



employee **Benefits**

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Benefits Guide 2010

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Introduction

This Benefits Enrollment Guide is for the eligible employees described herein. Other employees may have slightly varying benefits. See the Benefit Guide Supplement that applies to you for more details.

This Benefits Enrollment Guide provides a general description of the plans included in the 2010 ACS employee benefits program. The plans are governed by the terms of more detailed plan documents and insurance contracts. In the event of any difference between the information contained in this Guide and the plan documents and insurance contracts, the documents and insurance contracts will control. ACS reserves the right to change or terminate these plans at any time and without notice.



Additional information regarding employee benefits is available on the My ACS Benefits portal. Log in to InfoBank > BenefitsWeb > My ACS Benefits for more information.

This Benefits Enrollment Guide is for eligible employees as described herein. Certain groups of employees have varying eligibility requirements and/or benefit options. Please see the following Benefit Guide Supplements, available on InfoBank > BenefitsWeb, for more details if you are an employee of one of these groups:

- Benefit Guide Supplement for CDR Associates
- Benefit Guide Supplement for Buck Consultants
- Benefit Guide Supplement for the Indiana Eligibility Business Unit (former State of Indiana employees) hired on or before June 28, 2009

Eligibility

You are generally eligible if you are a full-time employee of ACS who is regularly scheduled to work at least 30 hours each week. Part-time, project-based, contract, and temporary employees are not eligible for benefits.

When Coverage Begins

Coverage is available for most benefits on the first day of the month after you complete 30 days of service for exempt employees and nonexempt employees with base annual earnings of over \$30,000. If your 30th day of service falls on the first day of a month, coverage will begin on that day.

For employees who are nonexempt and have base annual earnings up to and including \$30,000 upon date of hire, coverage is available for most benefits on the first of the month after you complete 90 days of service. If your 90th day of service falls on the first day of a month, coverage will begin on that day. ACS offers Limited Benefit Plans for these employees. Effective the January 1 after one year of service, these employees must enroll in another ACS medical option to continue coverage.

If you do not enroll within 31 days of the date you become eligible, you will be considered to have waived coverage. You may not enroll until the next annual enrollment period and coverage will not begin until the following January 1. Contact the ACS HR Workplace Solutions Center at (888) 471-2271 if you have questions.

Eligible Dependents

You may also enroll your eligible dependents for medical, dental, vision, life insurance and accidental death and dismemberment coverage, and most voluntary benefits. Generally, eligible family members include your:

- Legal spouse;
- Same- or opposite-sex domestic partner;
- Unmarried dependent children under age 19;
- Unmarried dependent children from age 19 up to age 25, if they are full-time students in an accredited educational institution or on a church-sponsored mission and dependent on parent(s) or legal guardian(s) for support;
- Unmarried dependent children of any age who became disabled while covered by a plan, as long as the child remains incapacitated, unmarried and dependent on parent(s) or legal guardian(s) for support; and
- Domestic partner's eligible dependent children.

Expenses for your domestic partner and domestic partner's children are not eligible for reimbursement under the flexible spending accounts unless they are considered your eligible tax dependents for federal income tax purposes.

Your children include your natural and legally adopted children, children who have been placed for adoption, stepchildren, foster children and children for whom you are the court-appointed legal guardian.

To be eligible for domestic partner coverage, you and your partner (same or opposite sex) must:

- Be at least 18 years old; and
- Be unrelated by blood to a degree of closeness that would not prohibit marriage by law in the state in which you live; and
- Neither be married to another person under statutory or common law nor in another domestic partnership; and
- Currently be in a single, dedicated relationship for a minimum of six consecutive months with intentions to remain in the relationship indefinitely; and
- Share the same residence for a minimum of six consecutive months.

Documentation of the domestic partner relationship may be requested at any time in order to validate coverage. Please contact the ACS HR Workplace Solutions Center at (888) 471-2271 for additional information.

Eligibility for Employees in Hawaii

You are eligible for coverage if you work at least 20 hours per week for four consecutive weeks for ACS or one of its subsidiaries that participate in the plans. You must enroll within 31 days of your date of hire to be covered on your date of hire.

Changing Your Choices During the Year

The choices you made during the 2010 Annual Enrollment period or when you were hired in 2010 will remain effective date through December 31, 2010. You will not be able to change your elections during the year (including adding a dependent to the plan) unless you have a qualifying life status change. Qualifying life status changes include:

- Your marriage, divorce, annulment, legal separation or gain of or loss of domestic partner relationship;
- The death of your spouse/domestic partner or dependent;
- The birth, adoption or placement for adoption of a child;
- A change in your employment status that makes you eligible or causes you to lose eligibility under the ACS benefit program;
- A change in your spouse/domestic partner's or dependent's employment that makes your spouse/domestic partner or dependent eligible for benefits or causes your spouse/domestic partner or dependent to lose eligibility for benefits through his or her employer;
- An election change made by your spouse/domestic partner, former spouse or dependent under another employer-sponsored plan, including an annual enrollment election or a permissible change in status election under such plan;
- Beginning of or return from an unpaid leave of absence by you, your spouse/domestic partner or dependent that makes you, your spouse/domestic partner or dependent eligible for benefits or causes loss of eligibility for benefits;
- A change in place of residence or worksite for you, your spouse/domestic partner or dependent that causes a change in eligibility for any benefit;
- An event that causes a dependent to meet or no longer meet the requirements for coverage due to age, student status or similar circumstance; or
- For purposes of the dependent care spending account, a substantial change in the cost of dependent care or an event which causes a child to meet or no longer meet the definition of an eligible dependent under the plan.

When you can change your benefits

> During annual enrollment —

Your benefit needs may change from year to year. So, every fall, you can make new choices for the following year.

> During the year — Changes during the year are limited to qualifying life status changes and special enrollment events.

See InfoBank > BenefitsWeb for more information about qualifying life status changes and special enrollment events.

You must notify ACS within 31 days following a qualifying life status change (60 days in case of birth, adoption or placement for adoption — rules may differ in insured plans and HMOs) to make any changes in your benefit elections. Changes received after the deadline will not be processed, and you will have to wait until the next annual enrollment period to make changes to your coverage. A benefit change can be made only if it is due

to and consistent with the qualifying life status change. For example, if you have a child, you cannot drop medical coverage for yourself, but you may enroll your child.

You may also be able to enroll yourself and your dependents as a result of certain special enrollment events. If you decline coverage for yourself or your dependents because you have other health insurance coverage, you may be able to enroll yourself or your dependents in the ACS health plans (medical, dental and vision plans) if you lose coverage at a future date.

Also, if you gain a dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, if ACS receives notification in writing within the 31- or 60-day limit described earlier.

Any time you add medical coverage for yourself or a dependent who was already eligible, you may be subject to the pre-existing condition limitation.

If you and your spouse/domestic partner work for ACS

If both you and your spouse/domestic partner work for ACS, you have two enrollment options:

- You and your spouse/domestic partner may each enroll as an employee. Only one of you may cover your dependent children.
- One of you may waive coverage and enroll as a dependent under the other spouse/domestic partner's coverage.

Waiving Coverage

You may waive medical coverage for you and your eligible dependents within 31 days of the day you begin work, during annual enrollment or when you have a change in status or another event that allows you to change your coverage election midyear.

If you do not enroll within 31 days of the date you become eligible, you will be considered to have waived coverage. You may not enroll until the next annual enrollment period and coverage will not begin until the following January 1. Contact the ACS HR Workplace Solutions Center at (888) 471-2271 if you have questions.

If you work in **Hawaii** and choose to waive medical coverage, you must provide proof that you and/or your dependents have medical coverage from another group health care plan or individual medical insurance policy. If you live in **Massachusetts** and waive medical coverage, you must complete a "waive coverage" form, available on InfoBank > BenefitsWeb. If you waive coverage, you won't have any before-tax contributions for medical coverage automatically deducted from your paycheck.

Paying for Coverage

You and ACS share the cost of many of your employee benefits. Your share is deducted from the first two paychecks of each month and will vary based on the plan in which you choose to participate, the coverage level you select and in some cases, your salary. Your share is shown on InfoBank > BenefitsWeb when you enroll.

Employee costs for medical coverage are based on salary. Your rate will be based on which of the following bands your salary falls within:

Band	Compensation Range
A	\$30,000 and below
B	\$30,000.01 through \$75,000
C	\$75,000.01 through \$125,000
D	\$125,000.01 and above

Your costs for many of the benefits described in this guide are deducted from your paychecks on a before-tax basis. Paying your share of the cost on a before-tax basis means your contribution is deducted from your pay before federal income and Social Security taxes (and in most cases, state income taxes, if applicable) are withheld. This lowers the amount of your taxable pay, which in turn lowers the income taxes you pay.

Your share of the cost for medical coverage is deducted from the first two paychecks of each month on a before-tax basis except for coverage for a domestic partner or a domestic partner's child(ren), which must be deducted on an after-tax basis. The contributions ACS makes for coverage for your domestic partner and/or your domestic partner's dependent children are considered taxable income.

Health Assessment Incentive

ACS is committed to helping our employees improve their health. An important step is completing an online Health Assessment (Simple Steps to a Healthier Life, on Aetna's Web site). The online assessment takes only about 15 minutes to complete, but it can change your life for the better. The assessment helps you identify and address any risk factors you face that have an impact on your overall health and wellness.

During the 2010 Annual Enrollment period, ACS medical plan participants who update or complete the Simple Steps® online Health Assessment between January 1, 2009 and December 7, 2009 will receive the \$10 per month Health Assessment Incentive in 2010.¹ New employees must complete the online Health Assessment within 30 days of becoming eligible for coverage to receive the \$10 per month Health Assessment Incentive towards medical plan contributions in 2010.

¹ All employees are encouraged to complete the Simple Steps® Health Assessment and to maintain a tobacco-free lifestyle. However, due to state regulations, ACS employees who reside in the state of Hawaii are not required to complete these wellness-related activities in order to receive the Health Assessment Incentive or the Non-Tobacco User Incentive.

How to complete the Health Assessment

Complete the Health Assessment by following these Simple Steps:

1. Go to www.aetna.com, even if you are not covered under an Aetna plan.
2. If you have previously registered on the Aetna Navigator website, log in with your existing user name and password. If you haven't registered, select "Register Now."
3. In the purple box, select "I am an Aetna member or I am a member of another insurance plan."
4. Indicate whether you are the subscriber or the dependent. Generally, the employee is considered the subscriber.
5. Click "Assess Your Health with Simple Steps to a Healthier Life" to begin.

If you have any questions or need help during the registration process, please call (800) 225-3375.

Non-Tobacco User Incentive

Living a tobacco-free lifestyle is one of the first steps towards a healthier you. That is why ACS will provide an \$8 per month Non-Tobacco User Incentive towards medical plan contributions to ACS employees who have not used tobacco products within the prior 12 months.¹

In order to receive the Non-Tobacco User Incentive, you must certify that you have not used tobacco products for at least 12 months during the enrollment process.

Tobacco is defined as **any** form such as cigarettes, cigars, pipes, snuff and chewing tobacco, or any smoke-less tobacco products.

Lower Life Insurance Rates for Tobacco-Free Employees

Employee supplemental life insurance rates will be lower for non-tobacco users and higher for tobacco users. To receive the lower rates, you must certify your non-tobacco user status during the enrollment process.

¹ All employees are encouraged to complete the Simple Steps® Health Assessment and to maintain a tobacco-free lifestyle. However, due to state regulations, ACS employees who reside in the state of Hawaii are not required to complete these wellness-related activities in order to receive the Health Assessment Incentive or the Non-Tobacco User Incentive.

Medical Plan Options

Limited Medical Benefit Plans

Employees who are nonexempt and have base annual earnings up to and including \$30,000 may enroll in a limited medical benefit plan. Eligibility for medical coverage is based on your status on your date of hire and will not change if your status or pay change on a later date.

There are three limited medical benefit plans available to certain groups of employees:

- The Symetra Medical Plan, available through Benefit Administrators of America
- The Starbridge Plan, available through CIGNA, and
- The Affordable Health Plan, available through Aetna.

Employees in the LiveBridge group are only eligible for Symetra Health Plan.

Residents of the states listed below are only eligible for the Cigna Starbridge Plan, except employees in the LiveBridge group.

Cigna Starbridge			
AZ	MT	NV	TX
CA	ND	OK	UT
CO	NE	OR	WA
ID	NM	SD	WY

Residents of the states listed below are only eligible for the Aetna Affordable Plan, except employees in the LiveBridge group.

Aetna Affordable Health Plan			
AL	IL	MI	OH
AR	IN	MN	PA
CT	KY	MO	RI
DC	KS	MS	SC
DE	LA	NC	TN
FL	MA	NH	VA
GA	MD	NJ	VT
IA	ME	NY	WI
			WV

During the Annual Enrollment period following the completion of one year of service at ACS, you must choose a new medical option from those described below during annual enrollment, to be effective the following January 1.

For all other eligible employees:

- Consumer Choice Plan (qualified high deductible health plan)
- ACS Preferred Provider Organization (PPO) Plan
- Health Maintenance Organizations (HMOs) are available in some locations

Your share of the cost for medical coverage is deducted from the first two paychecks of each month on a before-tax basis except for coverage for a domestic partner or a domestic partner's child(ren), which must be deducted on an after-tax basis. The contributions ACS makes for coverage for your domestic partner and/or your domestic partner's dependent children are considered taxable income.

If you are eligible, InfoBank > BenefitsWeb and your personal enrollment worksheet will list the benefit options available to you. Before you choose medical coverage, be sure to review the benefits, limitations and exclusions for the plan available to you. Plan summaries are available on InfoBank > BenefitsWeb.

Consumer Choice Plan

The Consumer Choice Plan gives you control over how you spend your benefit dollars, including those provided by ACS. This control encourages you to be a wiser health care consumer by researching options available to you and making choices that balance cost vs. need.

Here's how it works.

Preventive care provided by network providers is covered at 100%, with no deductible and no co-payments.

- ACS provides you with money in a Health Savings Account. You use this money to pay your deductible and out-of-pocket expenses.
- For non-preventive care expenses, including prescriptions, you pay an annual deductible before the plan begins sharing costs with you.
- Once you meet the deductible, you and the plan share expenses up to the annual out-of-pocket limit.
- Once you meet the annual out-of-pocket limit, the plan pays 100% of eligible expenses for the rest of the year.

As you can see, the Consumer Choice Plan is a traditional health care plan with a high deductible. You pay eligible expenses equal to the deductible before you begin sharing expenses with the plan. And ACS makes contributions to a Health Savings Account (HSA) to help you pay your health care expenses.

Consumer Choice Plan At-a-Glance

TYPE OF SERVICE	NETWORK	NON-NETWORK
Health Savings Account	ACS contributes a pro-rated amount per pay check: \$540 single coverage (\$45/month) \$1,080 family coverage (\$90/month)	
Deductible	\$1,500 single coverage/\$3,000 family coverage	
Annual out-of-pocket max	\$5,000 single coverage/ \$10,000 family coverage (includes deductible)	\$10,000 single coverage/ \$20,000 family coverage (includes deductible)
Physician's Services • Primary Care Physician • Specialist	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Inpatient Hospital	80% after deductible	60% after deductible
Outpatient Surgery – facility charges	80% after deductible	60% after deductible
Outpatient Surgery – doctor's office	80% after deductible	60% after deductible
Maternity Care • Inpatient • First Office Visit • Other Maternity	80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible
Ambulance	80% after deductible	60% after deductible
Emergency Room	80% after deductible	60% after deductible
Urgent Care	80% after deductible	60% after deductible
Preventive Care and Routine Well Care	100%, no deductible	60% after deductible
CT Scan and MRI	80% after deductible	60% after deductible
Physical Therapy (Outpatient) / Visit	80% after deductible	60% after deductible
Chiropractic Care / Visit (Annual Max Visits)	80% after deductible (24 visits)	60% after deductible (24 visits)
Hearing Aids (Lifetime Max)	80% after deductible (\$800)	60% after deductible (\$800)
Prescription Drugs • Retail Rx • Mandatory Generic	80% after deductible No	60% after deductible No
Mental Health • Inpatient • Outpatient	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Substance Abuse • Inpatient • Outpatient	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Lifetime Max	\$2,000,000 combined benefit for all ACS-sponsored medical plans, excluding HMOs	

Finding a Network Doctor or Pharmacy

The Consumer Choice Plan is administered by Anthem if you live in the following states:

- | | | | |
|---------------|------------|-----------------|-------------|
| > California | > Georgia | > Maine | > Ohio |
| > Colorado | > Indiana | > Nevada | > Virginia |
| > Connecticut | > Kentucky | > New Hampshire | > Wisconsin |

The network is provided by Blue Cross Blue Shield. To find out if your health care provider/pharmacy is a participant in this network, visit www.anthem.com or call (877) 585-9564.

If you live in a state other than those listed above, the Consumer Choice Plan is administered by Blue Cross Blue Shield of Texas and the network is provided by Blue Cross Blue Shield. To find out if your health care provider/pharmacy is a participant in this network, visit www.bcbstx.com, click on "Provider Finder" and search by name, health plan or provider type. Be sure to select the appropriate state from the list. If you search by health plan and live in:

- > Texas, choose the BlueChoice option; or
- > Outside of Texas, choose the BlueCard PPO.

If you have questions about the Consumer Choice Plan

- Anthem customer service can be reached at 877-585-9564, Monday through Friday, 8 a.m. to 10 p.m. Eastern time; or
- Blue Cross Blue Shield of Texas customer service can be reached at 866-584-0456, Monday through Friday, 8 a.m. to 8 p.m. Central time.

How the Health Savings Account Works

The HSA allows you to set aside money on a before-tax basis to pay health care expenses, including medical, dental and vision. In addition, ACS funds your HSA each year based on your coverage level and the number of full months you participate. *You may also contribute.* The following chart shows how much you and ACS can contribute:

Coverage Level	ACS Contribution per Full Month of Participation	Maximum Annual ACS Contribution	Your Maximum Contribution per Full Month of Participation	Your Maximum Annual Contribution
Employee Only	\$45	\$540	\$209.17	\$3,050
Employee + Spouse	\$90	\$1,080	\$422.50	\$6,150
Employee + Child(ren)	\$90	\$1,080	\$422.50	\$6,150
Employee + Family	\$90	\$1,080	\$422.50	\$6,150

If you're age 55 or older, you're also eligible to contribute an additional \$1,000 per year to your HSA as a catch-up contribution.

You will receive a debit card which will be funded each month with ACS' contributions and your own contributions. You can use the card to pay for all eligible medical, dental and vision expenses until the amount in your account is depleted.

The HSA is similar to a Health Care Flexible Spending Account (HCFSA), with three important exceptions:

- 1 Any money left over in your account at the end of the year carries over into the next year. You do not forfeit funds in your HSA at the end of the year.
- 2 You can be reimbursed only up to the amount you have in your account at any time. As ongoing deposits are made, you may reimburse yourself for eligible expenses from those deposits.
- 3 You can earn interest on the money in your account.

HSA and Your Health Care Flexible Spending Account (HCFSA)

If you participate in the Consumer Choice Plan, you should use your HSA for eligible medical, dental and vision expenses, because you never forfeit any unused balance — it is simply carried forward from year to year.

If you feel you will have dental, vision and certain over-the-counter (OTC) drug expenses in 2010 that will exceed the maximum allowable contribution to your HSA, you may want to consider adding money to a limited use FSA as well. Just remember that the limited use FSA is just that; **it can only be used for eligible dental and vision expenses and the following OTC expenses:**

- Eye care items including contact lens solution, lubricant eye drops, eye patches and reading glasses;
- Home diagnostic tests or kits for blood pressure, cholesterol screening, diabetes (e.g., glucose monitors), colorectal and HIV screening;
- Smoking cessation relief such as patches and gum;
- Dental care including toothache relief and denture adhesive;
- Pre-natal vitamins with a doctor's note of medical necessity;
- Iron pills with a doctor's note of medical necessity; and
- Weight loss pills with a doctor's note of medical necessity.

Your HSA can only be used for all expenses listed above and all other eligible medical, dental and vision expenses.

Preferred Provider Organization (PPO) Plan

As a participant in the ACS PPO plan, you decide whether to receive care from an in-network provider or an out-of-network provider. Aetna provides the network for the PPO throughout most of the United States, except Cigna provides the network for all participants who are employees in the following locations:

- Georgia
- Colorado
- Minnesota
- Utah
- Washington
- South Dakota
- Yreka, California
- Portland, Oregon

To find out if your doctor is in the Aetna network, follow these steps:

1. Go to www.aetna.com and click on “Find a Doctor.”
2. Enter the type of search and requested personal info.
3. Under Aetna Open Access Plans, select Aetna Choice POS II.

To find providers in the Cigna network, go to www.cigna.com.

Here’s a summary of how the ACS PPO Plan works.

In-Network care	Out-of-Network care
•Providers agree to charge you negotiated rates; you are not responsible for expenses over the negotiated rates	•Providers may charge prevailing rates, which are generally higher than negotiated rates and may be over reasonable and customary rates (you will pay amounts over the reasonable and customary rates)
•Your annual deductible is lower	•Your annual deductible is higher
•You pay a co-pay for each doctor visit	•You pay your deductible, plus a percentage of the cost for doctor office visits
•Your doctor generally files claims for you	•You generally pay the expenses and then file a claim for reimbursement
•Your share of the expenses is generally lower	•Your share of the expenses is generally higher
•Your out-of-pocket maximum (the amount you must pay before the plan begins paying 100% of eligible expenses) is lower	•Your out-of-pocket maximum is higher

ACS PPO Plan At-a-Glance

TYPE OF SERVICE	NETWORK	NON-NETWORK
Deductible (individual / family)	\$600/3 per family	\$1,200/3 per family
Annual out-of-pocket max individual / family (excl. deductible)	\$5,500/3 per family	\$11,000/3 per family
Physician's Services <ul style="list-style-type: none"> Primary Care Physician Specialist 	\$25 \$45	60% after deductible 60% after deductible
Inpatient Hospital	\$350 co-pay/admission, then 80% after deductible	\$700 co-pay/admission, then 60% after deductible
Outpatient Surgery – facility charges	\$250 co-pay, then 80% after deductible	\$500 co-pay, then 60% after deductible
Outpatient Surgery – doctor's office	80% after deductible	60% after deductible
Maternity Care <ul style="list-style-type: none"> Inpatient First Office Visit Other Maternity 	\$350/stay co-pay, then 80% after deductible \$45 co-pay, then 100% 80% after deductible	\$700/stay co-pay, then 60% after deductible 60% after deductible 60% after deductible
Ambulance	80% after deductible	80% after deductible
Emergency Room	\$150, then 80% after deductible	\$150, then 80% after deductible
Urgent Care	\$45	60% after deductible
Preventive Care and Routine Well Care	\$25	60% after deductible
Non-Preventative Lab and X-Ray	80% after deductible	60% after deductible
Physical Therapy (Outpatient) / Visit	80% after deductible (60 visits)	60% after deductible (60 visits)
Chiropractic Care / Visit (Annual Max Visits)	\$45 (20 visits)	60% after deductible (20 visits)
Hearing Aids / (Lifetime Max)	80% after deductible (\$800 lifetime max)	60% after deductible (\$800 lifetime max)
Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	\$350 co-pay/admission, then 80% after deductible 80% after deductible	not covered
Mental Health <ul style="list-style-type: none"> Inpatient Outpatient 	\$350 co-pay/admission, then 80% after deductible 80% after deductible	\$700 co-pay/admission, then 60% after deductible 60% after deductible
Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	\$350 co-pay/admission, then 80% after deductible 80% after deductible	\$700 co-pay/admission, then 60% after deductible 60% after deductible
Lifetime Max	\$2,000,000 combined benefit for all ACS-sponsored medical plans, excluding HMOs	

Health Maintenance Organizations (HMOs)

When you enroll in an HMO, you generally must select a primary care physician (PCP) to direct your care and you must use the HMO's network of providers. You and your covered dependents can each choose a different PCP. If you do not choose a PCP when you enroll in an HMO option, you will be assigned a PCP based on your home zip code. You may change your PCP by contacting the HMO customer service center at the number on your ID card.

Some HMOs require you to name a PCP and obtain referrals to specialists; you are not allowed to self-refer. **No benefits are paid if you receive care outside the network**, except in emergency situations.

Additional Information Regarding Medical Coverage

Pre-Existing Conditions

A pre-existing condition is a condition (other than pregnancy) for which medical advice, diagnosis, care or treatment was recommended or received within three months before your medical coverage becomes effective.

Limited Medical Benefit Plans, ACS PPO Plan

Under the limited medical benefit plans and the ACS PPO Plan, if you have not been covered by another medical plan for at least 12 months before joining ACS, you will not receive benefits for that condition for up to 12 months. The plan does not apply any pre-existing condition limitations to pregnancies or to newborn or adopted children who are enrolled within 60 days of birth, placement for adoption, or adoption. You will receive credit for any previous period of coverage up to 12 months. You cannot have a break in coverage of more than 63 days to receive credit for previous coverage. However, time spent in a waiting period for coverage does not count towards the 63 days.

Consumer Choice Plan

The Consumer Choice Plan does not have pre-existing condition clauses.

HMOs

Most of the ACS HMOs do not have a pre-existing condition clause; however, if you are enrolling in an HMO, please contact your insurance carrier to verify the provisions of the HMO.

Coordination of Benefits

The ACS medical plans do not duplicate benefits paid by another health plan. For employees and their dependents covered by more than one plan, the primary plan will pay first according to standard plan provisions. If an ACS medical plan pays second, payment of covered benefits will be determined according to the plan and the amount paid by your other plan will be subtracted from the ACS plan benefits. The ACS plan will pay any remaining amount.

If you or your dependents have coverage under another health plan, you should review how the coordination of benefit provisions of the two plans will affect the total reimbursement before you decide to elect dual coverage.

Advantages of Using Network Providers

You can receive care from any provider you choose and fill your prescriptions at any pharmacy you select. However, using network providers offers the following

advantages:

- Network preventive care is covered at 100% with no deductible;
- Network providers agree to charge you negotiated rates; you are not responsible for expenses over negotiated rates;
- Your share of the cost is generally lower;
- Your out-of-pocket maximum (the amount you must pay before the plan begins paying 100% of eligible expenses) is lower; and
- After the deductible, your share of prescription drugs is 20% versus 40% when you use a non-participating pharmacy.

Is it Really an Emergency?

The emergency room is designed to treat life-threatening illnesses and injuries. But going to the emergency room for non-emergencies is a waste of precious health care resources and money. No matter what plan you choose, you'll minimize your out-of-pocket cost by going to your doctor's office, a walk-in clinic or an urgent care facility for less severe illnesses and injuries. Under the ACS PPO Plan, you'll pay a PCP office visit co-pay when you visit a walk-in clinic and you'll pay a specialist co-pay when you visit an urgent care facility.

Things to Consider When Choosing a Medical Plan

You wouldn't choose your auto insurance based solely on the monthly premium or a doctor for your child because s/he was cheaper than any other doctor in town. You would take the time to review your options, evaluate the appropriateness for your family and the likely annual cost of each option and then make an informed decision. You should take the same approach to choosing medical coverage.

Here's a table comparing a few main features of the options available to most ACS employees:

Consumer Choice Plan	ACS PPO Plan
Preventive care is covered at 100%, with no deductible and no annual limits.	Preventive care is covered at 100% after a \$25 co-pay. \$500 annual limit per covered member.
In- and out-of-network coverage available.	In- and out-of-network coverage available.
Lower per-paycheck cost	Higher per-paycheck cost
Pay a deductible and coinsurance for all services except preventive care. You can use your HSA funds to pay or reimburse yourself for deductible and coinsurance.	Pay a co-pay for office visits. For all other services, you pay a deductible and then coinsurance.
Health Savings Account (HSA) is automatic: <ul style="list-style-type: none"> • ACS makes a monthly contribution • You may make pre-tax contributions • Reimbursements are not taxed • No "use-it-or-lose-it" rule – balance carries over year to year • Account earns tax-free interest and earnings can be invested • Funds are available as they are deposited in the account • Portable 	Health Care Flexible Spending Account (HCFSA) is optional: <ul style="list-style-type: none"> • No ACS contribution • You may make pre-tax contributions • Reimbursements are not taxed • "Use-it-or-lose-it" each year – unused balance is forfeited at the end of each year • Account does not earn interest/cannot be invested • Total annual contribution amount is available at the beginning of the year • Not portable, except under COBRA
If you enroll only yourself, you must meet the individual deductible and out-of-pocket limit. If you enroll one or more family members, your family must meet the family deductible before the plan starts sharing expenses. In addition, your family must meet the family out-of-pocket maximum before the plan starts paying 100% of eligible expenses.	Each individual must meet the individual deductible and individual out-of-pocket limit. However, if three family members meet the individual deductible, the entire family will have met the family deductible. And, if three family members each meet the individual out-of-pocket limit, the entire family will have met the family out-of-pocket limit.
Higher deductible; however, all expenses you pay count toward the deductible.	Lower deductible; however, co-pays do not count toward the deductible.
Prescription drugs are subject to the annual deductible and out-of-pocket maximum.	Prescription drug coverage has a separate deductible as well as co-pays and coinsurance. Out-of-pocket costs for prescription drugs do not apply to out-of-pocket maximum.

No matter which plan you participate in, be sure you've identified and you're comfortable

with how much and how you'll be paying for your medical services. *Need more help deciding?* Look at these sample situations that show how some typical individuals and families may evaluate their medical options:

Examples

A Single Employee

Mike is 25 and healthy. Over the course of the year, he will get an annual physical, see his primary care physician twice and visit his allergist once. He will also need three medications throughout the year.

Here's how Mike's expenses would be paid under these options, assuming he uses network providers:

	Consumer Choice Plan	ACS PPO Plan
	<i>Mike will pay...</i>	
Out-of-pocket costs (after network discounts)		
■ Preventive care (\$250 physical)	\$0	\$25
■ Two office visits (\$100 each)	\$200	\$50
■ One specialist visit (\$150)	\$150	\$45
■ Prescriptions (3 brand formulary at \$50 per prescription)	\$150	\$50 ¹ \$60
Out-of-pocket costs before ACS' HSA contribution	\$500	\$190
ACS' HSA contribution	\$540	\$0
Total out-of-pocket costs²	\$0 <i>Mike has \$40 left in his HSA</i>	\$190

¹ The PPO has a separate deductible for prescriptions filled at a retail pharmacy.

² Total out-of-pocket costs do not include per-paycheck premiums. See your personal Annual Enrollment Worksheet for rates.

A Family

Rebecca, an ACS employee, and Jack are both in their mid-30s with a son and a daughter, ages three and five. Rebecca and Jack both get annual physical exams, while the kids see a pediatrician twice a year (once each for well-child exams and once each for illness). The kids will each have a prescription for their illness. Their daughter will also go to the ER for an accident that occurred at school.

Over the year, Rebecca and Jack will pay:

	Consumer Choice Plan	ACS PPO Plan
	Rebecca and Jack will pay:	
Out-of-pocket costs <i>(after network discounts)</i>		
■ Preventive care (two \$250 adult physicals)	\$0	\$50
■ Four pediatrician office visits (\$100 each)	\$200 ¹	\$100
■ Prescriptions (2 generic prescriptions at \$12 per prescription)	\$24	\$242 ³
■ ER visit (\$800)	\$800 ²	\$150 co-pay \$600 deductible \$10 coinsurance
Out-of-pocket costs before ACS' HSA contribution	\$1,024	\$934
ACS' HSA contribution	\$1,080	\$0
Total out-of-pocket costs⁴	\$0 Rebecca has \$56 left in her HSA	\$934

*Still not sure which medical plan is the right one for you? Check out the **health plan evaluator tool on InfoBank > BenefitsWeb**. This tool downloads your own health care data, if available, and analyzes the information to help you compare the plans and determine which one might be the best choice for you. To use the tool, log on to InfoBank > BenefitsWeb, select Health and Welfare, then Planning Tools and then select **Compare/Evaluate Health Plans**.*

¹ Two of the pediatrician visits are well-child exams covered at 100% with no deductible under the Consumer Choice Plan.

² The ACS PPO Plan has a separate deductible per person for prescriptions filled at a retail pharmacy.

³ In the Consumer Choice Plan, Jack and Rebecca will pay the full cost for medical services including the emergency room visit until they meet their deductible for the year. Once they meet their deductible (\$3,000 family), the plan pays 80% of the cost for in-network services.

⁴ Total out-of-pocket costs do not include per-paycheck premiums. See your personal Enrollment Worksheet for rates.

Prescription Drug Coverage

Consumer Choice Plan

Prescription drugs are covered the same as any other expense in the Consumer Choice Plan. You pay 20% of the discounted drug price after the deductible when you use a participating pharmacy or mail-order pharmacy and 40% after the deductible if you use an out-of-network pharmacy. Medco provides the pharmacy network for the Anthem-administered Consumer Choice Plan. Prime Therapeutics provides the pharmacy network for the BCBS-administered Consumer Choice Plan.

ACS PPO Plan

In the ACS PPO Plan, you can receive a 30-day or 90-day supply of drugs at a retail pharmacy and up to a 90-day supply through a mail-order pharmacy program. Specialty drugs are available up to a 30-day supply through the Medco Specialty Pharmacy. You will pay an annual deductible before the plan covers retail prescriptions, whether 30- or 90-day.

The ACS PPO Plan offers four levels of prescription drug coverage — generic drugs, formulary brand name drugs, non-formulary brand-name drugs, and specialty drugs. By knowing the options and discussing them with your doctor, you can make choices that will help keep both your costs and the company's costs down. Here's a quick overview of each coverage level:

- **Generic drugs** — There are two types of generic drugs. Both provide cost-saving opportunities.
 - Generic equivalent drugs — Once the patent runs out on a brand-name drug, other manufacturers may make a generic equivalent drug. There is no difference in the active ingredients of brand-name and generic equivalent drugs. However, generic equivalent drugs can have different inactive ingredients. An example would be simvastatin as the generic equivalent for Zocor.
 - Generic alternatives — If there is not generic equivalent available for a drug prescribed by your doctor, you can ask for a generic alternative. These are drugs that are in the same therapeutic class and provide similar or sometimes better results for many people. An example would be if your doctor prescribes Lipitor for high cholesterol. There is no generic equivalent to Lipitor, but there are generic alternatives in that same therapeutic drug class. In fact, there are three generic drugs that have been rated **Consumer Reports Best Buy Drugs™** because of their safety, cost and effectiveness in treating high cholesterol. Your doctor will have to write the prescription for one of these generic alternatives.
- **Formulary brand-name drugs** — These are brand-name drugs selected for their safety, quality, effectiveness and cost efficiency.
- **Non-formulary brand-name drugs** — These are brand-name drugs that are not on the formulary drug list.
- **Specialty drugs** — These are drugs that treat complex health conditions. ***In the ACS PPO Plan, specialty drugs are available at a co-pay of \$125 for a 30-day supply through the Medco Specialty Pharmacy only.***

Examples

<i>If your doctor prescribes...</i>	Retail	Mail Order
30 days of a generic drug with a discounted price of \$4	You pay \$4 (actual cost). If you have not met your deductible, your cost will apply to your deductible.	N/A
30 days of a formulary brand drug with a discounted price of \$200	Once you have met the separate annual Rx deductible, you pay \$50 (25% x \$200)	N/A
90 days of a generic drug with a discounted price of \$10	You pay \$10 (actual cost). If you have not met your deductible, your cost will apply to your deductible.	You pay \$10, no deductible
90 days of a non-formulary brand drug with a discounted price of \$500	Once you have met the separate annual Rx deductible, you pay \$150 (30% x \$500).	You pay \$112.50, no deductible

Prescription drug benefits for the ACS PPO Plan are provided through Medco member pharmacies. Lists of member pharmacies and formulary medications are available at www.medco.com once your coverage is effective.

Because these lists are periodically updated, be sure to check the list before you fill a prescription to make sure the medication is on the formulary — which will cost you less. If your medication is not on the list, consider contacting your provider to find out if a formulary medication is available.

**Prescription Drug Coverage At-a-Glance
(ACS PPO Plan Only)**

Prescription Drugs At-a-Glance (ACS PPO Plan)	
Annual prescription drug deductible ¹ <i>(applies to all retail prescriptions)</i>	\$50 individual / \$100 family
30-Day Retail	
Generic	15% of discounted cost Minimum \$10 co-pay ² , maximum \$20 co-pay
Formulary Brand ³	25% of discounted cost Minimum \$30 co-pay ² , maximum \$60 co-pay
Non-Formulary Brand ³	30% of discounted cost Minimum \$45 co-pay ² , maximum \$100 co-pay
90-Day Retail	
Generic	15% of discounted cost Minimum \$25 co-pay ² , maximum \$50 co-pay
Formulary Brand ³	25% of discounted cost Minimum \$90 co-pay ² , maximum \$180 co-pay
Non-Formulary Brand ³	30% of discounted cost Minimum \$135 co-pay ² , maximum \$300 co-pay
Mail Order (up to a 90-day supply)	
Generic	\$25 co-pay ²
Formulary Brand ³	\$75 co-pay ²
Non-Formulary Brand ³	\$112.50 co-pay ²
Specialty (up to a 30-day supply)	
<i>Through Specialty Pharmacy Only</i>	\$125 co-pay

¹ The prescription deductible is separate from your annual medical deductible. When you go to the retail pharmacy to fill a prescription, you will have to pay expenses equal to the individual prescription drug deductible before the plan starts paying prescription expenses. (Expenses for any combination of family members can be used to meet the annual family prescription drug deductible, with no individual meeting more than the individual deductible.)

² Or total drug cost, if less

³ If a brand-name drug has a generic equivalent, but you request the brand, you will pay the cost difference between the generic and the brand-name drug, **plus** the generic co-pay. If your doctor writes the prescription as "Dispense as Written" (DAW), no penalty applies.

Medco Prescription Program Tools and Programs

Medco has several tools and programs to help participants in the ACS PPO Plan get the best care and the most for their pharmacy dollar.

Tools

- **My Rx Choices** — a voluntary program that allows Medco to identify lower-cost options for the medications you take on an ongoing basis and to reach out directly to your doctor to discuss options. Your doctor knows which medications are right for you but may not always know how much they cost. My Rx Choices lets you and your doctor make the most informed decisions about your medications based on your health and cost.
- **Specialist Pharmacist** — Medco has pharmacists who are specially trained in medications used for specific chronic conditions. If you have one of these chronic conditions, the pharmacist will work with your doctor to help prevent interactions with your medications as well as help manage your overall pharmacy care.
- **My Doctor Visit** — a tool available at www.medco.com that allows you to print out a summary of the prescriptions you are currently taking and a list of questions to ask when you visit your doctor.

Special Programs

- **Specialty Drug Program** — if you are taking specialty medications such as biotech drugs or injectables, these drugs will be provided under the Medco specialty drug mail order program. You will not be able to fill these prescriptions at a retail pharmacy. You will pay the mail-order co-pay for each 30-day supply of these specialty drugs.
- **Step Therapy Program** — for certain drugs, a step therapy program will require you to try a lower cost generic or brand-name drug first and progress to other more costly brand-name drugs only if necessary. Examples include proton pump inhibitors for gastro-intestinal disorders; hypnotics for insomnia; and cholesterol-lowering drugs.

Save Money on Prescription Drugs

In many cases you can save money by switching to a generic equivalent drug or by switching to a different drug (may be a generic or brand name drug) within the same therapeutic class of drugs that treats the same condition. Drugs are classified into therapeutic classes based on how they work and the conditions they are used to treat.

Knowing the true cost of your prescription drugs and the options available to you can be a big factor in determining which health plan you participate in. Regardless of the plan you choose, check the availability of generic prescriptions from retailers like Wal-Mart and Walgreens for as little as \$4 for a 30-day supply and \$10 for a 90-day supply.

If you participate in the ACS PPO Plan, Medco will also match the \$10 cost for mail-order generics listed on Wal-Mart's \$10 for 90-day list. Since this list changes often, Medco will update its list every six months to match the then-current Wal-Mart list.

If you participate in the Consumer Choice Plan, you'll pay the full discounted cost for your prescriptions until you meet your medical annual deductible. In the ACS PPO Plan, you'll pay coinsurance for your retail prescriptions after you meet a separate prescription deductible.

Healthier Together ACS Wellness Program

ACS is committed to providing opportunities to help you improve your total health — the wellness of your mind, body and spirit. This includes health and wellness information, health programs and tools that will help you take control of your health and well-being.

Following are just a few of the programs ACS offers. Access the *Healthier Together* ACS Wellness website at <http://www.acswellness.com> or at InfoBank > ACS Wellness for more information.

Health Management Program

The Health Management Program is available to participants in the ACS PPO Plan. If you or a family member has a chronic condition such as asthma, diabetes, congestive heart failure, or coronary artery disease, the ACS Health Management Program — offered in partnership with Aetna ActiveHealth — can help. The program helps identify individuals who may be at risk for these conditions and invites them to enroll in the voluntary program.

One of the great benefits of the Health Management Program is that you have access to a Nurse Care Manager who will act as your personal health coach. The Nurse Care Managers are here to support and educate members, and ultimately help them become better health care consumers. Here are just a few of the ways your Nurse Care Manager will help you.

- Review your health information and help you better understand your condition(s)
- Prepare a personalized care plan just for you
- Suggest questions to ask your doctor
- Talk with you about warning signs and symptoms related to your condition
- Work with you to identify ways to stay healthy and set health goals
- Discuss lifestyle factors affecting your condition(s)
- Send you educational materials about your condition(s)

You can access this program by calling 800-556-1555.

Smoking & Tobacco Cessation Program

Employees and dependents age 18 and older who are enrolled in any ACS health plan are eligible to participate in ACS' Smoking & Tobacco Cessation program, free of charge! One of the most important advantages of the ACS Smoking & Tobacco Cessation program is that you have a personal "Quit Coach" to help you on every step of the journey. Your Quit Coach will help you design a customized plan that will address your individual needs. Surveys show that 9 out of 10 people who try to quit tobacco on their own do not succeed. So you set yourself up for success by having a Quit Coach. Your "Get Started!" reward will be a smoking & tobacco cessation kit which includes up to a six-week supply of nicotine replacement therapy in the form of a patch, gum or lozenge.

You will need to take the Aetna Simple Steps To a Healthier Life Health Assessment to get started in the Smoking & Tobacco Cessation program. After you take the Health

Assessment, you will be contacted by Healthyroads to start your Smoking & Tobacco Cessation program.

If you certify that as of December 31, 2009 during the 2010 Annual Enrollment period, or as of the date of your enrollment if you are a new hire, you will have been tobacco-free for the prior 12-month period, ACS will provide a Non-Tobacco User incentive in the amount of \$8 per month. The incentive will be pro-rated and applied to your per-paycheck medical plan contributions in 2010, as long as you remain an ACS medical plan participant.

Employee supplemental life insurance rates will be lower for non-tobacco users and higher for tobacco users. To receive the lower rates, you must certify your non-tobacco user status during the enrollment process.

Healthy Lifestyle Coaching Program

ACS has partnered with Healthyroads, a leading health and wellness company, to provide a free, voluntary coaching program designed to help you achieve your health and wellness goals — whether you want to stop smoking, reduce stress, lose weight, or simply improve your healthy lifestyle habits. To be eligible to participate in the Healthy Lifestyle Coaching Program, you and your dependents must enroll in an ACS medical plan and complete the Aetna Simple Steps to a Healthier Life Health Assessment.

The program offers online and telephone-based support from professional health coaches including dietitians, personal trainers, nurses and other health professionals.

Whether you're interested in losing weight, improving your nutrition, learning to quit smoking, learning relaxation techniques or just leading a healthier life, you and your health coach will work together to create a program that's customized to meet your unique needs and goals.

Make wellness a priority in your life! To get started with a Healthy Lifestyle Coach, complete the Simple Steps Health Assessment at www.aetna.com and agree to have a health coach contact you or contact a Healthy Lifestyle Coaching Representative directly. You can reach a representative by calling 800-650-2747, Monday through Friday 8 a.m. to 9 p.m. Eastern time.

Dental Options

The dental options are designed to help you with expenses involved in maintaining good dental health. All three dental options have the Aetna and MetLife dental networks available. When you enroll, you choose both a coverage option and a network — Aetna or MetLife. You may see any dentist you choose for dental care. **However, if you receive care from a network provider, your costs will be lower because network dentists have agreed to charge participants a negotiated rate.** Your share of the cost for dental coverage is deducted from the first two paychecks of each month on a before-tax basis.

You can use any provider you choose, however, network providers agree to charge you negotiated rates; you are not responsible for expenses over negotiated rates.

Dental Options At-a-Glance

Feature	Basic	Value	Premium
Annual deductible	\$50/person (3 per family)	\$50/person (3 per family)	none
Annual maximum benefit	\$1,000/person	\$1,000/person	\$1,500/person
Plan pays:			
Preventive care (exams, cleanings, X-rays)	100%, no deductible	100%, no deductible	100%
Basic care (fillings, extractions, root canals, oral surgery)	60% after deductible	80% after deductible	80%
Major care (inlays, crowns, bridges, dentures)	40% after deductible	50% after deductible	50%
Orthodontic eligibility	Children only	Adults and children	Adults and children
Orthodontic care	50% after separate deductible	50% after separate deductible	50% after separate deductible
Separate orthodontic lifetime deductible	\$50/person	\$50/person	\$50/person
Separate orthodontic lifetime maximum benefit	\$1,000/person	\$1,000/person	\$1,500/person

You can find participating providers on the MetLife Web site at www.metlife.com (click on Find a PDP Dentist) and the Aetna Web site at www.aetna.com. For Aetna, select the Dental PPO/PDN network.

Vision Options

There are two vision plan options — offered through Vision Service Plan (VSP) and OptumHealth Vision, and a discount vision card through Coast-to-Coast Vision. If you choose VSP or OptumHealth Vision, each time you receive care from a network provider, you simply pay your share of the cost and you are done. If you receive care from an out-of-network provider, you generally pay in full at the time of your appointment, submit your receipts and claim forms to the plan and receive reimbursement according to the schedule below.

Your share of the cost for vision coverage is deducted from the first two paychecks of each month on a before-tax basis.

Vision Options At-a-Glance

	In-Network	Out-of-Network
	You pay:	You are reimbursed up to:
Exam (every 12 months)	\$15	\$43
Lenses* (every 12 months)		
■ Single vision	\$15	\$40
■ Bifocal	\$15	\$60
■ Trifocal	\$15	\$73
■ Lenticular	\$15	\$80
Frames* (every 24 months)	\$15	\$47
Contact lenses** (in lieu of lenses and frames)		
■ Necessary	\$15	\$210
■ Elective	You are reimbursed up to \$150	\$150

* You will pay only one \$15 co-pay when you receive lenses and frames at the same time. The plan covers frames only up to \$120 (retail value). You are responsible for paying your co-pay plus any cost over the allowable amount.

** The plan covers contacts only up to \$150 (retail value). You are responsible for paying your co-pay plus any cost over the allowable amount.

The Coast-to-Coast option is a discount plan; you will pay the discounted charge when you receive services and there are no claims to file. The discount you receive varies from 10% to 30% for eye exams and from 10% to 60% for other services.

You can find a list of participating providers by visiting the following Web sites:

- 1 www.vsp.com
- 2 www.myoptumhealthvision.com
- 3 www.coasttocoastvision.com

Flexible Spending Accounts

Flexible spending accounts (FSAs) give you the opportunity to pay for eligible health care and dependent (daycare) care expenses on a before-tax basis. When you participate in an FSA, you direct part of your pay into one or both of the FSA accounts. ACS takes your contribution from your paycheck before federal income and Social Security taxes (and in most cases, state income taxes, if applicable) are withheld. This lowers the amount of your taxable pay, which in turn lowers the income taxes you pay.

When you have an eligible expense, you can use the funds in your FSA to reimburse the expense by using your debit card (health care only) or filing a claim. You are not taxed on any payment from your FSA accounts. So, the money isn't taxed when it goes into your FSA or when it comes out.

Your elections for the spending accounts do not carry over from year to year. You must enroll each year during annual enrollment if you want to participate.

If you enroll in the Consumer Choice Plan

If you participate in the Consumer Choice Plan, you should use your HSA for eligible medical, dental and vision expenses, because you never forfeit any unused balance — it is simply carried forward from year to year. However, if you feel you will have dental, vision and certain over-the-counter (OTC) drug expenses in 2010 that will exceed the maximum allowable contribution to your HSA, you may want to consider adding money to a limited use FSA as well. Just remember that:

- > The limited use FSA is just that; it can only be used for dental, vision (not medical) and certain OTC drugs; and
- > The limited use FSA has a “use it or lose it” provision; any balance remaining after all expenses incurred during the year have been reimbursed is forfeited.

Health Care Flexible Spending Account (HCFSA)

Even though your benefits may cover a large portion of your health care expenses, you are likely to have some expenses that you will have to pay out of your own pocket. These might include deductibles, co-pays and other expenses not covered under the medical, dental and vision plans. You can use the HCFSA to reimburse yourself for these expenses as well as other expenses incurred by you and your eligible dependents.

Expenses for your domestic partner and domestic partner's children are not eligible for reimbursement unless they are considered eligible tax dependents for federal income tax purposes.

Reimbursement from your Health Care Flexible Spending Account (HCFSA)

Optional debit card

When you participate in the HCFSA, you'll automatically receive a debit card that you can use to pay for your eligible health care expenses.

The card works much like one attached to your bank account does. Each time you pay for eligible services or products, the cost is deducted from the balance in your HCFSA. You do not have to use the card; you may destroy it if you wish.

If you use the card to pay eligible expenses, be sure to keep copies of your receipts in case you are asked to substantiate your expenses to Aetna before they can confirm that the account was used for an eligible expense or at some time in the future for IRS compliance. You can check to see whether any of your submitted expenses require further documentation at www.aetnafsadebitcard.com. Simply register or log in and choose ***View Transaction History***.

If you have any questions about how the flex convenience card works or your balance, you can contact Aetna at 800-404-2386 or www.aetnafsa.com.

The minimum you can contribute to the account per year is \$100 and the maximum is \$5,000. Here are some of the most common eligible health care expenses that can be reimbursed through the account if they are not paid by your health plans:

- 1 Medical, dental, vision and prescription drug deductibles and co-pays
- 2 High-cost dental procedures that are not entirely covered under the dental plan
- 3 Orthodontic treatment
- 4 Hearing aids and hearing tests
- 5 Prescription glasses, contact lenses and solution
- 6 Weight loss expenses if for treatment of existing disease and under a physician's direction
- 7 Over-the-counter items

This is not a complete list of eligible expenses. Check with your tax advisor, visit the IRS Web site at www.irs.gov/pub/irs-pdf/p502.pdf or call 800-TAX-FORM (800-829-3676) to request Publication 502 for a full list of eligible and ineligible expenses.

Dependent Care Flexible Spending Account

You can use the dependent care spending account to reimburse yourself on a before-tax basis for dependent (daycare) care expenses (child care, elder care, etc.) you pay:

- 1 So both you and your spouse can work,
- 2 So your spouse can go to school full-time, or
- 3 Because your spouse is physically or mentally unable to care for himself or herself.

Dependent Care Account vs. Federal Income Tax Credit

For some people, the federal income tax credit may save more money in taxes than the dependent care spending account. You should consult your tax advisor before making any decisions to contribute to the dependent care spending account.

Health care expenses cannot be reimbursed under the dependent care flexible spending account. **Expenses for your domestic partner's children are not eligible unless the children qualify as your legal dependents.**

You can contribute up to \$5,000 per year or up to your spouse's earned income, if lower, to the account. However, there are some special restrictions on the amount you can contribute:

- 1 If your spouse is a student or is disabled and not working, you may contribute up to \$2,400 per year if you have one dependent or \$4,800 per year if you have more than one dependent.
- 2 If you are married and filing a separate tax return, you may contribute only up to \$2,500 per year.

For an expense to qualify as an eligible dependent care expense, the IRS requires the following:

- 1 For dependents under age 13:
 - o You must be able to claim an exemption on your federal income tax return for the child.
 - o The care can be provided by a relative, unless the relative is your spouse, child or stepchild under age 19 or a relative you can claim as a dependent on your federal income tax return.
 - o If the care is given by a day care center (a center that cares for more than six individuals), that center must comply with all applicable state and local regulations.
- 2 For dependents age 13 or older, the above requirements apply, as well as:
 - o The individual must live with you and be your dependent for federal income tax purposes and must be physically or mentally incapable of caring for himself or herself.
 - o The care may be given in the home or outside the home, provided the dependent regularly spends at least eight hours each day in your home.

When you submit a claim for dependent care expenses, you will be reimbursed up to the current balance of your account. As future contributions are made, you will automatically be reimbursed for any balance pending on your claim. You will be asked to provide the tax identification number or the Social Security number of your dependent care provider when you file your claim.

A complete list of eligible and ineligible expenses is available from your tax advisor, the IRS Web site at www.irs.gov/pub/irs-pdf/p503.pdf or by calling 800-TAX-FORM (800-829-3676) to request Publication 503.

Flexible Spending Accounts — Things to Consider

Because of the preferred tax status FSAs provide, the IRS sets strict rules about how the accounts can be used and administered, including:

> If you participate in both accounts, you cannot share or transfer money between the two accounts. The

IRS requires that these accounts remain separate.

> The money you contribute to the spending accounts each year can be used only to reimburse eligible expenses incurred from your coverage effective date through

December 31 of that year.

- > Any unused amounts left in your accounts after your eligible expenses incurred through the time periods described above have been reimbursed will be forfeited.
- > When you use the debit card to pay eligible health care expenses, be sure to keep copies of your receipts in case you are asked to substantiate your expenses to Aetna or at some time in the future for IRS compliance.

Remember, if you enroll in the Consumer Choice Plan, you may use your HCFSA to reimburse yourself for dental, vision and certain over-the-counter drug expenses related to dental, vision or preventive care only, as follows:

- Eye care items including contact lens solution, lubricant eye drops, eye patches and reading glasses;
- Home diagnostic tests or kits for blood pressure, cholesterol screening, diabetes (e.g., glucose monitors), colorectal and HIV screening;
- Smoking cessation relief such as patches and gum;
- Dental care including toothache relief and denture adhesive;
- Pre-natal vitamins with a doctor's note of medical necessity;
- Iron pills with a doctor's note of medical necessity; and
- Weight loss pills with a doctor's note of medical necessity.

If your employment with ACS terminates, you may only file claims for health care expenses incurred before your termination date, unless you continue participation through COBRA.

Your claims must be received by the FSA Administrator by April 15 each year for any eligible expenses incurred during the previous coverage period.

Disability Options

Short-Term Disability Options

You may choose to enroll for short-term disability (STD) coverage. This coverage replaces 60% of your basic earnings if you are unable to work due to an illness or injury, after you have been disabled for 7, 14 or 30 days, based on your election. Benefits can continue as long as you remain disabled, up to a maximum of 90 days. There is a maximum benefit of \$8,000 per month. This benefit is offset by other sources of income, such as state disability income.

If you work in a state with a mandatory state disability plan (CA, HI, NJ, NY, RI or PR), it is important that you review the state disability plan before making a decision to enroll in the ACS STD plan. For example, if the state disability plan pays more than the ACS STD plan, no benefits are paid by the ACS STD plan.

Benefits are subject to pre-existing condition limitations. A pre-existing condition is any condition for which you receive medical advice or treatment during the six months before coverage begins. No benefits are paid for pre-existing conditions, including pregnancy, until you have been covered for 12 months.

Your cost for STD coverage is based on the option you choose, your earnings and the state in which you work, and is deducted from the first two paychecks of each month on an after-tax basis.

Long-Term Disability

Long-term disability (LTD) replaces a portion of your basic earnings if you are unable to work due to an illness or injury, after you have been disabled for 90 days. Benefits can continue as long as you remain disabled, up to age 65. ACS covers the full cost of coverage that replaces 60% of your basic earnings (offset by other sources of income, such as Social Security disability benefits) at no cost to you. There is a maximum benefit of \$15,000 per month. Some benefits are limited:

- Benefits for disabilities relating to various muscle and soft tissue disorders and mental/nervous disorders are limited to 24 months.
- Benefits for disabilities relating to substance abuse are limited to one treatment period in a lifetime.

Life Insurance and AD&D Options

Life insurance provides additional financial protection for you and your family in the case of death. The ACS benefits program offers a variety of protection options that you can customize to best fit your personal needs.

Employee Life Insurance

The company provides basic coverage equal to your basic annual earnings, up to a maximum of \$1.1 million, at no cost to you. You may also choose to purchase supplemental life insurance coverage, up to an additional five times your basic annual earnings, up to \$3 million. Basic and supplemental coverage is provided through MetLife.

You may be required to submit proof of good health, or evidence of insurability (EOI), if you select supplemental coverage when you are first eligible that exceeds the lesser of \$350,000 or three times your basic annual earnings. At future enrollments, you will need to provide EOI if you:

- Did not enroll in supplemental life insurance coverage when you were first eligible and choose to do so, or
- Make any change to your supplemental life insurance coverage.

Coverage you elect which is over the maximum allowable without EOI (and associated premiums) will not be effective until your EOI is approved.

Basic life insurance in excess of \$50,000 is subject to imputed income taxes. This means the IRS requires you to pay income taxes on the value of company-paid premiums for life insurance over \$50,000.

Coverage amounts reduce automatically at age 70. See your Health and Welfare Summary Plan Description (SPD) for details.

Your cost is deducted from the first two paychecks of each month on an after-tax basis and is based on the level of coverage you select and your age. Your coverage amount and premiums can change throughout the year as your base pay changes.

Employees who have not used tobacco products within the 12 months prior to the effective date of coverage are eligible for reduced life insurance rates. In order to qualify for reduced life insurance rates, you must certify your status as a non-tobacco user during the enrollment process at InfoBank > BenefitsWeb.

Dependent Life Insurance

You also have the opportunity to enroll your eligible dependents for life insurance. You pay the full cost of coverage on an after-tax basis. Your dependent life insurance coverage options are:

Spouse Life	Child(ren) Life
\$10,000 – \$250,000 in multiples of \$10,000	\$2,000 – \$10,000 in multiples of \$2,000

The amount of your spouse life insurance cannot exceed your combined basic and optional employee life coverage (for instance, if you receive \$50,000 in company-paid basic life and enroll for \$50,000 in supplemental life coverage for yourself for a total of \$100,000 in coverage, you cannot elect more than \$100,000 in spouse life coverage). Spouse coverage over \$50,000 requires EOI before coverage becomes effective. If you do not elect spouse life insurance when first eligible and later elect it, your spouse will have to satisfy EOI for any amount elected. Your cost for spouse life is based on your age and the level of coverage you choose.

Spouse life coverage amounts reduce automatically at age 70. See your Health and Welfare SPD for details.

Your cost for child life is based on the level of coverage you choose. When you elect child(ren) life insurance, all of your eligible children are automatically covered.

Your cost for spouse and child life is deducted from the first two paychecks of each month on an after-tax basis.

Accidental Death and Dismemberment Options

Accidental death and dismemberment (AD&D) pays a benefit in the event of a catastrophic loss due to an accidental injury or in the event of death due to an accident. If you lose your limb, your eyesight or hearing as a direct result of an accident, you will receive a benefit based on the severity of your loss.

The company provides basic coverage equal to your basic annual earnings, up to \$1 million in coverage, at no cost to you. You can purchase additional AD&D coverage in \$10,000 multiples up to \$1 million, not to exceed 10 times your basic annual earnings. You may elect employee-only or family coverage. If you elect family coverage, your dependents' coverage amount will be based on the coverage you elect for yourself, as follows:

If you have a spouse only...	Your spouse's coverage is equal to 50% of your coverage amount
If you have a child(ren) only...	Each child's coverage is equal to 15% of your coverage amount
If you have a spouse and child(ren)...	<ul style="list-style-type: none"> • Your spouse's coverage is equal to 40% of your coverage amount; and • Each child has coverage equal to 10% of your coverage amount

Your cost for AD&D insurance is deducted from the first two paychecks of each month on an after-tax basis and is based on the level of coverage you select.

Other Benefits

MHN, Inc.

As an extension to our existing relationship with MetLife, ACS will offer an additional employee service regarding mental health. Provided through MHN, Inc., this is a confidential resource that helps resolve personal problems before they affect your health, relationships or job performance. Through MHN, Inc., you can receive confidential counseling services to help deal constructively with these issues. You and any family members who live with you can use these services at no cost. Representatives are available 24 hours a day, seven days a week when you need help resolving personal issues such as family problems, anxiety, child and eldercare assistance, pre-retirement planning, alcohol or drug abuse, or financial concerns. You may receive up to three free telephone counseling sessions. If you need more assistance, you may be referred to another counselor. These sessions may be covered under your medical option (refer to your ACS summary plan description or your HMO summary, available on InfoBank > BenefitsWeb, for coverage details). For more information, call 800-511-3920.

Voluntary Benefit Options

You have the opportunity to purchase the following additional “voluntary” benefits at group rates. You may enroll for the ACS Cancer Plan and the legal plan during your enrollment period. You work directly with the vendors to enroll for other voluntary benefits. See the vendor web sites for more information.

Cancer Insurance

You may choose to enroll yourself and your eligible dependents in:

- ACS Cancer/Heart/Stroke Plan
- Cancer Select Plan (through Transamerica)
- Cancer Select Enhanced Plan (through Transamerica)

The ACS Cancer/Heart/Stroke Plan will pay up to \$5,000 in benefits for cancer, heart disease or stroke-related treatment. This optional coverage pays benefits in addition to, but does not duplicate, any other benefits you are eligible to receive. The ACS Cancer/Heart/Stroke Plan includes coverage for experimental drugs and treatments (within limits), transportation if you travel away from home for treatment, and companion lodging. The ACS Cancer/Heart/Stroke Plan also pays your ACS Medical Plan deductible or co-payments up to a maximum of \$1,500 (lifetime).

The Cancer Select and Cancer Select Enhanced Plans provide varying levels of benefits. Benefits are in addition to any other health benefits you receive, and coverage is portable if you leave ACS.

The Cancer Select and Cancer Select Enhanced Plans have no deductible and include a wellness screening benefit. The Cancer Select Enhanced Plan includes benefits for 30 specified diseases, and an intensive care benefit paying \$600 per day for any accident or sickness.

More information about the Cancer Select and Cancer Select Enhanced Plans, including rates, is available at www.onesourceeb.com/acs. To enroll in the Cancer Select Plan or the Cancer Select Enhanced Plan, please call 800-335-9425. An application will be mailed directly to your home address. This application must be returned to Transamerica. There is no need to enroll in both the Cancer Select and the Cancer Select Enhanced Plan.

Personal Property and Casualty Insurance

MetPay offers personal property and casualty insurance (auto, home, etc.) at special group rates, depending on where you live (not available in all locations). For information on the MetPay Home and Auto Plan or to enroll or cancel coverage, contact MetLife at 800-438-6381.

Pet Insurance

Veterinary pet insurance offers policies to cover a wide spectrum of medical problems for dogs, cats and other pets, ranging from minor ailments to critical problems. For information on pet insurance or to enroll or cancel coverage, contact MetLife at 800-438-6388.

Transportation Benefit

The transportation benefit offers a tax-effective way to pay the cost of your daily commute. For information on the transportation benefit or to enroll or cancel coverage, go to www.wageworks.com or call WageWorks at 877-924-3967.

Legal Plan

The legal plan provides free or discounted legal services for you and your eligible dependents through Hyatt Legal Services. You have no deductibles or out-of-pocket expenses for covered services. When you need legal services, you simply log on to www.legalplans.com or call Hyatt Legal Services at 800-821-6400 to locate a participating network attorney who will help you sort through your legal matters — either by phone or an in-office consultation.

Accident and Critical Care Plans

Transamerica offers optional accident and critical care insurance at special group rates:

- **TransAccident** Off-the-Job Accident Insurance is designed to provide benefit payments to help protect against the high cost of accidents, including initial and ongoing care, as well as death benefits. This coverage pays benefits regardless of any other insurance you might have.
- **CriticalAssistance** Select Insurance is designed to help defray the costs that usually accompany serious medical conditions, such as child care, house payments and private-duty nursing. More information about the plans is available at www.onesourceeb.com/acs. To enroll, call 800-335-9425.

Roadside Assistance

Pinnacle Motor Club provides roadside and travel assistance to its participants. Membership offers you safety, security and peace of mind in any vehicle anywhere in the world.

As a member, you'll have access to:

- Roadside assistance 24 hours a day, seven days a week, 365 days a year and pay nothing out of your pocket when you need emergency assistance.
- Assistance with legal fees associated with speeding, moving traffic law violations and other vehicular related issues.
- Emergency travel assistance offering a menu of worldwide services ranging from last minute flight changes to cash wire transfers.

For more information or to enroll visit www.pinnaclemotorclub.com/acs, or call 800-366-1165.

ACS Green Initiatives

The concept of “going green” has become a popular topic in recent news and media. But what exactly does it mean and why is it important to you and to our business? In the broadest sense, “going green” means taking actions to become more environmentally friendly. It’s a matter of not only being aware and conscious of our surroundings, but also seeking ways to improve the environment. Going green is more than just recycling; it’s a way of life — and of business.

ACS has long promoted conservation of resources in business, being one of the earliest pioneers of paperless pay, where employees are paid through direct deposit, view their paychecks online and do not receive a paper paycheck/pay stub.

ACS also promotes conservation by limiting print materials. Many of the resources you use, such as this guide, ACS newsletters and savings plan account statements, are accessed online. Some of these resources are available exclusively online while others are only printed if you specifically request a printed copy.

Green IT

ACS, by the very nature of what we do, reduces waste. We’re in the business of optimizing resources and driving operating efficiency. Part of that commitment is our internal Green IT initiative, where we test our strategies, evaluate the results and in essence, do the heavy lifting. We’ll see what works and what doesn’t; we’ll identify best practices for implementation and adoption, and share these results with our clients. At the end, we’ll not only have a more cost efficient, greener operation, we’ll have a roadmap for our clients to use within their own organizations to make them greener and leaner.

Energy Conservation Measures

ACS has been working for several months with Jones Lang LaSalle (JLL), our facility management vendor in the United States, to identify opportunities for energy conservation at each of our facilities. Our ultimate goal is to create a national energy management program, including Energy Star compliance ratings by facility, carbon footprint tracking, and implementation and tracking of national energy programs.

ACS Savings Plan

Investing in the ACS Savings Plan has many advantages today and for your future. Making contributions to your account is simpler than balancing a checkbook, more convenient than saving at a bank, and easier than investing through a brokerage account. Most important of all, if you save by making contributions throughout your earning years, when you retire, your account (or IRA rollover account) will supplement your Social Security income. The ACS Savings Plan provides you a tax-effective way to save for your future.

Highlights of the ACS Savings Plan

- Provides an opportunity for you to build a financial reserve
- Offers tax advantages
- Gives you choices — whether to contribute pre-tax or after-tax (Roth 401(k)), how much to contribute through automatic payroll deductions and how to invest
- Allows you to borrow your money or make a withdrawal for certain emergencies

Joining the Plan

As a full-time or part-time employee, you may join at any time. To enroll online, go to the ACS InfoBank at <http://infobank.acs-inc.com>. After you log in, click on InfoBank > BenefitsWeb, then click on Savings. You'll be prompted to enroll for the first time and choose your investments. You may also enroll over the phone by calling 888-401-INFO (4636) and speaking with a customer care representative.

How the Plan Works

You can defer up to 75%* of pay (including base pay, overtime and commissions), up to a maximum of \$16,500 in 2010. Additionally, if you are or will be age 50 or older by the end of the year, you will be able to make additional contributions each year above the maximum allowed by the plan or the annual IRS limit, up to \$5,500 in 2010.

You choose whether to save under the ACS Savings Plan's pre-tax feature, the ACS Savings Plan's after-tax Roth 401(k) feature, or a combination of both.

- Pre-tax contributions are deducted from your pay before federal taxes are withdrawn. When you save on a pre-tax basis, you lower your current taxable income and pay less in federal (and sometimes state and local) taxes. You also defer paying taxes on your contributions and their earnings until you withdraw them from the plan.
- Roth 401(k) contributions are made on an after-tax basis and are included in your current taxable income, but earnings are tax-free if they are taken as part of a qualified distribution.

Tax-free loans up to 50% of your vested account balance up to a maximum of \$50,000 may be available. Hardship withdrawals are also available in certain circumstances.

You direct the investment of your account and future contributions into a variety of available investment funds. You decide which of these investments you want

to buy, and how much of your total contribution you want to put in each. All investments have the risk of loss, particularly over the short term. Your investments are long-term investments designed to accumulate a large fund over time that will be available for your retirement years.

** Salary deferrals by highly compensated employees may be further limited if necessary to permit the plan to pass certain IRS requirements.*

How to Enroll

To enroll in your 2010 ACS benefits, go to <http://infobank.acs-inc.com> and make your elections through InfoBank > BenefitsWeb. For health benefits, you must click *Health & Welfare* within 30 days of your eligibility date. For the ACS Savings Plan, click Savings to make your elections.

Before you begin your enrollment, be sure to read through all the information provided in the applicable guide.

ACS HR Workplace Solutions Center

If you need additional assistance or have questions, contact the ACS HR Workplace Solutions Center at (888) 471-2271. Representatives are available Monday through Friday 7 a.m. to 7 p.m. Central time.

Important Contact Information

Plan	Administrator	Phone	Website
Benefits Eligibility	ACS HR Workplace Solutions Center	888-471-2271	N/A
Limited Benefit Plan ■ Symetra Health Plan Prescription drugs ■ Starbridge Health Plan ■ Affordable Health Plan	Select Benefit Plan Administrators of America CIGNA Aetna	800-497-3699 877-286-5150 888-772-9682	https://www.selectbenefitonline.net www.restat.com/members/pharmacy_locator/index.cfm www.starbridgechoices.com www.aetna.com/docfind/custom/aahc
Consumer Choice Plan, administered by Anthem ■ HSA ■ Network ■ Prescription drugs	HSA Solution Blue Cross Blue Shield Medco	877-585-9564 877-635-5472 877-722-6279	www.anthem.com www.hsamember.com www.medco.com
Consumer Choice Plan, administered by Blue Cross Blue Shield ■ HSA ■ Network ■ Prescription drugs	HSA Solution Blue Cross Blue Shield Prime Therapeutics	866-584-0456	www.bcbstx.com www.hsamember.com www.myrxhealth.com
ACS PPO Plan ■ Plan and network ■ Prescription drugs	Aetna Cigna (in certain locations) ■ Before you become a participant ■ Once coverage is effective Medco ■ Before you become a participant ■ Once coverage is effective	800-404-2386 800-564-7642 800-244-6224 877-722-6279 800-711-0917	www.aetna.com www.cigna.com www.mycigna.com www.medco.com
ACS Cancer/Heart/Stroke Plan	Aetna	817-417-2619 (Metro) 817-417-2519 (Metro)	N/A
Cancer Select Plan and Cancer Select Enhanced Plan	Transamerica	800-335-9425	www.onesourceeb.com/acs
ACS Dental Plans ■ Basic Plan ■ Value Plan ■ Premium Plan	Aetna MetLife	877-238-6200 800-942-0854	www.aetna.com www.metlife.com
Vision ■ Vision Service Plan ■ OptumHealth Vision ■ Coast-to-Coast	Vision Service Plan OptumHealth Vision New Benefits	800-877-7195 800-638-3120 800-800-7616	www.vsp.com www.myoptumhealthvision.com www.coasttocoastvision.com
Life Insurance and AD&D	MetLife	800-638-6420	www.metlife.com
Short-Term and Long-Term Disability	MetLife	800-823-1703	www.metlife.com
Flexible Spending Accounts	Aetna	800-404-2386	www.aetnafsa.com

MetPay (Home and Auto)	MetLife	800-438-6381	www.metpay.com
Pet Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Transportation Benefit	WageWorks	877-924-3967	www.wageworks.com
Legal Plan	Hyatt Legal Services	800-821-6400	www.legalplans.com
Accident Insurance and CriticalAssistance Select	Transamerica	800-335-9425	www.onesourceeb.com/acs
Savings Plan	ACS HR Solutions	888-401-4636	http://infobank.acs-inc.com
Roadside Assistance	Pinnacle Motor Club	800-366-1165	www.pinnaclemotorclub.com/acs

Additional information regarding employee benefits is available on the My ACS Benefits portal. Log in to InfoBank > BenefitsWeb > My ACS Benefits for more information.