plan offers you the flexibility to choose your own doctor or hospital and control health care costs.

With the UHC Choice Plus Plan, you are not required to select a primary care physician when you enroll in the plan and you may see any physician or provider in the network without a referral. You save money when you receive your health care from the UHC Choice Plus network. Out-of-network benefits for covered services are available from a physician, facility, or hospital outside of the UHC Choice Plus network, although you will incur higher out-of-pocket expenses.

United Healthcare Choice Plus*		
	In-Network	Out-of-Network
Annual Deductible	\$250 (Employee) \$500 (Employee Plus One or More)	\$500 (Employee) \$1,000 (Employee Plus One or More)
Out-of-Pocket Maximum	\$2,000 (Employee) \$4,000 (Employee Plus One or More)	\$4,000 (Employee) \$8,000 (Employee Plus One or More)
Office Visits for Illness	\$20 Copay (Primary Physician) \$30 (Specialist)	Deductible, then 30% of Reasonable & Customary Charges
Preventative Care	No Copay or Coinsurance	Deductible, then 30% of Reasonable & Customary Charges
Lab, X-Ray, & Diagnostics	Deductible, then 10% of Reasonable & Customary Charges	Deductible, then 30% of Reasonable & Customary Charges
Vision Examinations	\$10 Copay (1 exam every 2 years)	N/A
Urgent Care	\$20 Copay	Deductible, then 30% of Reasonable & Customary Charges
Outpatient Emergency Services	\$100 Copay	
Outpatient Surgery	Deductible, then 10% of Reasonable & Customary Charges	Deductible, then 30% of Reasonable & Customary Charges
Inpatient Hospitalization	Deductible, then 10% of Reasonable & Customary Charges	Deductible, then 30% of Reasonable & Customary Charges

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Dental Benefits



The **Dental PDP** (Preferred Dentist Program) **Plan** is available to all regular, active employees who are scheduled to work 20 or more hours per week at a work location within the Continental United States. You may choose from two levels of coverage under the **Dental PDP Plan** - a Basic Option and a Buy-Up Option. With either option, you have coverage for routine preventative dental care, such as cleanings and x-rays, as well as more specialized dental care such as fillings and crowns. Both options are administered by MetLife and provide in- and out-of-network coverage. The differences between the Basic Option and Buy-Up Option are shown in the summary below.

Dental Plan Coverage for Basic and Buy-Up Options

	Basic Option	Buy-Up Option
Annual Deductible	\$50/Individual \$150/Family	\$50/Individual \$150/Family
Annual Benefit Maximum Excludes Orthodontia	\$1250 Per Person	\$2250 Per Person
Preventive Care Oral Exams, Cleanings, X-rays	Plan pays 100% of Reasonable & Customary Charges (not subject to deductible)	Plan pays 100% of Reasonable & Customary Charges (not subject to deductible)
Basic Services Fillings, Root Canal Therapy, Oral Surgery, Tooth Extractions	Plan pays 80% of Reasonable & Customary Charges (after annual deductible)	Plan pays 90% of Reasonable & Customary Charges (after annual deductible)
Major Services Crowns, Dentures	Plan pays 50% of Reasonable & Customary Charges (after annual deductible)	Plan pays 60% of Reasonable & Customary Charges (after annual deductible)
Orthodontia Adult Orthodontia & Dependent Children Up to Age 26	Not Covered	Plan pays 50% of Reasonable & Customary Charges (after annual deductible) \$1500 Lifetime Maximum

Enrolling in Coverage at a Later Date

If you waive coverage in the **Dental PDP Plan** when first eligible and you are interested in enrolling in the plan during Open Enrollment, the insurance carrier will consider you to be a *late entrant*. Late entrants (including dependents) are subject to a 12-month waiting period for all covered procedures *except* preventative services. If you enroll in the **Dental PDP Plan** at a later date due to loss of other dental coverage (and are able to provide proof of such loss), you are not subject to the late entrant penalty.

Vision Benefits



Vision care insurance is available to all regular, active employees who are scheduled to work 20 or more hours per week regardless of work location. Administered by National Vision Administrators (NVA), the **NVA Vision Plan** offers comprehensive vision benefits including mail-order contact lens replacement. NVA has an extensive national network including tens of thousands of ophthalmologists, optometrists, and opticians, giving you the freedom to go to a provider of your choice without compromising the cost and quality of your vision care. The network includes well-known optical retailers as well as independent practitioners.

Vision Plan Coverage

You will receive these benefits every 12 months...

	In-Network	Out-of-Network
Eye Exam	Plan pays 100%	Plan pays up to \$30
Frames	Plan pays up to \$150 (plus a 20% discount off the remaining balance)	Plan pays up to \$105
Lenses		
Single Vision	\$20 copay	Plan pays up to \$25
Bifocal	\$20 copay	Plan pays up to \$35
Trifocal	\$20 copay	Plan pays up to \$45
Contact Lenses (Lens fitting plus 12-month supply of lenses)	Plan pays up to \$150 (plus 10-15% discount off the remaining balance)	Plan pays up to \$150

Flexible Spending Accounts



The USO offers voluntary Health Care and Dependent Care **Flexible Spending Accounts** (FSA) for employees who are scheduled to work 20 or more hours per week.

Life and AD&D Benefits



The USO provides **Group Term Life Insurance** (Life), **Accidental Death and Dismemberment** (AD&D), and **Business Travel Accidental Death and Dismemberment** (BTA) insurance for all regular, active employees who are scheduled to work 20 or more hours per week. Enrollment is automatic and the USO pays 100% of the cost.

Group Term Life Insurance

The Life benefit provides a payout to your designated beneficiaries in the event of your death. The benefit amount under the USO's policy is equal to two (2) times annual base salary to a maximum of \$500,000. Life is administered by Unum. Life coverage is portable/convertible upon termination of employment.

Accidental Death & Dismemberment

The AD&D benefit pays you or your beneficiaries a set amount of money if your death or dismemberment is the direct result of an accident. The benefit amount under the USO's policy is equal to two (2) times annual base salary to a maximum of \$500,000. AD&D is administered by Unum. AD&D coverage is portable/convertible upon termination of employment.

Voluntary Life Benefits

In addition to the core Life Insurance coverage above, you may elect additional life Insurance through the **Voluntary Supplemental Life Insurance** (Voluntary Life) program. This is an easy and inexpensive way for you to purchase additional coverage at more affordable group rates. Voluntary Life Insurance is administered by Unum.

Business Travel AD&D Benefits



The USO provides **Business Travel AD&D** insurance to employees on active assignment for USO. Coverage is equal to two (2) times annual salary for accidental death and dismemberment up to a maximum of \$500,000. You are covered while traveling on official business for USO, which is defined as any travel authorized by, or at the direction of the USO, for the purpose of furthering USO business. Coverage is provided if an injury results from an act of war. You are not, however, covered during a bona fide vacation.

Disability Benefits



The USO provides **Short-Term Disability** (STD) and **Long-Term Disability** (LTD) benefits to all regular, active employees who are scheduled to work 30 or more hours per week. STD and LTD benefits provide you with income replacement in the event that you are unable to work due to an illness or injury. Enrollment is automatic and the USO pays 100% of the cost of STD and LTD premiums. The STD and LTD program is administered by Unum.

Employee Assistance Program



The USO offers an **Employee Assistance Program** (EAP) to all part-time and full-time staff and their dependents. An EAP is a confidential service that provides employees and their immediate family members with the opportunity to discuss any personal challenges or stresses with a professional counselor.

Education Assistance

The USO supports your continuing professional development by providing education assistance for continued education - the purpose being to enhance your current job performance and/or prepare you for a specific and/or identifiable future position within the USO. The Education Assistance Program is available to all regular, active employees who are scheduled to work 30 or more hours per week after 90 continuous days of active employment. The maximum annual amount of education assistance for all eligible courses and programs is \$5,250. Education assistance is budget-dependent (requiring RVP/SVP approval) Review the employee handbook for complete details.

Paid Time Off

The USO offers eligible employees a **Paid Time Off** (PTO) program totaling **30 PTO days per year**. This program allows maximum flexibility in using accrued time for vacation leave, sick leave, or other personal reasons. Additionally, you may use PTO to observe, as periods of worship or commemoration, certain days that are not included in the USO's regular holiday schedule. Regular, full-time and part-time employees working 20 hours or more per week are eligible for PTO. Temporary employees are not eligible for PTO.

Accrual of PTO & PTO Carryover

Accrual of PTO begins immediately upon commencement of employment. Regular full-time employees and regular part-time employees accrue PTO in hours, proportionate to the standard hours worked per week, up to a maximum of 10 hours per pay period. You may only use up to 24 hours of PTO before it has been accrued. You may carry forward accrued but unused PTO from year to year. Once your PTO balance reaches 480 hours, PTO will cease to accrue.

Retirement Benefits



The USO offers a comprehensive **Retirement Plan** to all U.S. paid part-time and full-time staff who have earned income from sources within the United States. The Retirement Plan is administered by Transamerica Retirement Solutions and features two separate components. The first component is the **401(k) Plan**. The 401(k) Plan is elective and allows you to make either pre-tax and/or post-tax contributions from your pay. The USO matches these contributions, dollar-for-dollar, up to the first 5%. The second component is the **401(a) Safe Harbor Plan**. The 401(a) Safe Harbor Plan is non-elective and is funded entirely by the USO. The 401(k) Plan and 401(a) Safe Harbor Plan are participant-directed. This means that you choose how you want to invest your money. The USO's retirement plan offers a wide variety of investment options to suit individual retirement goals.

401(k) Plan

You may elect to contribute a percentage of your eligible earnings into the 401(k) Plan up to the annual IRS dollar maximum of \$18,000 (\$23,500 for individuals 50 or older). The USO matches your contribution, dollar-for-dollar, up to the first 5%. There are two contribution types: the **Traditional Pre-Tax 401(k)** and the **Roth After-Tax 401(k)**. While you are always 100% vested in the contributions you make from your pay, the plan has a 5-year vesting schedule for the USO match. You will earn a 20% vesting credit for each calendar year in which you work 1,000 hours or more. Distributions from another employer's 401(k) plan or other tax-qualified plans are eligible to be rolled over into your 401(k) account with the USO.

Auto-Enrollment/Auto-Escalate Feature

You must make a 401(k) Plan deferral election within 30 days of your date of hire. If no election has been made by that time, you will be automatically enrolled in the 401(k) Plan with a 3% deferral rate. Additionally, if you were automatically enrolled in the 401(k) Plan as newly eligible participant, your deferral will be auto-escalated by 1% on January 1st of each year until your deferral rate reaches 6%.

401(a) Safe Harbor Plan

The USO contributes the equivalent of 4% of your eligible earnings to the 401(a) Safe Harbor Plan, regardless of whether you participate in the 401(k) Plan. The plan includes a 2-year cliff vesting schedule. Participants must work 1,000 hours during the year in order to be credited with a year of service.

Contact List

USO Human Resources

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humanresources@uso.org

- **Tammy Heiser** (*Senior Vice President, Global Human Resources*)
- **Heather Parnell** (*Director, Compensation, Benefits & HRIS*)
- **Julie Clements** (*Senior HR Specialist*)

Benefit Carrier Information

Medical

United Healthcare / Group #752888 / www.myuhc.com

Member Services: (800) 337-5154

Dental

MetLife / Group #5995639 / <https://mybenefits.metlife.com>

Member Services: (800) ASK-4MET (800-275-4638)

Vision

National Vision Administrators / Group #51833 / www.e-nva.com

Member Services: (800) 672-7723

Flexible Spending Accounts

TASC FlexSystem / www.tasconline.com

Member Services: (800) 422-4661

Employee Assistance Program

Ceridian LifeWorks / www.lifeworks.com

Member Services: (877) 234-5151

Voluntary Supplemental Life Insurance

Unum Group Insurance

Member Services: (800) 633-7479

Retirement Plan

Transamerica Retirement Solutions / <http://my.trsretire.com>

Member Services: (800) 755-5801

2015 Employee Contribution Rates

Full-Time Employees (30+ Hours per Week)

Medical (United Healthcare Choice Plus)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$637.86	\$524.50	\$113.36	\$56.68
Employee + Child(ren)	\$1,180.51	\$865.81	\$314.70	\$157.35
Employee + Spouse	\$1,468.03	\$1,076.67	\$391.36	\$195.68
Employee + Family	\$1,786.01	\$1,230.53	\$555.48	\$277.74

Dental Basic Option (MetLife Dental)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$32.87	\$27.25	\$5.62	\$2.81
Employee + Child(ren)	\$74.38	\$61.66	\$12.72	\$6.36
Employee + Spouse	\$62.97	\$52.21	\$10.76	\$5.38
Employee + Family	\$104.47	\$86.59	\$17.88	\$8.94

Dental Buy-Up Option (MetLife Dental)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$56.20	\$30.64	\$25.56	\$12.78
Employee + Child(ren)	\$140.33	\$71.25	\$69.08	\$34.54
Employee + Spouse	\$107.41	\$58.67	\$48.74	\$24.37
Employee + Family	\$191.52	\$99.26	\$92.26	\$46.13

Vision (NVA)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$5.27	\$4.21	\$1.06	\$0.53
Employee + Child	\$8.44	\$5.90	\$2.54	\$1.27
Employee + Spouse	\$9.49	\$6.63	\$2.86	\$1.43
Employee + Family	\$13.71	\$8.91	\$4.80	\$2.40

2015 Employee Contribution Rates

Part-Time Employees (20-29 Hours per Week)

Medical (United Healthcare Choice Plus)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$637.86	\$297.76	\$340.10	\$170.05
Employee + Child(ren)	\$1,180.51	\$498.65	\$681.86	\$340.93
Employee + Spouse	\$1,468.03	\$620.01	\$847.92	\$423.96
Employee + Family	\$1,786.01	\$714.76	\$1,071.26	\$535.63

Dental Basic Option (MetLife Dental)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$32.87	\$16.01	\$16.86	\$8.43
Employee + Child(ren)	\$74.38	\$36.22	\$38.14	\$19.07
Employee + Spouse	\$62.97	\$30.67	\$32.30	\$16.15
Employee + Family	\$104.47	\$50.89	\$53.58	\$26.79

Dental Buy-Up Option (MetLife Dental)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$56.20	\$19.40	\$36.80	\$18.40
Employee + Child(ren)	\$140.33	\$45.81	\$94.52	\$47.26
Employee + Spouse	\$107.41	\$37.13	\$70.28	\$35.14
Employee + Family	\$191.52	\$63.54	\$127.98	\$63.99

Vision (NVA)				
Coverage Level	Monthly Premium	USO Portion of Monthly Premium	You Pay Per Month	You Pay Per Pay Period
Employee Only	\$5.27	\$2.11	\$3.16	\$1.58
Employee + Child	\$8.44	\$2.94	\$5.50	\$2.75
Employee + Spouse	\$9.49	\$3.31	\$6.18	\$3.09
Employee + Family	\$13.71	\$4.45	\$9.26	\$4.63