

2017 Benefits Guide



ThinkSmart · ThinkAhead



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Using Your Guide

- Answers to your benefit questions throughout the year
- Decision tool during Open Enrollment
- Quick reference for benefit contacts

Snapshot of Guide Updates

- Employee contributions for health, dental and vision coverage.
- Plan design changes in the United Healthcare Standard, Indemnity and High medical plan options.

If you intend to enroll your eligible dependents into an AARP benefits plan for the first time, you must first supply documentation to support your dependent’s relationship status. Examples of this documentation may include, but are not limited to marriage certificates, birth certificates or court ordered guardianship support documents.

Your Benefits, Your Decisions

AARP is committed to providing a flexible, comprehensive benefits package for our employees. Each year, you have the opportunity to select the benefits — such as medical, dental, vision, life insurance, flexible spending account and legal services — that make the most sense for you (and your family).

New Hires

- Must enroll in or waive benefits via Employee Self Service by the end of your first day at AARP. You must supply documentation to support your dependent's relationship status if you intend to enroll them in any of AARP's benefit plans.

All Employees

- Re-evaluate your benefit coverage each year during Open Enrollment to ensure your selections are still right for you (and your family).
- Take an active part in your benefits; customize the benefit offerings to meet your individual needs. AARP provides the choices; you make the decisions.
- Read this guide to understand basic information about your benefits.
- Learn more about your AARP plans through InfoNet benefit overviews and Summary of Benefits and Coverages.
- Use the information, resources, tools, and programs available on your benefit carriers' websites throughout the year.
- Know your benefits – offerings reinforce individual health accountability, promote healthy behaviors and preventive care, and provide lifestyle management options.
- Call a carrier/vendor directly – before you receive service, a treatment, or test – if you have questions or are unsure about your coverage.
- Examine your explanation of benefits and claims information to ensure indicated services delivered are accurate and call your carrier with discrepancies or questions.
- ThinkSmart, your actions count in managing current and future costs. Take responsibility for your (and your family's) health and wellness. Increase healthy behaviors such as physical activity, healthier eating, using medications wisely, maintaining your brain health, and following through on treatment your doctor prescribes.



Don't Short Change Yourself

People spend eight hours researching an auto purchase or five hours planning a vacation ... but less than an hour making benefit decisions! Make time to gather info, compare options, and contemplate your benefits. Make informed benefit decisions.

See InfoNet for additional information and the Summary of Benefits and Coverages which compare plans on a uniform basis.



Benefits at a Glance

Plan	Your Choices	Quick Look
Medical and Prescription Drug	<ul style="list-style-type: none"> • UnitedHealthcare Open Access Point-of-Service (POS)/PPO. <ul style="list-style-type: none"> - High (90% in-network plan). - Standard (80% in-network plan). • UnitedHealthcare Indemnity/ Out-of-Area (limited locations). • Kaiser HMO (Mid-Atlantic and California). • Waive. 	<ul style="list-style-type: none"> ■ Employees share in the cost of coverage through pre-tax (post-tax for domestic partner portion) contributions. ■ Comprehensive medical coverage available for employee, spouse/AARP registered domestic partner, and/or dependent children. ■ Prescription drug benefits are included in your medical plan coverage. ■ Benefits available for generic drugs, preferred brand-name drugs and non-preferred brand name drugs. Benefits include pharmacy and home delivery options.
Vision	<ul style="list-style-type: none"> • Vision. • Waive. <p><i>Administration: Vision Service Plan (VSP).</i></p>	<ul style="list-style-type: none"> ■ Employees share in the cost of coverage through pre-tax (post-tax for domestic partner portion) contributions. ■ Vision coverage is available for employee, spouse/AARP registered domestic partner, and/or dependent children. ■ Choose in-network or out-of-network providers. ■ Includes services for eye exams, lenses, frames, and contact lenses.
Dental	<ul style="list-style-type: none"> • Dental. • Waive. <p><i>Administration: Delta Dental.</i></p>	<ul style="list-style-type: none"> ■ Employees share in the cost of coverage through pre-tax (post-tax for domestic partner portion) contributions. ■ Dental coverage is available for employee, spouse/AARP registered domestic partner, and/or dependent children. ■ Choose in-network or out-of-network dentists. ■ Includes coverage for preventive and diagnostic care, basic and major restorative care and orthodontia (child and adult). Out-of-pocket expenses based on in- vs. out-of network choice.
Health Care Flexible Spending Account	<ul style="list-style-type: none"> • Set-aside up to \$2,500 annually. • Waive. <p><i>Administration: WageWorks.</i></p>	<ul style="list-style-type: none"> ■ Paid by employee, pre-tax. ■ Set aside up to \$2,500 in pre-tax earnings annually. ■ To pay for eligible medical, dental, prescription and/or vision expenses that are not covered under a health plan for employee, spouse, and/or dependents. Domestic partner expenses not eligible, unless also your tax dependent. ■ Available even if AARP medical, dental and/or vision are waived. ■ IRS regulated, see IRS Publication 502.
Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> • Set-aside up to \$5,000 annually. • Waive. <p><i>Administration: WageWorks.</i></p>	<ul style="list-style-type: none"> ■ Paid by employee, pre-tax ■ To pay for eligible dependent day care and elder care expenses incurred while employee and spouse are at work, or employee is at work and spouse attends school full-time or is disabled. ■ IRS regulated, see IRS Publication 503.
Employee Basic Life / Accidental Death and Personal Loss	<ul style="list-style-type: none"> • Automatic, no action required. • 1.5 times your annual salary, maximum coverage of \$500,000. <p><i>Administration: Aetna.</i></p>	<ul style="list-style-type: none"> ■ Fully paid by AARP. ■ Beneficiary designation form must be completed by employees and sent to Aetna.
Employee Supplemental Life	<ul style="list-style-type: none"> • Up to \$500,000. • Waive. <p><i>Administration: Aetna.</i></p>	<ul style="list-style-type: none"> ■ Paid by employee, post-tax. ■ Contributions based on employee age and coverage amount.
Spouse/AARP Registered Domestic Partner Life	<ul style="list-style-type: none"> • Up to \$100,000. • Waive. <p><i>Administration: Aetna.</i></p>	<ul style="list-style-type: none"> ■ Paid by employee, post-tax. ■ Contributions based on age of spouse/AARP registered domestic partner and coverage amount.
Dependent Child Life	<ul style="list-style-type: none"> • \$10,000 coverage for each eligible child. • Waive. <p><i>Administration: Aetna.</i></p>	<ul style="list-style-type: none"> ■ Paid by employee, post-tax. ■ Contributions per month are the same regardless of the number of children covered.
Business Travel Accident	<ul style="list-style-type: none"> • Automatic, no action required. <p><i>Administration: AARP Risk Management.</i></p>	<ul style="list-style-type: none"> ■ Fully paid by AARP. ■ Provides employee-only coverage for accidental death or dismemberment occurring while traveling on AARP-related business.



Plan	Your Choices	Quick Look
Short-Term Disability (STD)	<ul style="list-style-type: none"> • Automatic, no action required. <i>Administration: Aetna.</i> 	<ul style="list-style-type: none"> ■ Fully paid by AARP. ■ Protects income in the event a sickness or injury prevents employee from working for a period, up to a maximum of six months. ■ Approved STD leave pays weekly benefit, after elimination period is satisfied, of the lesser of 2/3 of weekly salary or \$3,462.
Long-Term Disability (LTD)	<ul style="list-style-type: none"> • Automatic, no action required. <i>Administration: Aetna.</i> 	<ul style="list-style-type: none"> ■ Fully paid by AARP. ■ Pays benefits if employee is out of work due to an approved disability for more than six months. ■ Approved LTD leave pays monthly benefit, after the elimination period is satisfied, of the lesser of 2/3 of monthly salary; or \$15,000. ■ Must be regularly scheduled to work at least 26.25 hours a week.
Parking Benefit	<ul style="list-style-type: none"> • Set aside up to the IRS monthly limit. <i>Administration: WageWorks.</i> 	<ul style="list-style-type: none"> ■ Paid by employee, pre-tax/post-tax. ■ To pay for work-related parking expenses.
Transit Benefit	<ul style="list-style-type: none"> • Set aside up to the IRS monthly limit. <i>Administration: WageWorks.</i> 	<ul style="list-style-type: none"> ■ Paid by employee, pre-tax/post-tax. ■ To pay for work-related mass transit expenses.
AARP Employees' 401(k) Plan	<ul style="list-style-type: none"> • Contribute pre-tax 1% to 50% of eligible pay, subject to IRS limits. • Contribute pre-tax catch up contributions for age 50 and older. See InfoNet for annual limits. <i>Administration: T. Rowe Price.</i> 	<ul style="list-style-type: none"> ■ Combination employee and AARP contributions. ■ AARP match – 100% of pre-tax contributions up to 3% of eligible pay, plus 50% of pre-tax contributions on the next 2% of eligible pay. ■ Matching contributions immediately 100% vested. ■ Employee savings and matching contributions are portable.
AARP Puerto Rico Employees' 1165(e) Plan	<ul style="list-style-type: none"> • Contribute pre-tax 1% to 50% of eligible pay, subject to Department of Treasury of Puerto Rico limits. • Contribute pre-tax catch up contributions for age 50 and older. See InfoNet for annual limits. <i>Administration: Banco Popular.</i> 	<ul style="list-style-type: none"> ■ Combination employee and AARP contributions. ■ AARP match – 100% of pre-tax contributions up to 3% of eligible pay, plus 50% of pre-tax contributions on the next 2% of eligible pay. ■ Matching contributions immediately 100% vested. ■ Employee savings and matching contributions are portable.
AARP Employees' Pension Plan	<ul style="list-style-type: none"> • Participation automatic, no action required. <i>Administration: T. Rowe Price.</i> 	<ul style="list-style-type: none"> ■ Fully paid by AARP. ■ Employees eligible to participate in the defined benefit pension plan as of the January 1 or July 1 following first anniversary of date of hire, if employee completes at least 1,000 hours of service by anniversary date. ■ 100% vested after five years of credited service. ■ Formula calculates benefit at retirement based on service and pay.
Retiree Health Plan	<ul style="list-style-type: none"> • Medical, prescription drug, and vision coverage (Post 65 Only) <i>Administration: UnitedHealthcare and Kaiser.</i> 	<ul style="list-style-type: none"> ■ Combination employee and AARP contributions. ■ Available prior to age 65 and/or at age 65. ■ Eligibility based on status at time of termination/loss of coverage as an active employee.
Legal Services Plan	<ul style="list-style-type: none"> • Voluntary Benefit. <i>Administration: Legal Resources.</i> 	<ul style="list-style-type: none"> ■ Paid by employee, post-tax. ■ Get advice, consultation, and court room representation. ■ Minimum one year enrollment.
Long-Term Care	<ul style="list-style-type: none"> • Voluntary Benefit. <i>Administration: Genworth Life.</i> 	<ul style="list-style-type: none"> ■ Paid by employee, post-tax, directly to carrier. ■ Coverage when someone is unable to care for themselves on their own and requires help doing the Activities of Daily Living. ■ Coverage for employees and spouses/AARP registered domestic partners. ■ If enroll within 90 days of hire date employee may take advantage of modified guarantee issue underwriting. ■ Employee parents, step parents, grandparents, step grandparents, in-laws, retirees (vested under the AARP Employees' Pension Plan), and retiree spouses/AARP registered domestic partners may be eligible.
Employee Assistance Program	<ul style="list-style-type: none"> • Automatic, no action required. • Confidential consultation and referral service. <i>Administration: Ceridian Lifeworks.</i> 	<ul style="list-style-type: none"> ■ Fully paid by AARP. ■ Coverage for employee, spouse, domestic partner and any household members.



Who is Eligible for Benefits?

Employees

You are eligible for benefits if you are a full-time employee regularly scheduled to work forty hours a week.

Part-time employees must work at least 21 hours per week or at least 14 hours per week in an approved job share arrangement. To be eligible for Long-Term Disability, you must be regularly scheduled to work at least 26.25 hours per week.

Dependents

Medical, Vision, Dental, and/or Life Insurance

If you are eligible, your spouse, AARP registered domestic partner, and children are eligible. Children are eligible for coverage until the end of the month in which they turn age 26. They must be your biological, adopted, or step-children; the child of your AARP registered domestic partner; or children for whom you have been granted guardianship by a court order. Your child does not have to be a student, a dependent for tax purposes, or unmarried.

You should only enroll legitimate dependents who are eligible under the plan. AARP has an obligation to ensure that only eligible dependents are covered under the plan. AARP may, at any time, request verification of a dependent's relationship status through supporting documentation. Examples of this documentation may include, but are not limited to marriage certificates, birth certificates or court ordered guardianship support documents.

Children beyond Indicated Coverage Ages

Coverage for an enrolled dependent child who is not able to be self-supporting because of mental or a physical challenge will not end just because the enrolled dependent has reached age 26. AARP will extend the coverage for that enrolled dependent beyond age 26 if both of the following are true regarding the enrolled dependent:

- Is not able to be self-supporting because of mental or physical challenge.
- Depends mainly on the employee for support.

Coverage will continue as long as the enrolled dependent is incapacitated and dependent unless coverage is otherwise terminated in accordance with the terms of the plan. You must furnish the Administrator with proof of the enrolled dependent's incapacity and dependency within 31 days of the date coverage would otherwise have ended because the enrolled dependent reached age 26.

Think Smart...

It is important to ensure that you (and your family) have the coverage you need when you need it most.

Plan Ahead...

Because we all have different needs, AARP offers you a choice of benefits to fit your lifestyle. From medical plans to life insurance, you select the programs and benefit levels that meet your needs.



Domestic Partners

Any employee eligible to participate in medical, vision, dental, and/or life insurance coverage offered through AARP may elect to cover an AARP registered domestic partner — same or opposite sex — and/or children of an AARP registered domestic partner under those plans.

- The value of premium contributions made by AARP toward an AARP registered domestic partner is considered taxable income for the employee.
- Employee contributions toward an AARP registered domestic partner coverage must be made on a post-tax basis.

If a covered AARP registered domestic partner loses eligibility, he/she will be eligible for benefits through a COBRA-like continuation plan. These benefits are identical to those offered through standard COBRA.

Details regarding AARP registered domestic partner eligibility and the enrollment process are found on InfoNet.

Contingent Workers

To the extent permitted by applicable law, contingent workers are not eligible to participate in any of AARP's employee benefits, including, without limitation, pension, 401(k), retirement, deferred compensation, welfare, medical, health, group insurance, disability, bonus, vacation pay, leave policies, severance pay and other similar plans, programs, and policies.

Rehired Employees

If an employee separates from AARP and is later re-hired by AARP, eligibility for benefit plans will vary depending on the Original Start Date, Rehire Date and Service Anniversary Date. Information on the application and impact of these dates is found on InfoNet.



Benefits Enrollment

When Are You Eligible for Benefits?

	Benefit	When	
Enrollment for Eligible New Hires*	<ul style="list-style-type: none"> ■ Medical ■ Vision ■ Dental ■ Life Insurance ■ Short-Term Disability 	<ul style="list-style-type: none"> ■ 401(k)/1165(e) (Puerto Rico) ■ Business Travel Accident ■ Health Care Spending Account ■ Dependent Care Spending Account 	Date of hire.
	<ul style="list-style-type: none"> ■ Legal Services Plan 		1st of the month following 30 days of employment.
	<ul style="list-style-type: none"> ■ Long Term Disability 		1st of the month following six months of employment, enrollment is automatic once eligible.
	<ul style="list-style-type: none"> ■ Long Term Care Insurance 		1st of the month following approval by Genworth Life.
	<ul style="list-style-type: none"> ■ Pre/Post-Tax Transit and Pre/Post-Tax Parking 		Dependent on date of hire. Enrollment must be completed in the WageWorks system by the 10th of the previous month for the next benefit month. New York LIRR and Metro-North users must enroll in the WageWorks system by the 4th of the previous month.

***Important Note:** New Hires must enroll in or waive benefits via Employee Self-Service by the end of their first day at AARP.

When Can You Change Your Benefit Elections?

	Benefit	When	
Enrollment for Current Employees	<ul style="list-style-type: none"> ■ Medical ■ Vision ■ Dental 	<ul style="list-style-type: none"> ■ Life insurance ■ Health Care Spending Account ■ Dependent Care Spending Account 	Annual open enrollment period, or an eligible “qualifying status change”.
	<ul style="list-style-type: none"> ■ Legal Services Plan 		Annual open enrollment period.
	<ul style="list-style-type: none"> ■ 401(k)/1165(e) (Puerto Rico) 		Any time.
	<ul style="list-style-type: none"> ■ Long Term Care Insurance 		Any time.
	<ul style="list-style-type: none"> ■ Pre/Post-Tax Transit and Pre/Post-Tax Parking 		Monthly basis provided changes are made in the WageWorks system by the 10th of the previous month for the next benefit month. New York LIRR and Metro-North users must make changes in the WageWorks system by the 4th of the previous month.

Qualifying Status Change/Life Event

Generally, you may not change your elections during the plan year, except in the case of a qualifying status change (life event) that results in a “change in family or work status” or in the case of certain cost or coverage changes, including changes under another employer’s plans. The Internal Revenue Service (IRS) imposes restrictions on the kinds of changes you may make to certain coverages outside of the annual Open Enrollment period.

In certain situations you may be permitted to change your benefit elections during the year. New elections that you make **must be on account of and consistent with the change in coverage or reason for the change in coverage**. For example, if you are enrolled in an HMO and are transferred to another worksite location which does not offer the same HMO, you are permitted to elect a new medical plan option or cancel coverage. **You have only 31 days to update benefits due to a Qualifying Status Change**. See InfoNet, HR & Benefits, Life Event Checklist for details.

Medical Benefits

Your Choices

Employees share in the cost of coverage through pre-tax (post-tax for AARP registered domestic partner portion) contributions.

- **UnitedHealthcare (UHC) Open Access Point-of-Service (POS)/PPO.**
 - **High** (90% in-network plan).
 - **Standard** (80% in-network plan).
- **UnitedHealthcare Indemnity/Out-of-Area** (limited locations).
- **Kaiser HMO** (Mid-Atlantic and California).
- **Waive.**

UHC Open Access Point-of-Service (POS)

UHC's Choice Plus Open Access POS medical options are the "Standard" and "High" plans. With either, you do not have to select a primary care physician when you enroll and you may see any provider in UHC's Choice Plus POS network to receive the in-network level of benefits. These options cover both in-network and out-of-network coverage. Your costs are generally less when you receive care from in-network providers. Prior notification may be required before you receive certain services. Refer to the Summary Plan Descriptions on InfoNet for further information.

In-Network Benefits

- Visit any provider in the UHC Choice Plus POS network and receive in-network benefits.
- In-network providers, physicians or other medical professionals, honor your membership card and bill UHC directly for services rendered based upon contracted rates or discounts.
- Deductible, co-pays, and coinsurance apply.

Out-of-Network Benefits

- Visit providers who do not participate in a UHC network and you are still covered, but your out-of-pocket costs will be higher.
- Deductible and coinsurance apply.
- After meeting deductible, reimbursement for an eligible charge is based on a maximum that is tied to "reasonable and customary" charges (R&C).
- Out-of-network providers can bill for their charges that exceed the UHC's R&C charges.
- Out-of-network providers may require payment in full at time of service.
- You must submit claims to UHC to receive reimbursement.
- ThinkSmart, plan and compare what your out-of-network provider will charge for a procedure with what UHC's R&C charge is before undergoing the procedure.



Health Care Coverage Categories

When electing medical, dental and/or vision coverage, you can elect coverage for:

- Employee, yourself only
- Employee + 1, yourself and one dependent
- Employee + 2 or more, yourself and your family

You can choose different coverage levels or cover different dependents under each benefit. For example, you can elect medical coverage for yourself, but dental or vision coverage for you and your family.



Find a Doctor...

To find a doctor or to see if your doctor participates in UnitedHealthcare's POS provider network, go to www.myuhc.com and select "UnitedHealthcare Choice Plus" as the health plan.

UHC Preferred Provider Organization (PPO)

UHC offers a PPO network instead of a POS network in certain areas due to contractual limitations in the states — **Idaho, Montana, Pennsylvania (Harrisburg only), and the U.S. Virgin Islands**. The PPO benefits are the same as POS benefits; however you use the PPO network instead of a POS network in these areas.

Employees living in Hawaii have a separate PPO Plan that complies with state regulations.

Prior notification may be required before you receive certain services. Refer to the Summary Plan Descriptions on InfoNet for further information.

UHC Indemnity/Out-of-Area Plan

The UHC Indemnity/Out-of-Area Plan is available only to those employees who live in areas where the UHC POS/PPO networks are limited.

- Traditional plan that does not include a network.
- Visit any provider you wish.
- Plan benefits are subject to R&C charges for covered services.
- Providers can bill you for charges in excess of the reimbursement maximums.
- Even in areas where this plan is offered and no network is available, some providers may honor UHC contracted rates.

Only employees who live in these states may choose either a UHC POS/PPO Plan, or the Indemnity Plan depending on availability of network providers:

- | | | | |
|------------|---------------|------------------|-----------------|
| ■ Alabama | ■ Louisiana | ■ New Mexico | ■ West Virginia |
| ■ Alaska | ■ Michigan | ■ North Dakota | ■ Wisconsin |
| ■ Arizona | ■ Mississippi | ■ South Carolina | ■ Wyoming |
| ■ Idaho | ■ Missouri | ■ South Dakota | |
| ■ Kentucky | ■ Montana | ■ Vermont | |

UHC Reasonable and Customary (R&C) Charges

Out-of-network and Indemnity/Out-of-Area benefits are based on R&C charges established in your area.

- If the actual charge is more than the R&C amount, you pay 100% of the difference between the actual charge and the R&C amount, in addition to any applicable deductible and coinsurance amounts.
- R&C charges are based on what most providers in your area charge for a particular service.
- For information on how to calculate approximate costs of selected health care services by area, go to www.myuhc.com and click on Estimate Health Care Costs.

UHC Deductibles, Coinsurance, and Out-of-Pocket Maximums

When deductibles and coinsurance apply, in order for benefits to be paid, you must first satisfy an annual deductible, based on eligible charges.

- **Deductibles:** Annual out-of-pocket amount that an individual or family must pay before coinsurance is applied and the plan begins to pay. Applies to any service that requires coinsurance but not a co-pay (wellness visits do not require coinsurance).
 - **Example 1: Family of 5 individuals**
 - When employee satisfies his or her deductible, coinsurance is applied and his or her benefits begin.
 - When employee and spouse satisfy their respective deductibles, coinsurance is applied and their benefits begin.
 - When employee, spouse and child satisfy their deductibles, coinsurance is applied and benefits begin for the entire family (family deductible is capped at 3 times an individual).
 - **Example 2: Family of 5 individuals**
 - When employee and spouse (or child dependent) satisfy their deductibles, and two children collectively satisfy an individual deductible amount, coinsurance is applied and benefits begin for the entire family.
- **Coinsurance:** Once the deductible is satisfied, the plan pays a percentage of eligible contracted rate or R&C charges and you pay a percentage called coinsurance.
- **Co-pays:** A set amount you pay for a specific service (typically an office visit). Co-pays are not subject to the deductible.
- **Out-of-Pocket Maximum:** When your deductible, coinsurance, and co-pay amounts reach the out-of-pocket maximum (based on eligible charges), the plan pays 100% of eligible in-network and out-of-network charges for the remainder of the year. You remain responsible for certain out-of-network charges above R&C.

UHC Cancer Support Program

Available to UHC participants, the Cancer Support Program (CSP) is a valuable supplement to your health care coverage and offers you and your family a single source for personal support through an experienced cancer nurse. Dedicated nurses will provide information, answer your questions, guide you to a provider in your local community or within the UnitedHealthcare cancer Centers of Excellence network, and also help you deal with the emotional side of cancer.





Powerful Features on UHC and Kaiser Websites Put You in Charge of Your Health

UHC and Kaiser websites provide a vast array of information and tools to help you stay healthy, answer questions, research health care topics, ask a professional for advice, check benefit statements, print replacement ID cards, manage prescriptions, estimate service costs, and even take a health assessment. Available seven days a week!

Kaiser Permanente Health Maintenance Organization (HMO)

Kaiser Permanente HMO is available to those in the Mid-Atlantic area (parts of Maryland, Virginia, and Washington D.C.) and most employees in California (varies based on residence).

- Comprehensive benefits, which are covered at 100% after a co-pay, but only when you receive care from Kaiser providers.
- Kaiser offers in-network benefits only.
- No deductibles or claim forms to file.
- At enrollment, choose a Kaiser facility at which you wish to receive care.
- Select a doctor within that center who will coordinate your care.
- Most care will be provided within your chosen Kaiser facility.

Refer to the Kaiser website for a list of the Kaiser facilities near you. Note that no Kaiser benefits are available out-of-network, except in emergencies.

Health Assessments — Kaiser & UHC

You can take a confidential online health assessment to help identify personal health needs as well as provide information on improving healthy habits. Confidential health assessments are offered to employees by both UnitedHealthcare and Kaiser Permanente.

AARP offers 2 drawings annually with a chance to win a \$250 gift card for those who complete an online health assessment. Information on how to access a health assessment is located on InfoNet.

For questions about medical coverage, including prescriptions...			
	Phone	Online	Group Reference
UnitedHealthcare	1-800-382-5144	www.myuhc.com	Group No. 706532
Kaiser Mid-Atlantic	1-800-777-7902	www.kaiserpermanente.org	Group No. 1974
Kaiser California	1-800-464-4000 (English) 1-800-788-0616 (Spanish)	www.kaiserpermanente.org	Group No. 228033



UHC POS/PPO & Indemnity/Out-of-Area Plans Benefit Highlights

Feature	UHC Standard Open Access POS		UHC High Open Access POS		UHC Indemnity/Out-of-Area*
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	
Annual deductible	Individual: \$600 (per covered member) Family: \$1,200 (for all covered members)	Individual: \$1,200 (per covered member) Family: \$2,400 (for all covered members)	Individual: \$300 (per covered member) Family: \$600 (for all covered members)	Individual: \$600 (per covered member) Family: \$1,200 (for all covered members)	Individual: \$600 (per covered member) Family: \$1,200 (for all covered members)
Annual out-of-pocket maximum (includes deductible)**	Individual: \$3,400 (per covered member) Family: \$6,800 (for all covered members)	Individual: \$4,900 (per covered member) Family: \$9,800 (for all covered members)	Individual: \$3,400 (per covered member) Family: \$6,800 (for all covered members)	Individual: \$4,900 (per covered member) Family: \$9,800 (for all covered members)	Individual: \$3,400 (per covered member) Family: \$6,800 (for all covered members)
Office visits • Doctor's office • Specialist office	\$30 co-pay \$40 co-pay	60% after deductible 60% after deductible	\$25 co-pay \$35 co-pay	70% (no deductible) 70% after deductible	80% after deductible 80% after deductible
Preventive Care • Routine physical • Maternity care • Well baby care	100% 80% after \$30 co-pay (first visit only) 100%	60% (no deductible) 60% after deductible 60% (no deductible)	100% 90% after \$25 co-pay (first visit only) 100%	70% (no deductible) 70% after deductible 70% (no deductible)	100% 80% after deductible 100%
Routine Vision Care	Not Covered				
What plan pays for most other covered services	80% after deductible	60% after deductible	90% after deductible	70% after deductible	80% after deductible
Outpatient care • X-ray, lab tests • Outpatient surgery	80% after deductible 80% after deductible	60% after deductible 60% after deductible	90% after deductible 90% after deductible	70% after deductible 70% after deductible	80% after deductible 80% after deductible
Inpatient • Mental health • Substance abuse	80% after deductible	60% after deductible	90% after deductible	70% after deductible	80% after deductible
Outpatient • Mental health • Substance abuse	100% after \$30 co-pay for individual session, \$15 for group session	60% after deductible	100% after \$25 co-pay for individual session, \$12 for group session	70% after deductible	80% after deductible
Emergency care • Emergency Room • Urgent Care Facility	80% after deductible \$60 co-pay	60% after deductible if non-emergency care. Emergency care covered at in-network level \$60 co-pay	90% after deductible \$55 co-pay	70% after deductible if non-emergency care. Emergency care covered at in-network level \$55 co-pay	80% after deductible \$60 co-pay
Inpatient hospital services (including maternity)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	80% after deductible
Hearing aids***	\$3,000 annual maximum (both ears combined), one hearing aid per ear per 36 months				
Lifetime maximum	Unlimited				

* Benefits for out-of-network services are "capped," based on a formula that uses area "reasonable & customary" charges as a basis.

** Excludes out-of-pocket expenses resulting from charges above "reasonable & customary".

*** Subject to plan deductible, coinsurance and out-of-pocket maximum.

**** For Kaiser hearing aid coverage, certain limitations apply. Please see Kaiser Summary Plan Description on InfoNet.



Preventive Care Services

The UnitedHealthcare plans pay for preventive care services provided on an outpatient basis at a Physician's office, an Alternate Facility or a Hospital. Preventive care services encompass medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and include the following as required under applicable law:

- evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Choose Network Providers for your Lab Tests

UnitedHealthcare pays claims for covered services from out-of-network laboratories at your out-of-network benefit level, even if your network doctor or other health care provider referred you to the service. It is important that you know if your laboratory is a network or out-of-network provider if you wish to maximize your coverage.

How does this affect you?

Using a laboratory outside the UnitedHealthcare network may cost you more out of your pocket. When your samples are sent to non-network laboratories, you will likely pay higher deductibles and coinsurance. Talk to your doctor's office if you are unsure where your lab samples are being sent.

Network laboratories save you money

You get the best value from your benefit plan and help to manage health insurance costs when you choose network laboratories.

- Your deductibles are higher when using an out-of-network laboratory.
- Your share of the bill, called coinsurance, is higher when using an out-of-network laboratory.
- You may receive a bill from an out-of-network laboratory for the difference between your out-of-network benefit and the amount the out-of-network laboratory charges for the service. You should note that network laboratories will not "balance bill" you for covered services they provide.

Choose UnitedHealthcare network laboratory providers

You have the right to ask your doctor to send your lab samples to a network laboratory. Don't run the risk of your laboratory work being referred out-of-network and potentially paying a higher cost. If your doctor uses a laboratory that is not included in the official myuhc.com laboratory directory, call customer care to confirm whether the laboratory is in our network.

Contact UnitedHealthcare with questions

If you have any questions, please visit myuhc.com or call a customer care professional at the number on the back of your member ID card.

Kaiser HMO Plan Benefit Highlights



Feature	Kaiser HMO	
	Mid Atlantic	California
Annual deductible	None	
Annual out-of-pocket maximum	Individual: \$3,500 (per covered member) Family: \$9,400 (for all covered members)	Individual: \$1,500 (per covered member) Family: \$3,000 (for all covered members)
Office visits • Doctor's office • Specialist office • Routine physical • Maternity care • Well baby care	\$25 co-pay \$35 co-pay 100% \$25 co-pay (initial visit only) 100% through age 5	\$25 co-pay \$35 co-pay 100% 100% 100% through 23 months
Routine Vision Care • Exam • Frames & Lenses	\$25 co-pay Optometrist Discount	100% Not covered
What plan pays for most other covered services	100%	
Outpatient care • X-ray, lab tests • Outpatient surgery	100% \$50 co-pay	
Inpatient • Mental health • Substance abuse	\$100 co-pay per admission, 100% thereafter	
Outpatient • Mental health • Substance abuse	\$25 co-pay for individual session, \$10 co-pay for group session \$25 co-pay for individual session, \$10 co-pay for group session	\$25 co-pay for individual session, \$12 co-pay for group session \$25 co-pay for individual session, \$5 co-pay for group session
Emergency care	\$100 co-pay (waived if admitted)	
Inpatient hospital services (including maternity)	\$100 co-pay per admission, 100% thereafter	
Hearing aids****	\$1,500 per hearing aid, per 36 months For Kaiser hearing aid coverage, certain limitations apply. Please see Kaiser Summary Plan Description on InfoNet.	





OptumRx Medical Necessity Program

Effective January 1, 2017, certain therapeutic classes and specific medications have been selected for medical necessity review based on clinical appropriateness, clinical effectiveness and cost-effectiveness. Medical necessity goes beyond diagnosis and dose, evaluating illness severity, lab results and more. See InfoNet for details.

Prescription Drug Benefits

Prescription drug benefits are included in your UnitedHealthcare or Kaiser medical plan coverage.

UHC Prescription Drugs

If you are enrolled in a UHC medical plan option, you can fill your prescriptions at a participating retail pharmacy or, for maintenance medications, through the UHC Home/Mail Delivery Pharmacy Service, administered by OptumRx.

Prescription Type	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)
Generic	\$10	\$20
Preferred brand-name	\$30	\$75
Non-preferred brand-name	\$50	\$125

Preferred Drug List

A preferred drug list, or “formulary”, is a list of recommended prescription medications that is created, reviewed, and regularly updated by a team of physicians and pharmacists, based on clinical performance and cost-effectiveness. Use this list with your doctor to select medications to maximize the Plan’s prescription drug benefits. A preferred drug list is available by calling OptumRx at 800-382-5144, or by visiting or www.myuhc.com. **Please note that effective January 2017, the Plan’s prescription drug formulary will be updated every July 1 and January 1.** It is important to understand how changes in the formulary may impact your benefits.

UHC Prescription Drug Clinical Programs

UHC administers several clinical programs intended to alert pharmacists and doctors of potential harmful drug interactions or of duplicate coverage. Programs also work to ensure the proper medications are not only dispensed but are dispensed appropriately. To learn more about a program or to see if your prescription falls under one of the programs, please see InfoNet or call the number indicated.

Specialty Pharmacy Program	1-888-739-5820
High Utilization Narcotics Program	1-800-382-5144
Quantity per Duration Program	
Notification or Pre-Authorization Program	

Kaiser HMO Prescription Drugs

If you are enrolled in either the Mid-Atlantic or California Kaiser HMO, you can fill your prescription at a Kaiser Permanente Pharmacy or, for maintenance medications, through Kaiser Mail Order.

	Prescription Type	Retail	Mail Order
Mid-Atlantic Kaiser HMO	Kaiser Pharmacy	\$10 generic \$30 brand-name \$50 non-formulary } 60-day supply	\$10 generic \$30 brand-name \$50 non-formulary } 90-day supply
	Non-Kaiser Pharmacy	\$30 generic \$50 brand-name \$75 non-formulary } 60-day supply	Not covered
California Kaiser HMO	Kaiser Pharmacy	\$10 generic \$30 brand-name } 100-day supply	\$10 generic \$30 brand-name } 100-day supply
	Non-Kaiser Pharmacy	Not covered	Not covered

Your Contributions for Medical and Prescription Drug Coverage

The amount you pay for medical coverage depends on:

- Plan option you select.
- Level of coverage – number of people you cover.
- Your salary level.



Contributions are deducted from your pay twice per month.

If you cover an AARP registered domestic partner, a portion of your employee contribution will be deducted on a post-tax basis.

See InfoNet for more details. If your salary level changes during the Plan Year, you will be charged a different rate according to the Employee Pre-Tax Contributions table.

Employee Pre-Tax Contributions												
2017 Medical Plan Options (includes prescription drug and vision benefits)	UHC Standard / Indemnity			UHC High			Kaiser Mid-Atlantic			Kaiser CA		
	employee	employee +1	employee +2 or more	employee	employee +1	employee +2 or more	employee	employee +1	employee +2 or more	employee	employee +1	employee +2 or more
Total 2017 Actual Cost*	\$7,849	\$14,678	\$24,960	\$8,146	\$15,233	\$25,905	\$6,294	\$12,588	\$18,189	\$5,991	\$11,982	\$17,374
If your actual salary is...	Per pay period, you will pay...											
less than \$60,000	\$31.50	\$59.00	\$100.00	\$44.00	\$82.00	\$139.50	\$31.50	\$63.00	\$91.00	\$32.50	\$65.00	\$94.00
\$60,000-\$124,999	\$70.50	\$132.00	\$224.50	\$95.50	\$178.00	\$303.00	\$65.50	\$131.00	\$189.00	\$67.50	\$135.50	\$196.00
\$125,000 or more	\$88.00	\$164.00	\$279.00	\$124.00	\$231.50	\$393.50	\$84.00	\$168.00	\$242.50	\$85.00	\$170.00	\$246.50

*Annual cost reflects both employee and AARP contributions.



Vision Benefits

Your Choices

Employees share in the cost of coverage through pre-tax (post-tax for AARP registered domestic partner portion) contributions.

- **Vision Service Plan (VSP)**
- **Waive**

Vision Benefits Highlights

The AARP vision program is administered through the Vision Service Plan (VSP). When you visit a provider in the VSP network, you receive a higher level of benefits. Your network provider takes care of all paperwork including filing claims. If you receive covered services from an out-of-network provider, you will have to file your claim forms. Please note that some routine vision care may be covered by Kaiser Permanente. Check highlights chart and SPDs for specific details.

Covered Services	In-Network	Out-of-Network
Annual Exams (12 months)	No co-pay	Up to \$50 allowance
Eyeglass lenses or contact lenses*		
■ Single vision lenses, per pair	\$25 co-pay	Up to \$50 allowance
■ Bifocal lenses, per pair	\$25 co-pay	Up to \$75 allowance
■ Trifocal lenses, per pair	\$25 co-pay	Up to \$100 allowance
■ Contact lenses, per pair – Disposable – Nondisposable	Up to \$150 allowance	Up to \$105 allowance
Frames (24 months)	Up to \$150 allowance	Up to \$70 allowance

* You may choose between glasses or contact lenses. If you choose contact lenses, you will be eligible for frames twelve months after you obtain your contact lenses (frames are available every 24 months).

Your Contributions for Vision Coverage

2017 Contributions	employee	employee +1	employee +2 or more
Vision Only	\$2.00	\$3.50	\$6.00

For questions about vision coverage ...

	Phone	Online	Group Reference
Vision Service Plan	1-800-877-7195	www.vsp.com	Group No. 12198228

Find a Provider

To find a VSP network provider for your vision needs go to www.vsp.com.

Using VSP

There are no ID cards with the VSP plan. Just call a VSP provider to make an appointment.



Dental Benefits

Your Choices

Employees share in the cost of coverage through pre-tax (post-tax for AARP registered domestic partner portion) contributions.

- **Delta Dental.**
- **Waive.**

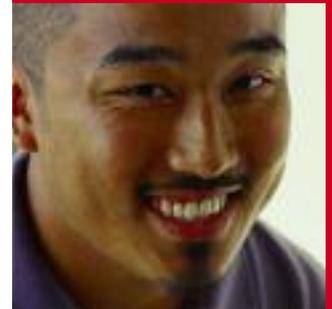
Dental Benefits Highlights

The AARP dental plan through Delta Dental is a preferred provider organization (dental PPO) that offers both in-network and out-of-network benefits. The benefits you receive are based on the plan level in which your dentist participates. There are three levels of benefits:

- **Delta Dental PPO:** Benefits are the highest and out-of-pocket expenses the lowest when you use Delta Dental PPO dentists.
- **Delta Dental Premier®:** Use a Delta Dental Premier® dentist and receive a moderate level of benefits, saving on out-of-pocket costs — though not as much as if you visit a Delta Dental PPO dentist.
- **Out-of-Network:** You are still covered if you use an out-of-network dentist, but your out-of-pocket expenses will generally be higher than if you visited a Delta Dental dentist.

Find a Dentist

To find a dentist or to see if your dentist participates in Delta's Dental provider networks, go to www.deltadentalins.com.





Feature	In-Network		Out-of-Network
	Delta PPO	Delta Premier	
Annual deductible			
Individual	\$50 per person	\$100 per person	\$100 per person
Family	\$100 per family	\$300 per family	\$300 per family
Annual benefit maximum	\$2,000	\$2,000	\$2,000 per person
Preventive and diagnostic care* (e.g., routine exams, cleanings, x-rays and fluoride treatments)	100%**	80%**	80%**
	Routine exams and cleanings covered up to three per calendar year.		
Basic restorative care (e.g., oral surgery, extractions, amalgams and composite fillings, periodontics, denture repair & relining)	80%**	65%**	65%**
Major restorative care (e.g., dentures, crowns, bridgework, inlays and onlays)	50%**	40%**	40%**
Orthodontia (child & adult)*	50%**	50%**	50%**
■ Separate lifetime maximum	\$2,000 per person	\$2,000 per person	\$2,000 per person
TMJ	50%**	50%**	50%**
■ Separate lifetime maximum	\$3,000 per person	\$3,000 per person	\$3,000 per person
Implants (No age limit)	50%**	40%**	40%**
■ Separate lifetime maximum	\$2,400 per person	\$1,800 per person	\$1,800 per person

* Preventive, diagnostic and orthodontic care are not subject to the deductible.

** Percentages based on Delta Dental's Maximum Plan Allowance or dentist's actual fee, whichever is less.

Current Year Contributions for Dental Coverage

If you want dental coverage, the following per-pay-period contributions will apply:

2017 Contributions	employee	employee +1	employee +2 or more
Dental	\$8.50	\$15.50	\$24.50

For questions about dental coverage ...			
	Phone	Online	Group Reference
Delta Dental	1-800-932-0783	www.deltadentalins.com	Group No. 5461

Fit & Well

AARP's health and wellness initiatives are designed to improve your health and well-being through education and activities that support positive lifestyle change. Use these programs to take responsibility for your and your family's health and wellness. Please refer to InfoNet for more detailed information on these programs.

Annual Health Fair with Biometric Screenings that provides employees an opportunity to meet our health and wellness vendors and offers free biometric screenings. Flu clinic onsite vaccines will be offered during flu season at National Office and Lakewood.

Health Assessment Incentive

Confidential online health assessments help identify personal health needs as well as provide information on improving healthy habits. Multiple winner drawings twice a year with a chance to win a \$250 gift card offered to employees and their spouses completing an online assessment. Spouse incentive will be awarded to employee.

Tobacco Cessation

Tobacco Cessation, provided by UHC, is available to all employees and family members and is specifically designed to assist in efforts to quit the use of tobacco. Tobacco Cessation also available through Lifeworks and Global Fit.

Fitness Credit

Reimburses employees, who do not have access to an onsite gym or fitness facility and to employees in the national office who use AARP contracted trainers, up to \$100 per year.

Wellness Coaching

Access to wellness coaches, at no cost, as part of your UHC or Kaiser plan participation, as well as through Ceridian LifeWorks. Dedicated coaches available for weight management, exercise, nutrition, tobacco cessation, stress management, heart health, and diabetes (UHC). Coaching may be offered by telephone, mail or online.

Fitness/Wellness Classes & Wellness Studio – *National Office*

Classes offered to employees may include yoga, relaxation & mindfulness techniques or strength training. Some charges may apply.

Onsite Gym – *National and Lakewood Offices*

Gym facility includes cardio and strength training equipment.

GlobalFit Membership

Provides a range of convenient, affordable, and healthy living programs; including access to discounted fitness club memberships.

Weight Watchers@Work

Provides employees with the convenience of a Weight Watchers meeting at the National Office

Disease Management Incentive – *UHC Participants Only*

Program helps participants understand chronic conditions – including Heart Failure, Coronary Artery Disease, Diabetes, and Asthma – and how to take informed action to best manage their condition. Eligible employees, spouses and immediate family members who enroll and complete the program receive a \$200 gift card. Spouse incentive will be awarded to employee.





LifeWorks Employee Assistance Program (EAP)

AARP provides employees with a work-life consultation and referral service through Ceridian LifeWorks. This comprehensive source assists you and your household members with a variety of personal, family, financial, work, and everyday issues including but not limited to:

- Health and wellness.
- Emotional well being and relationship.
- Stress.
- Legal.
- Retirement.

You may also take advantage of at least three face-to-face counseling sessions annually per issue.

LifeWorks/EAP Highlights

- 24/7 access via online, phone, or in person.
- LifeWorks health coaching – matching you with your own personal health coach who can help you:
 - Manage your weight
 - Quit smoking or using tobacco
 - Manage stress
 - Reduce cardiovascular risk
- Free resources – booklets, audio recordings, self-assessments, online seminars, and more.
- Toolkits including a health library, childcare locator, divorce toolkit, financial calculators, and a retirement planner.
- Discounts on services including caregiver products, tutoring, college admissions counseling, and products for seniors.

	<i>Phone</i>	<i>Online</i>	<i>Group Reference</i>
Ceridian LifeWorks	1-888-267-8126	www.lifeworks.com	Company Name: AARP User ID Password: 0906

24/7 Nurseline or Medical Advice Line

You can talk to a registered nurse anytime—even in the middle of the night! Contact the Ceridian LifeWorks EAP or your AARP medical plan provider. Take advantage of a Nurseline/Medical Advice Line when you have a question about your health or your treatment.

	<i>Phone</i>	<i>Online</i>
Ceridian LifeWorks (all employees)	1-888-267-8126	Company Name: AARP User ID Password: 0906
UnitedHealthcare Participants	1-800-846-4678	www.myuhc.com
Kaiser Participants	1-800-777-7902 (DC/MD/VA) 1-800-464-4000 (CA)	www.kaiserpermanente.org

Flexible Spending Accounts (FSA)

Your Choices

Employees can set aside money on a pre-tax basis to pay for eligible anticipated out-of-pocket health care expenses not covered under a health care plan (Health FSA) and/or and dependent care expenses such as day care and elder care (Dependent Care FSA). FSAs are administered through WageWorks.

- **Health Care (FSA), and/or**
- **Dependent Care (FSA).**

FSA	2017 Annual Limit
Health Care*	\$2,500
Dependent Care	\$5,000

***Note:** The IRS allows you to carry over up to \$500 of unused funds from one plan year to the next. All funds over the \$500 limit will be forfeited in accordance with the Internal Revenue Code.

How FSAs Work

Whether you elect a Health Care FSA, a Dependent Care FSA, or both, the plan works the same way. You may only change your election during the plan year if you have a qualifying change in family status.

- You estimate your eligible out-of-pocket health care and/or dependent care expenses for the year.
- You decide how much to deposit in one or both accounts to cover your needs.
- Your contributions are deducted from each paycheck on a pre-tax basis and are credited to the accounts in your name.
- When you incur an eligible expense, you pay the provider and submit claim forms. You will still be required to submit receipts.
- You are reimbursed with tax-free dollars from the appropriate account by check or direct deposit.
- **Use it or lose it.** The IRS allows you to carry over up to \$500 of unused funds from your Health Care FSA from one plan year to the next. This carry over allowance does not apply to your Dependent Care FSA. All funds over the \$500 limit will be forfeited in accordance with the Internal Revenue Code.
- You may submit claims with all required documentation until March 31 of the year following the year in which eligible expenses were incurred.

For additional information on FSAs, including eligible expenses and the reimbursement process, employees should contact WageWorks.



You must actively re-enroll in the FSAs every year if you wish to participate.





Plan FSA Contributions Wisely

IRS requires money remaining at the end of the year to be forfeited.

How much did you spend last year out of your own pocket for expenses (deductibles, co-pays, coinsurance) not covered under a medical plan?

Will you need dependent day care and/or elder care services so that you and your spouse can work?

Many orthodontia treatments extend beyond one year; consult your orthodontist to estimate your Health Care FSA contribution based on the orthodontia expenses you expect to incur this year.

Obtain a quote and assurance that you are a candidate for elective surgeries (e.g., Lasik, dental) before setting aside money in an FSA.

Health Care FSA Highlights

- Set aside up to \$2,500 in pre-tax earnings.
- Pay for eligible medical, dental, prescription, and/or vision expenses that are not covered under a health care plan for yourself (your spouse and your dependents even if they are not covered under your AARP plan).
- Set up a Health Care FSA even if you elect to waive medical, dental and/or vision coverage.
- Domestic partner expenses are not eligible for reimbursement through a health care FSA unless your domestic partner is also your tax dependent.
- Eligible medical expenses include deductibles, co-pays, coinsurance, certain over-the-counter drugs (submitted with doctor's prescription), eyeglasses and contact lenses, orthodontia, and even laser surgery for vision correction.
- For a complete list of eligible expenses, refer to IRS Publication 502, available at www.irs.gov or from your local IRS office.

Dependent Care FSA Highlights

- Set aside up to \$5,000 in pre-tax earnings.
- Pay for eligible dependent day care and elder care expenses incurred while you and your spouse are at work, or while you are at work and your spouse is attending school full-time or is disabled.
- For a complete list of day care and elder care eligible expenses, refer to IRS Publication 503, available at www.irs.gov or from your local IRS office.

For questions about FSA coverage ...

	<i>Phone</i>	<i>Online</i>
WageWorks	1-877-924-3967	www.wageworks.com

Parking and Transit Benefits

Your Choices

Pre-tax commuting benefits allow employees to set aside pre-tax dollars to pay for their own eligible parking and/or public transportation transit expenses. Excess amounts over the federal pre-tax monthly limits can be taken on a post-tax basis.

- **Pre-Tax Parking Benefit, and/or**
- **Pre-Tax Transit Benefit.**

Pre-Tax Parking Benefit Highlights

You may contribute pre-tax monies for your work-related parking expenses. The pre-tax parking benefit is not a “use it or lose it” plan. You can carry over month to month or year to year any unused contributions. However, if you leave the organization with pre-tax parking funds still remaining in your account, you will forfeit the funds. Per IRS regulations, unused pre-tax parking funds are prohibited from being “refunded” back to you if you separate from the organization. See InfoNet for 2017 Limits.

- The entire pre-tax monthly election amount will be deducted from the first pay of each month.
- **You must submit claims for parking reimbursement within 180 days of the date the expense was incurred.** If you do not submit your claim within 180 days, WageWorks, AARP’s administrator, will use your unused election amount to offset your future payroll deduction. If you separate from the organization before this offset occurs, you will forfeit the unused amount. It is important to manage your monthly benefit effectively.
- **If you are in the Washington, D.C. area and use pre-tax parking at the metro station, you must first purchase and register a SmarTrip card with Metro and AARP’s administrator, WageWorks. Your total pre-tax parking benefits (SmarTrip parking, national garage, and other facilities) cannot exceed the federal limit.**

If you wish to take advantage of this pre-tax parking benefit each month, you must enroll in the WageWorks system (www.wageworks.com) by the 10th of the previous month for your benefits to be effective the next month. For example, if you wish to have benefits effective January 1, 2017, you must enroll in the WageWorks system by December 10, 2016. New York LIRR and Metro-North users must enroll in the WageWorks system by the 4th of the previous month. The WageWorks system will allow you to set your election to re-occur on a monthly basis, alleviating you having to actively enroll each month.



Parking Reimbursement

You must submit your claims for pre-tax parking reimbursement to AARP’s administrator WageWorks, within 180 days of the date the expenses were incurred.

Work Related Commuting Benefit Participation

Enroll in or make changes to your Pre-tax Parking and/or Transit benefit, through the WageWorks system, on a monthly basis. WageWorks will e-mail a confirmation once your election has been completed.



Pre-Tax Transit Benefit Highlights

You may contribute pre-tax monies for your work-related transit expenses. The pre-tax transit benefit is not a “use it or lose it” plan. You can carry over month to month or year to year unused contributions. If you leave the organization with pre-tax transit funds still remaining on your card, the funds will not be lost and will remain on your card. You may continue to use these funds. However, per IRS regulations, unused pre-tax transit funds are prohibited from being “refunded” back to you if you separate from the organization. See InfoNet for 2017 Limits.

- The entire pre-tax monthly election amount will be deducted from the first pay of each month.
- In the Washington, D.C. area, you must first purchase and register a SmarTrip card with Metro and AARP’s administrator, WageWorks.

If you wish to take advantage of this pre-tax transit benefit each month, you must enroll in the WageWorks system (www.wageworks.com) by the 10th of the previous month for your benefits to be effective the next month. For example, if you wish to have benefits effective January 1, 2017, you must enroll in the WageWorks system by December 10, 2016. New York LIRR and Metro-North users must enroll in the WageWorks system by the 4th of the previous month. The WageWorks system will allow you to set your election to re-occur on a monthly basis, alleviating you having to actively enroll each month.

For questions about Pre-Tax Parking and Pre-Tax Transit coverage ...		
	Phone	Online
WageWorks	1-877-924-3967	www.wageworks.com

Income Protection Benefits

Provided for You by AARP

Providing protection from the unexpected for you and your family is an important part of the AARP benefits program. AARP provides employees with the following:

- **Basic Life Insurance.**
- **Accidental Death and Personal Loss.**
- **Business Travel Accident.**
- **Short-Term Disability.**
- **Long-Term Disability.**

Your Choices

You can elect supplemental life insurance for yourself and/or eligible dependents, paying the full cost of any supplemental coverage in post-tax dollars.

- **Employee Supplemental Coverage, up to \$500,000.**
- **Spouse/AARP Registered Domestic Partner Life Insurance up to \$100,000.**
- **Child Life Insurance (\$10,000).**

Life Insurance

AARP provides a basic level of life insurance coverage to employees. You can add supplemental life insurance coverage for yourself and/or your eligible dependents; creating the combination that is right for you and your family. Aetna is the insurer for life insurance. **Please Note: No person may be covered both as an employee and dependent and no person may be covered as a dependent of more than one employee.**

Basic Coverage

Basic life insurance coverage is equal to one and a half times your base pay (or annual salary) and is provided at no cost to you. The basic life insurance maximum is \$500,000. You will be taxed based on the value of the benefit to the extent that your coverage exceeds \$50,000.

Supplemental Coverage for You

As a new hire, you may elect to purchase supplemental life insurance coverage for yourself in \$20,000 increments up to the maximum of \$500,000. You pay the full cost on a post-tax basis. Your contributions are based on your age and the amount of coverage you elect. Your combined basic and supplemental life coverage cannot exceed \$1,000,000.

During each annual Open Enrollment period, employees can elect to enroll in supplemental life insurance in the amount of \$20,000 and will need to provide evidence of insurability; or if already enrolled in supplemental life insurance, increase coverage by one increment of \$20,000 up to the maximum coverage amount of \$500,000.

In the event of a qualifying status event (e.g., newborn, marriage), employees can elect to enroll in \$20,000 of coverage or if already enrolled in supplemental life insurance, can increase coverage by one increment of \$20,000 up to a maximum of \$500,000.

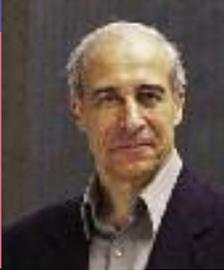


Beneficiary Information Required!

You must designate a beneficiary, the person (or persons) who will receive life insurance benefits in the event of your death. You are automatically designated as the beneficiary for spousal/AARP registered domestic partner and dependent life insurance.

You can add or change your beneficiary at any time.

Go to <https://www.aetnalife.com/> and name or change your beneficiary online. Or download a form to complete and mail directly to Aetna.



Evidence of Insurability (EOI) Requirements

EOI is required if you waived supplemental life coverage in the past and are enrolling for the first time during Open Enrollment. In the event EOI is required for elected coverage, you will be contacted directly by Aetna, via mail, and provided with instructions and an EOI form for completion. You will not be charged for amounts subject to EOI until Aetna approves the coverage amounts.

Your Contributions for Supplemental Life

Supplemental Life Insurance														
Your age as of 1/1/2017	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>85
Monthly cost per \$1,000 of coverage	.045	.050	.070	.080	.090	.140	.230	.400	.590	1.140	1.850	2.060	2.060	2.060

Life Insurance for Your Spouse/AARP Registered Domestic Partner

You can purchase life insurance coverage for your newly eligible spouse/AARP registered domestic partner in \$10,000 increments up to the maximum of \$100,000. You pay the full cost on a post-tax basis. Your contributions are based on the age of your spouse/AARP registered domestic partner and the amount of coverage you elect. Spouse life may not exceed more than 50% of your combined basic and supplemental life insurance coverage.

During each annual Open Enrollment period, employees can elect to enroll in spouse/AARP registered domestic partner life insurance in the amount of \$10,000 and will need to provide evidence of insurability; or if already enrolled in the plan, increase coverage by one increment of \$10,000 up to a maximum of \$100,000.

In the event of a qualifying status event (e.g., newborn, marriage), employees can elect to enroll in \$10,000 of coverage or if already enrolled in spouse life insurance, can increase coverage by one increment of \$10,000 up to the maximum coverage amount of \$100,000.

Evidence of Insurability (EOI) Requirements

EOI is required if you waived spouse/AARP registered domestic partner life coverage in the past and are enrolling for the first time during Open Enrollment. In the event EOI is required for elected coverage, you will be contacted directly by Aetna, via mail, and provided with instructions and an EOI form for completion. You will not be charged for amounts subject to EOI until Aetna approves the coverage amounts.

Your Contributions for Spouse/AARP Registered Domestic Partner Life Insurance

Life Insurance for Spouse or Domestic Partner														
Spouse's age as of 1/1/2017	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>85
Monthly cost per \$1,000 of coverage	.063	.063	.072	.090	.135	.225	.360	.558	.846	1.314	2.080	3.230	8.470	8.920

Life Insurance for Your Child and Contributions

You can insure your child(ren) through the end of the month in which they turn age 26. Coverage of \$10,000 will be provided for each enrolled child. The premium for your children's coverage is \$1.10 per month, regardless of the number of children you cover.

Accidental Death and Personal Loss

AARP provides coverage if you are covered under Basic Life. If you die as the result of an accident (within 365 days of the accident) while your AARP life insurance benefit is in force, accidental death benefits will equal 150% of your annual salary (to a maximum of \$500,000). In addition, if you suffer certain losses as the result of an accident (e.g., the loss of a hand, foot), personal loss benefits may provide up to 150% of your annual salary, depending upon the loss.

For questions about life or accidental death and personal loss coverage ...

	Phone	Online	Group Reference
Aetna	1-800-523-5065	www.aetna.com	Group No. 724310

Disability Coverage

AARP provides disability coverage to provide replacement income if you are out of work due to an eligible non-work-related injury or illness. There is no cost to you for this coverage. Aetna is the plan administrator of AARP's disability plans.

Short-Term Disability (STD) Coverage

STD coverage protects your income in the event of a sickness or injury that prevents you from working for a period of time, up to a maximum of 26 weeks. There is an elimination period before approved STD benefits would begin; zero days for disability due to an injury or seven days for disability due to an illness.

If approved for STD, your benefits begin the first day after your elimination period or the first day of your disability if due to an injury. You would receive 66 2/3 % of your annual base salary, to a weekly maximum of \$3,462, for approved STD leave and be paid bi-weekly through payroll. Benefit contributions will be deducted from your bi-weekly disability paycheck, and federal and state taxes according to your most recent withholding forms will also be withheld from your disability pay.

Long-Term Disability (LTD) Coverage

To be eligible for LTD, you must be regularly scheduled to work at least 26.25 hours per week. LTD coverage pays benefits if you are out of work due to an approved disability for more than six months. If approved, monthly benefits begin the day after the six-month elimination period at 66 2/3% of monthly salary, to a maximum benefit of \$15,000 per month. Disability payments are subject to taxes.

Please refer to InfoNet for more information regarding the disability programs and filing a disability claim. For questions, contact Human Resources.



Business Travel Accident Insurance (BTA)

You are automatically eligible for Business Travel Accident (BTA) insurance as of your first day of employment, regardless of your employment status. AARP pays the entire cost of your coverage.

BTA insurance provides employee-only coverage for accidental injury resulting in death, dismemberment or loss of sight, speech, or hearing while you travel anywhere in the world on AARP business.



Contribute to your Plan to take advantage of AARP's matching contributions!

Retirement Program Resources

Refer to the Retirement Benefits Guide and InfoNet for details about the 401(k), 1165(e), and Pension Plans.

AARP Employees' 401(k) Plan

The 401(k) Plan helps you save money for retirement by allowing you to make pre-tax contributions, which lowers your annual income taxes.

Eligibility

AARP offers a 401(k) Plan to all U.S. employees. There are no age or service requirements to start contributing.

New employees receive, via mail, a PIN and instructions about how to enroll from T. Rowe Price. Once you receive these instructions, contact T. Rowe Price at 1-800-922-9945 to enroll by phone, or log onto the Retirement Plan website at rps.troweprice.com.

- New employees who do not enroll or do not waive enrollment in the 401(k) Plan within 45 days of their hire date, will be automatically enrolled at 5% of their eligible pay invested in the age appropriate T. Rowe Price Retirement Fund.
- Contributions will begin as soon as administratively possible after this 45-day period.
- Automatic increase service puts your 401(k) on auto-pilot at 1% annually up to 10%. Employees may opt out.

401(k) Plan Highlights

The 401(k) Plan allows you to make pre-tax and/or post-tax contributions from 1% to 50% of your eligible pay by electing the percentage of pay per pay period, up to the IRS maximum limit each year. You can also designate a different contribution amount for your incentive pay. See InfoNet for annual limits.

- Your contributions are automatically deducted from your paycheck.
- **AARP matches 100% of your pre-tax contributions up to 3% of your eligible pay, plus 50% of your pre-tax contributions on the next 2% of your eligible pay.**
- AARP matching contributions are immediately 100% vested.
- You choose how to invest your money by selecting from a variety of investment funds. You can learn more about the available funds through the Retirement Plan website at rps.troweprice.com.
- The value of your account is based on your contributions, AARP's contributions, and investment performance.
- If you are age 50 or over by the end of the year, you are eligible to contribute additional pre-tax "catch-up" contributions, over and above other limits imposed by the 401(k) Plan or applicable laws. The Catch-up Contribution guidelines are available on InfoNet.

Important Beneficiary Information

You must actively designate your 401(k) Plan beneficiary. Visit the Retirement Plan website at rps.troweprice.com to designate, view, or update your beneficiary details. You can also complete a beneficiary designation form available at rps.troweprice.com and InfoNet.

AARP Puerto Rico Employees' 1165(e) Plan (For Puerto Rico Employees and Participants)

The 1165(e) Plan helps you save money for retirement by allowing you to make pre-tax contributions, which lowers your annual income taxes.

Eligibility

AARP offers a 1165(e) Plan to all Puerto Rico employees. There are no age or service requirements to start contributing.

New employees receive, via mail, a new hire package with instructions about how to enroll in the plan.

- New employees who do not enroll or do not waive enrollment in the 1165(e) Plan within 45 days of their hire date, will be automatically enrolled at 5% of their eligible pay invested in the age appropriate T. Rowe Price Retirement Fund.
- Contributions will begin as soon as administratively possible after this 45-day period.
- Automatic increase service puts your 401(k) on auto-pilot at 1% annually up to 10%. Employees may opt out.

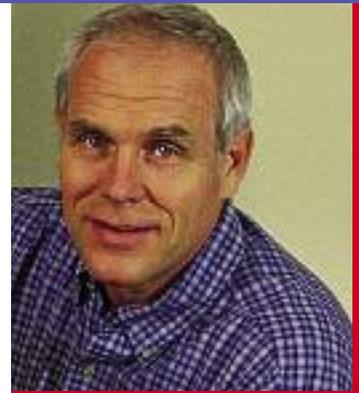
1165(e) Plan Highlights

The 1165(e) Plan allows you to make pre-tax and/or post-tax contributions from 1% to 50% of your eligible pay by electing the percentage of pay per pay period, up to the maximum limit each year. You can also designate a different contribution amount for your incentive pay. See InfoNet for annual limits.

- Your contributions are automatically deducted from your paycheck.
- **AARP matches 100% of your pre-tax contributions up to 3% of your eligible pay, plus 50% of your pre-tax contributions on the next 2% of your eligible pay.**
- AARP matching contributions are immediately 100% vested.
- You choose how to invest your money by selecting from a variety of investment funds. You can learn more about the available funds through the Banco Popular website at www.bancopopular.com/401k.
- The value of your account is based on your contributions, AARP's contributions, and investment performance.
- If you are age 50 or over by the end of the year, you are eligible to contribute additional pre-tax "catch-up" contributions, over and above other limits imposed by the 1165(e) Plan or applicable laws. The Catch-up Contribution guidelines are available on InfoNet.

Important Beneficiary Information

You must actively designate your 1165(e) Plan beneficiary. Complete the Enrollment and Change form available on InfoNet to designate or update your beneficiary details. Fax form to 1-877-396-1199, attn: Human Resources Benefits Department.





AARP Employees' Pension Plan

Your pension plan is funded entirely by AARP — that means AARP pays the entire cost of the plan and bears all of the investment risk to be able to pay the pension benefits employees are earning.

Eligibility

Participation in the pension plan is automatic. You are automatically enrolled in the pension plan as a participant on the January 1 or July 1 that coincides with or follows the first anniversary date of your date of hire if you have completed at least 1,000 hours of service by your anniversary date. You receive a credited year of service for each calendar year in which you work at least 1,000 hours.

You are fully vested at the earlier of your completion of five years of credited service prior to termination, or attainment of age 65 (you must be a pension plan participant). Once vested, you are entitled to receive a pension benefit when you are eligible to retire under the terms of the pension plan. Access a complete description of the plan via InfoNet.

Pension Plan Highlights

The longer you work for AARP, the larger your retirement benefit could be. The basic age 65 pension benefit is based on the formula:

$$\text{Multiplier} \times \text{Highest Average Compensation} \times \text{Credited Years of Service} = \text{Annual Life Annuity}$$

Participants who...

Were Hired	Multiplier =
On or after 01/01/2008	1.0%
01/01/05 through 12/31/2007	1.4%
On or before 12/31/2004	1.65%

Highest average compensation is the average annual compensation paid to you during the five consecutive calendar years that produce the highest average compensation.

Beneficiary Information

Your beneficiary for the Pension Plan is automatically your legal spouse if you are married or your AARP registered domestic partner. For single participants, in the event of your death prior to benefits commencing, no pension benefit will be payable from the Pension Plan to anyone else on your behalf.

For questions about the 401(k), 1165(e), or the Pension Plan ...		
	Phone	Online
T. Rowe Price – 401(k), Pension	1-800-922-9945	www.rps.troweprice.com
Banco Popular – 1165(e)	1-888-724-3657	www.bancopopular.com/401k

Pension Benefits Calculator

Project your pension benefits using the pension benefits calculator – available at rps.troweprice.com – using variables you select such as expected retirement date and employment separation date. Access your personal account and click the “View Details” link in the top right-hand corner of the AARP Employees Pension Plan section.



Retiree Health Benefits

AARP offers retiree health coverage (medical, prescription drugs and vision care – Post 65 only) to employees who, at the time they separate, are at least 55 years old, have 15 years of credited service as defined by the Pension Plan, and are enrolled in an AARP health plan.

Retiree health benefits available vary dependent on your age at retirement, as well as the plan you choose. The Retirement Benefits Guide, available on InfoNet, provides current information on retiree health benefits including eligibility detail, coverage options, plan features, dependent coverage, prescription drug information, contribution rates, contact information, and more.

Voluntary Employee Benefits

AARP offers employees voluntary benefits in areas that support financial security and income/insurance protection. These benefits are termed “voluntary” because participation is up to the employee and paid by the employee. The interface regarding these benefits is generally between the employee and the vendor that provides the benefit. Current voluntary benefit offerings follow.

Long-Term Care Insurance

If you work at least 21 hours per week, you may purchase long-term care insurance for yourself and your spouse/AARP registered domestic partner through Genworth Life at any time, subject to evidence of insurability (medical underwriting). If you enroll within 90 days of your hire date, you will subject to modified guarantee issue which is a simplified version of full medical underwriting. Request an enrollment package directly through Genworth Life. Eligible employee parents, step parents, grandparents, step grandparents, in-laws, retirees (vested under the AARP Employees’ Pension Plan), and retiree spouses/AARP registered domestic partners may also be eligible, subject to evidence of insurability (medical underwriting). See Voluntary Benefits, Long-Term Care on InfoNet for detail.

Legal Services Plan

The legal services plan is offered through Legal Resources — for such services as legal counsel, will preparation, attorney fees for buying and selling homes, family law, credit issues, traffic issues and court representation. You have an opportunity to enroll in the Legal Resources Group Legal Plan during Open Enrollment or as a new hire. When you enroll in the legal services plan for the first time, you agree to remain in the benefit for at least one year. See Voluntary Benefits, Legal Services Plan on InfoNet for more details.

For questions about voluntary benefits, review the InfoNet content and/or ...

	<i>Phone</i>	<i>Online</i>
Legal Services Plan — Legal Resources	1-800-728-5768 — DC, MD & VA Only 1-800-848-2012 — Nationwide	www.legalresources.com
Long-Term Care – Genworth Life	1-800-416-3624	www.genworth.com/groupltc Group ID: GroupAARP Code: groupltc



Paid Time Away from Work

AARP’s wide range of paid time off programs is highlighted below.

Vacation Time

Regular employees begin accruing vacation leave on their first day of employment at a rate based on a 40-hour work week, according to the following schedule:

Accrual Rates for Full-Time Employees			
Years of Service	Per Pay Period	Annual	Maximum Accrual
0 to 3 years of service	4.61 hours	15 workdays or 120 hours	15 workdays or 120 hours
More than 3 years to 6 years of service	6.15 hours	20 workdays or 160 hours	20 workdays or 160 hours
More than 6 years of service	7.69 hours	25 workdays or 200 hours	25 workdays or 200 hours

Once the maximum accrual is reached, the employee will stop accruing leave until the balance is reduced by taking leave.

Part-Time Accruals — Part-time employees accrue vacation leave on a prorated schedule. See Vacation Leave Program on InfoNet for accrual rates.

Accrual of Vacation Leave during Unpaid Leave or Inactive Status — Vacation leave does not accrue while an employee is on leave-without-pay status or on an inactive status.

Carryover from Year to Year and Maximum Accrual

Employees may carry over unused vacation leave from year to year until they reach the maximum accrual balance allowed for their years of service (see the chart above). Once the maximum accrual has been reached, vacation leave stops accruing until the balance is reduced by taking leave.

Vacation Donation Program

Eligible employees who experience a catastrophic event and who have exhausted their applicable paid leave benefits may request additional paid time off from the Vacation Donation Pool. The Pool is funded by employees who voluntarily donate unused accrued vacation hours.

On the first day of the month following three calendar months of employment, all regular full-time and part-time employees may participate in the program (e.g. If you are hired February 15th, then you are eligible June 1st). Once eligible, employees may apply to receive donated vacation hours and may donate accrued vacation hours to the AARP Vacation Donation Pool.

See the program guidelines and FAQs on InfoNet for more information.



Sick and Safe Leave

Regular employees begin accruing sick and safe leave on their first day of employment at the rate of one average workday per month (e.g., 8 hours for a full-time employee). Sick and safe leave does not accrue while an employee is on leave-without-pay status or on an inactive status).

Carryover from Year to Year and Maximum Accrual Amounts

Employees can accrue up to 12 workdays of sick and safe leave and carry it over from year to year. Once the maximum accrual has been reached, sick and safe leave stops accruing until the balance is reduced by taking leave.

Hourly Accrual Rates and Maximum Accrual Balances	
Scheduled hours per pay period	80
Accrual rate in hours per pay period	3.69
Maximum accrual amount in hours	96

Part-Time Accruals — Part-time employees accrue sick and safe leave on a prorated schedule. See Sick and Safe Leave on InfoNet for accrual rates.

Holidays

Please refer to InfoNet for information on AARP’s current year’s holidays.

Caregiving Leave Program

Helping employees better balance their work and personal lives, the Caregiving Leave Program generally enables an eligible employee to request up to two regularly scheduled work weeks of paid time off per calendar year to care for and assist an eligible family member for one of the following reasons:

- To provide necessary care for a family member who has a serious health condition.
- To assist a family member who is at least age 50 or a family member of any age with a disability with reasonable personal care and daily activities such as bathing & dressing, meal preparation, health related appointments, transportation, and managing finances.

An eligible family member is a person to whom the employee is related, related by marriage, an AARP registered domestic partnership or a legal custodian. Caregiving leave will run concurrently with AARP Family and Medical Leave (FML) where applicable.

All active full-time and part-time employees are eligible on the first of the month following 30 days of employment. During their first calendar year of employment, new employees will be eligible for a prorated amount of caregiving leave, based on month of eligibility. Unused caregiving leave does not carry over to the following year.

See the program guidelines, eligibility, and FAQs on InfoNet for more information.

Caregiving leave, outlined in the Paid Time Away from Work section, supports the role that many employees play as family caregivers.



Parental Leave

AARP offers three weeks of paid parental leave to birth and adoptive parents to care for a new baby or child. This leave is in addition to any other benefits currently offered to AARP employees upon the birth or adoption of a child. During parental leave, eligible employees are paid their regular base salary, plus any shift premium in effect at the time of leave.

This program covers employees who have recently given birth, whose spouse or domestic partner has given birth, or with whom a child has been placed for adoption. ***The program covers full-time employees who have a minimum of one year of service as a full time employee with AARP at the time of the birth or placement of adoption.***

Renewal

AARP's Renewal Program offers eligible employees a dedicated period of paid time away from work — four weeks — to disconnect from the demands and responsibilities of the workplace.

Renewal is a one-time opportunity for eligible employees. Renewal leave must be taken in a four-week block. With manager approval, employees may add accrued vacation time. Renewal may be taken starting June 1 of the year in which the invitation is extended. To be eligible, an employee must be in good standing, have completed at least seven consecutive years with AARP as a benefits eligible employee, and meet other requirements listed in detail on InfoNet.



Caregiving

UHC Solutions for Caregivers

Caring for a family member, friend or neighbor may feel overwhelming. But you don't have to do it alone. Solutions for Caregivers is available to ALL employees who are eligible for benefits. This program provides options and resources that may help you in your role as a caregiver. An initial telephone or in-home consultation is available at no charge.

Solutions for Caregivers services may include:

- An on-site assessment. A registered nurse will perform an on-site health and well-being overview for the person you're concerned about.
- Caregiver case management. A case manager will offer advice and decision-making support.
- Personalized care plan. Get a care plan made especially for your situation. This plan may address your needs as well as the needs of the person you care for.
- Coordination of services. We can help you plan and arrange for community-based programs and services that may help with your specific situation.

Bright Horizons Back-Up Care

AARP's Back-Up Care Advantage Program, provided by Bright Horizons, supports employees when they experience a temporary breakdown in their normal care arrangements and need to get to work. Through the Back-Up Care Advantage Program, employees have access to experienced backup care specialists 24 hours a day, 7 days a week. These specialists can locate and schedule care on your behalf, so you can get to work with confidence.

The program can provide care for anyone who counts on you as their primary caregiver—from infants to the elderly. Adult family members who need care do not have to be living with you.

Additional Benefits and Programs

AARP offers many additional benefits and programs that you can take advantage of throughout the year, subject to manager approval. Refer to InfoNet for detailed information.

- | | | |
|------------------------|------------------------------|----------------------------------------------------------------|
| ■ AARP Membership | ■ Empire State College | ■ Trusted ID – Credit Monitoring and Identity Theft Protection |
| ■ AARP Recognizes You | ■ Employee Crisis Fund | ■ Tuition Assistance |
| ■ Adoption Benefit | ■ Flexible Work Arrangements | ■ United Buying Service (UBS) – Automobile Purchase |
| ■ Bank of America | ■ Phased Retirement Program | ■ Working Advantage |
| ■ CDW Computer Centers | ■ Software Purchase Program | |
| ■ Community Builders | | |
| ■ Credit Unions | | |



Online Resources

Take advantage of the wealth of information available at your fingertips! Most of our benefit providers have comprehensive website information. See “More Information — Contacts” chart for web addresses. Additionally, the following resources may become some of your favorites.

AARP’s InfoNet, HR & Benefits Section

For information on all of AARP’s human resources programs, benefits, and policies.

Employee Self Service (InfoNet)

Provides you with 24/7 access to review or update certain personal data. Review your benefit elections, leave balances, home address, and payroll information. Update work and emergency contact information. Sign-up for and manage your direct deposit accounts. View historical and year-to-date paycheck information.

Total Compensation Statement (InfoNet)

Provides a personalized summary of your pay and benefits at AARP presented in a format that makes it easy to compare what you pay for your benefits with how much AARP contributes for you.

T. Rowe Price, Retirement Plan website (rps.troweprice.com)

Your one-stop online resource for information, tools, and services that make it easier to manage your 401(k) and Pension Plans. View vesting status, check pension related annual hours/pay history, calculate your financial future, analyze your portfolio, access your investments, and more.

UnitedHealthcare/Kaiser Health Assessments (provider websites)

Confidential online health assessments help identify personal health needs as well as provide information on improving healthy habits.

Notes

More Information – Contacts

For Information or Questions About ...	Contact	Phone	Online	Group Reference Number
How to Enroll	Human Resources	Find your HR resource on InfoNet through “Contact HR” page, link located on most HR & Benefits pages		n/a
1165(e)	Banco Popular	1-888-724-3657	www.bancopopular.com/401k	n/a
401(k)	T. Rowe Price	1-800-922-9945	www.rps.troweprice.com	n/a
Dental	Delta Dental	1-800-932-0783	www.deltadentalins.com	5461
Flexible Spending Accounts	WageWorks	1-877-924-3967	www.wageworks.com	n/a
Leave Programs	Human Resources	Find your HR resource on InfoNet through “Contact HR” page, link located on most HR & Benefits pages		n/a
Legal Services Plan	Legal Resources DC, MD & VA Only Nationwide	1-800-728-5768 1-800-848-2012	www.legalresources.com	n/a
Life & Accidental Death and Personal Loss	Aetna	1-800-523-5065	www.aetna.com	No. 724310
Long-Term Care	Genworth Life	1-800-416-3624	www.genworth.com/groupltc	Group ID: GroupAARP Code: groupltc
Medical (including prescriptions)	UnitedHealthcare	1-800-382-5144	www.myuhc.com	No. 706532
	Kaiser Mid-Atlantic	1-800-777-7902	www.kaiserpermanente.org	No. 1974
	Kaiser California	1-800-464-4000 (English) 1-800-788-0616 (Spanish)	www.kaiserpermanente.org	No. 228033
Solutions for Caregivers	UnitedHealthcare	1-866-463-5337		n/a
Back-Up Care	Bright Horizons	1-877-242-2737	www.backup.brighthorizons.com	n/a
Pension	T. Rowe Price	1-800-922-9945	www.rps.troweprice.com	n/a
Vision	Vision Service Plan	1-800-877-7195	www.vsp.com	No. 12198228
Pre-Tax Parking	WageWorks	1-877-924-3967	www.wageworks.com	n/a
Pre-Tax Transit	WageWorks	1-877-924-3967	www.wageworks.com	n/a
Vision	Vision Service Plan	1-800-877-7195	www.vsp.com	No. 12198228

Still Not Sure?

If you have questions about your covered benefits or benefit payments and cannot find the answer in the Summary Plan Descriptions (SPDs) on InfoNet, call the administrator, or contact Human Resources.

This Guide provides an overview of your benefits effective January 1, 2017, but it is only a summary. Full details for each program described here can be found in the appropriate Summary Plan Descriptions (SPDs) or Plan documents. If there is any discrepancy between this Guide and the SPDs or Plan documents, the SPDs and/or Plan documents will govern. To the full extent permitted by law, AARP reserves the right, in its sole discretion, to change or discontinue the benefits at any time for any reason.