



Choose Well, Live Well: 2017 Benefits Enrollment Guide



Veolia North America

Annual Enrollment: November 1 - November 18, 2016

Welcome to your Veolia North America benefits

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Current coverage, except flexible spending account elections, will roll over to 2017 unless you make a change.

The only exception is FSA elections, which require that a new election is made during annual enrollment for 2017.

See inside for more information.

Legal notices and disclosures

There are several important benefits-related legal notices and disclosures posted on **YourVeoliaBenefits.com**. These include required notifications about breast reconstruction and mastectomy-related benefits under the Women's Health and Cancer Rights Act; potential subsidies to help you pay for health insurance for you and/or your child under the Children's Health Insurance Program (CHIP); and protection of your personal health information under the Health Insurance Portability and Accountability Act (HIPAA).

You can download these notices from the "Legal Notices and Disclosures" section under the "Eligibility/ Enrollment" tab on the **YourVeoliaBenefits.com** website. Or, you may request them by calling the Veolia Benefits Center at 1-888-892-6564.



Welcome to annual enrollment for your 2017 benefits! At Veolia North America (VNA), we're proud to offer a competitive, valuable benefits program, which helps us attract, retain and reward our U.S. employees.

During annual enrollment (November 1-18, 2016), you may enroll in or make changes to the following benefit plans for January 1, 2017:

- ✦ Medical/prescription drugs
- ✦ Dental
- ✦ Vision
- ✦ Spending accounts — flexible spending accounts (FSAs) and the health savings account (HSA)
- ✦ Supplemental life and accidental death & dismemberment (AD&D) insurance
- ✦ Supplemental long-term disability insurance
- ✦ Voluntary group legal

The benefits you elect or changes you make will take effect on January 1, 2017.

REVIEW YOUR ELECTIONS

During annual enrollment, which runs from November 1 through November 18, 2016, log on to YourVeoliaBenefits.com (or call the Veolia Benefits Center) to review or make your elections.

- ✦ *If you wish to make changes, you must do so during annual enrollment.*
- ✦ *If you do not take action, your 2016 elections will automatically roll over to 2017, with the exception of your flexible spending account (FSA) election(s), which you need to elect every year.*
- ✦ *If you were assigned default benefits in 2016 and wish to make different elections for 2017, now is your opportunity to make these changes.*

WHO IS ELIGIBLE FOR BENEFITS

- ✦ All active employees regularly scheduled to work at least 30 hours per week
- ✦ Non-union, temporary employees scheduled to work at least 30 hours per week
- ✦ Your spouse or same-gender domestic partner
- ✦ Your children, stepchildren, children of your same-gender domestic partner or children in your guardianship up to age 26
- ✦ Adult children, stepchildren, children of your same-gender domestic partner or children in your guardianship of any age who are deemed disabled

You will be required to provide documentation supporting the eligibility of newly added dependents.

We encourage you to log in to the enrollment system and confirm your covered dependents and beneficiaries during annual enrollment.

Note: *If you are represented by a bargaining unit, you may not be eligible for the benefits described in this enrollment guide. You should refer to your union contract, which identifies any Company benefits for which you may be eligible.*

NEW HIRES/NEWLY ELIGIBLE

Newly hired or newly benefits-eligible employees are eligible for benefits starting on the first day of the month following their hire date/date they become eligible (or on their date of hire, if hired on the first day of a month). You must enroll in benefits or actively waive coverage within 45 calendar days of your hire date or the date you become eligible for benefits. **If you do not elect or waive coverage, you will be enrolled in the following default coverage and the associated cost will be deducted from your pay:**

- ✦ Employee only medical/prescription drug coverage in the HSA Silver Plan;
- ✦ Basic life and basic AD&D insurance;
- ✦ Core long-term disability (LTD) insurance;
- ✦ Short-term disability (STD) insurance; and
- ✦ the employee assistance program.

TEMPORARY EMPLOYEES

Medical-only insurance coverage is available to non-union temporary employees scheduled to work 30 or more hours per week beginning on the first day of the month following 60 days of service. For example, an employee hired on February 2 would be eligible for benefits on May 1.

Employees must elect or decline medical coverage within a 45-day period, which begins 15 days before their benefits effective date and ends 30 days after their benefits effective date. Failure to elect or decline medical coverage will result in the employee being enrolled in the HSA Silver medical plan with employee-only coverage.

What's changing for 2017

New PPO Plan to replace current PPO Plans

- ❖ A new PPO Plan will replace the PPO Gold and PPO Silver Plans. See page 7 for details.

Note: If you are currently enrolled in either the PPO Gold or PPO Silver Plan and you do not enroll during annual enrollment, you will be defaulted into the new PPO Plan at your current coverage level.

New Virtual Visits

- ❖ If you are enrolled in one of Veolia's medical plan options in 2017, you will be able to speak to a doctor anytime, anywhere with the new virtual visits feature. You can contact a doctor through your mobile device or your computer, whether you're at home, at work or on vacation. See the flier included in your enrollment kit for more details.

New provider for life insurance, AD&D, disability and FMLA

Liberty Mutual will replace Reliance/Matrix as the administrator for the following benefits:

- ❖ Life insurance
- ❖ Accidental death and dismemberment insurance
- ❖ Short-term and long-term disability
- ❖ Family/medical and military leave

HSA contribution limits

- ❖ If you participate in one of the HSA Plans, you will be able to contribute more to your HSA in 2017 if you have individual coverage. The increased IRS limit is \$3,400 for individual coverage. The contribution limit for family coverage remains at \$6,750. These limits include any contribution from Veolia.

IMPORTANT REMINDERS

- ❖ Following the addition of any newly added or newly eligible dependent(s), information will be mailed to your home address advising you of what documentation you need to submit in order to validate the dependent(s). Failure to provide this information will result in loss of coverage for the newly added dependent(s).
- ❖ If you are a new hire, you must enroll in benefits or actively waive coverage within 45 calendar days of your hire date or the date you become eligible for benefits. If you do not elect or waive coverage, you will be enrolled in the default coverage described on page 1, and the associated cost will be deducted from your paycheck.
- ❖ If you experience a qualified life event, such as marriage or birth or adoption of a child, you must notify the Veolia Benefits Center within 31 days of the event in order to change your elections.

How you pay for your benefits

Contributions for your benefits are deducted from your paycheck either before or after taxes. See the chart below for more information.

Pre-tax deductions	After-tax deductions
Medical	Supplemental life
Dental	Supplemental AD&D
Vision buy-up plan	Long-term disability buy-up plan
Health savings account	Voluntary group legal
Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts	Parking and transit (for deductions exceeding pre-tax limit)
Parking and transit	

The following benefits are paid for entirely by Veolia and do not require an employee contribution.

Company-paid benefits

- Contribution to a health savings account for employees in the HSA Gold medical plan
- Basic Vision plan (if elected)
- Basic life and basic AD&D
- Long-term disability core plan
- Employee assistance program
- Short-term disability
- HealthAdvocate (health care assistance program)

CHANGING YOUR BENEFITS OUTSIDE OF ANNUAL ENROLLMENT

You will not be allowed to make changes to any of your benefit elections outside of annual enrollment unless you experience a qualified life event, such as:

- ❖ Marriage, divorce or establishment or dissolution of a domestic partnership;
- ❖ Birth or adoption of a child; or
- ❖ Loss or gain of other coverage through your spouse's or domestic partner's employment.

If you experience a qualified life event, you must notify the Veolia Benefits Center within 31 calendar days of the event in order to change your benefit elections. Do not wait to call the Veolia Benefits Center until you have a Social Security number or other documentation (such as a birth certificate or marriage certificate). You must call within 31 days of the event to make a change. You can reach the Veolia Benefits Center Monday through Friday, 8 am to 5 pm (CST), at **1-888-892-6564**.

2017 Annual Enrollment is November 1 – November 18, 2016

Medical plans

Veolia's plan options conform to the requirements of U.S. health care reform and provide competitive, valuable benefits by allowing you to choose the coverage that best fits your needs.

During annual enrollment for 2017 benefits, you can choose from four medical plans:

- ❖ One Preferred Provider Organization (PPO) plan option
- ❖ One Exclusive Provider Organization (EPO) plan option
- ❖ Two Health Savings Account (HSA) plan options

If you have state-specific coverage (such as in Hawaii or California), you will continue to have access to those state-specific plans even though they are not described in detail in this enrollment guide.

Preferred Provider Organization (PPO) Plan

With the PPO Plan, you have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the PPO network because they have agreed to provide services to plan members at discounted rates. In general, once you've met the deductible, you'll pay a percentage of the cost for each covered service until you reach the annual out-of-pocket maximum.

Exclusive Provider Organization (EPO) Plan

The EPO Plan requires you to use in-network providers in order to receive benefits. If you see an out-of-network provider, the plan does not pay a benefit except in the event of a true emergency.

Health Savings Account (HSA) Plans: HSA Gold and HSA Silver

Depending on how you use health care in a typical year, you could save money by enrolling in an HSA Plan with a health savings account. These plans allow you to set aside pre-tax dollars to cover eligible expenses, including out-of-pocket expenses for health, dental and vision. In addition to spending it on your current health expenses, you can also save the money for future health care expenses, to be used even after you retire. Your spouse and covered dependents (not including domestic partners or their children) can pay for eligible expenses with this money too.

The HSA Gold and HSA Silver Plans work very similarly to the PPO Plan: both types provide comprehensive medical and prescription drug coverage and use the same provider networks. In-network preventive care is covered at 100% with no deductible, helping you and your family to stay well. And, you can save money on non-preventive care when you use in-network providers.



Take Advantage of Free Preventive Care!

Preventive care can help you and your family avoid potential health problems or catch them early, when they're most treatable. All Veolia medical plans cover in-network preventive services at 100% with no deductible, so you pay nothing.

Below is a list of some of the preventive care services that are covered by most plans. For more information, including how frequently services are covered, contact your provider or see your Summary Plan Description.

- ❖ Annual routine physical
- ❖ Well-child visits and immunizations
- ❖ Preventive care/screenings, including Pap/routine pelvic exam, mammograms, colorectal cancer screening and PSA (Prostate Specific Antigen)
- ❖ Flu shot
- ❖ Bone density test for osteoporosis
- ❖ Routine dental exams, cleanings and X-rays

Note: In order for services to be covered at 100%, the claim must be submitted as routine/preventive.

The difference is that for most covered services, including prescription drugs, you will have to meet a higher deductible before the HSA Plans pay a benefit. The HSA Plans have higher deductibles than either the EPO or PPO Plan — but the employee contributions for coverage may be lower.

If you enroll in the HSA Gold Plan, Veolia contributes money on a per paycheck basis, not as a lump sum, to your health savings account. You are not required to contribute your own money to receive the contribution from Veolia. (See “How the health savings account works” on the next page.)

Note: In order to participate in one of the HSA Plans, you cannot be covered by any other medical plan.

IS AN HSA PLAN RIGHT FOR YOU?

In some cases, the employee contributions for HSA Plans are lower than the EPO and PPO Plan. Instead of paying higher employee contributions in the EPO or PPO Plan, you can put those dollars into your health savings account on a pre-tax basis. Then, when you need the money for eligible expenses (now or in the future), you can withdraw it from your account without paying taxes — as long as you spend it on eligible health, dental and vision care expenses as defined by the IRS (Publication 969)*. You can make withdrawals for non-eligible health care expenses, but you will incur taxes and penalties.

You can also carry any unused balance forward from year to year to use for future health care expenses — even if you leave Veolia. Finally, your health savings account earns interest if you reach a minimum balance of \$1,000.

An HSA Plan could be right for you if...

- ❖ You like the idea of lower contributions for coverage.
- ❖ You rarely have enough medical expenses during the year to meet the annual deductible.
- ❖ You want an account you can use specifically to budget for health expenses that apply to your deductible and other out-of-pocket health, dental and vision care costs.
- ❖ You want to build interest-bearing savings to help with future health expenses (for example, in retirement).

**Save your receipts for expenses you pay from your health savings account, in case you have to prove to the IRS that they were eligible expenses. If they weren't, you'll be subject to a tax penalty.*



Your medical plan administrator

The administrator of your medical plan will be determined based on where you live. If you live in one of the following areas, your administrator will be **UnitedHealthcare**:

- ❖ Milwaukee-Waukesha-West Allis, WI
- ❖ St. Louis, MO-IL
- ❖ Sheboygan, WI
- ❖ New Orleans-Metairie-Kenner, LA
- ❖ Atlanta-Sandy Springs-Marietta, GA
- ❖ Kansas City, MO-KS
- ❖ Denver-Aurora, CO
- ❖ Edison, NY-NJ-PA

If you do **not** live in one of the areas listed above, your medical plan administrator will be **Blue Cross Blue Shield of Illinois**.

If you enroll in the HSA Gold Plan, Veolia contributes money to your health savings account.

For more information or to enroll, go to YourVeoliaBenefits.com.

How the health savings account works

Money goes IN

You can make pre-tax contributions through payroll deductions.



In the HSA Gold Plan, Veolia contributes** money to your health savings account:

\$750 maximum annual contribution for employee only coverage

\$1,500 maximum annual contribution for other coverage tiers

Contributions are prorated and deposited with each paycheck.

In the HSA Silver Plan, Veolia does not contribute to your health savings account.



Pre-tax contributions from you and Veolia, up to a combined total of:

\$3,400 for employee only coverage

\$6,750 for other coverage tiers

Add an extra **\$1,000** if you are age **55** or older

You can elect, stop or change the amount of pay you defer into your HSA at any time, not just during annual enrollment.

Money goes OUT

You can use your HSA to pay the full cost of non-preventive medical care (including prescription drugs) until you meet the deductible. Health savings account funds can also be used for out-of-pocket dental and vision expenses.

You pay less when you use in-network providers.

When you have an eligible expense, you decide whether to use money in your health savings account or pay with other money.

Have money left? IT ROLLS OVER!

Unlike flexible spending accounts, the money in your health savings account rolls over from year to year for you to use. Plus, if you leave Veolia, you can take it with you.

WANT TO KNOW MORE?

Go to YourVeoliaBenefits.com for more information about our benefits program, including a video highlighting the key points of the HSA Plans. If you still have questions, call the Veolia Benefits Center at **1-888-892-6564**.

****HSA contributions from Veolia (for HSA Gold participants only) are made with each paycheck according to your payroll schedule.**

Contributions from Veolia are prorated based on the date your HSA Gold coverage starts. For example, if you are paid weekly you will receive \$14.42 per pay period if you elect employee only coverage, or \$28.85 per pay period if you elect family coverage for the pay periods remaining after your HSA Gold coverage begins.

COMPARING YOUR PLAN OPTIONS

How the plans are *similar*

Preventive care	In-network preventive services are covered at 100% with no deductible, so you pay nothing.
Deductible	You pay for expenses incurred up to your annual deductible before the plan begins to pay.
Coinsurance	You pay a portion of expenses incurred through coinsurance. This means you and Veolia share the cost of covered non-preventive services after you meet your deductible.
Out-of-pocket maximum	You are protected from catastrophic costs in a given year through the annual out-of-pocket maximum. If you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year.

How the plans are *different*

	HSA Gold Plan	HSA Silver Plan	PPO Plan	EPO Plan	Kaiser Permanente HMO for California employees only*
Providers	You can see any provider, but you will pay less when you use in-network providers	You can see any provider, but you will pay less when you use in-network providers	You can see any provider, but you will pay less when you use in-network providers	You can only use in-network providers	You must see providers in the Kaiser network and coordinate your care with a Kaiser physician
Deductible amount	Higher than the EPO or PPO Plan	Higher than the EPO Plan, PPO Plan or HSA Gold Plan	Higher than the EPO Plan, but lower than the HSA Plans	Lower than the PPO or HSA Plans	No deductible
Individual vs. family deductible	The total family deductible must be met before the plan covers any expenses, including prescription drugs	A family member must meet an individual deductible before the plan covers expenses for that person. Or, a combination of family members must meet the family deductible before the plan covers the expenses for the family	A family member must meet an individual deductible before the plan covers expenses for that person. Or, a combination of family members must meet the family deductible before the plan covers expenses for the family	A family member must meet an individual deductible before the plan covers expenses for that person. Or, a combination of family members must meet the family deductible before the plan covers expenses for the family	No deductible
Out-of-pocket maximum	Includes deductible and coinsurance for medical care and prescription drugs. The total family out-of-pocket maximum must be met before all expenses are covered by the plan for all coverage tiers other than employee only	Includes deductible and coinsurance for medical care and prescription drugs. A family member must meet the individual out-of-pocket maximum before the plan covers all expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers all expenses	Includes deductible and coinsurance for medical care and prescription drugs. A family member must meet the individual out-of-pocket maximum before the plan covers all expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers all expenses	Includes deductible and coinsurance for medical care and prescription drugs. A family member must meet the individual out-of-pocket maximum before the plan covers all expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers all expenses	Includes copayments and coinsurance for medical care and prescription drugs. A family member must meet the individual out-of-pocket maximum before the plan covers all expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers all expenses
Employee contributions	Higher than the PPO Plan but lower than the EPO Plan	Lower than the EPO or PPO Plan	Lower than the EPO Plan but often higher than the HSA Plans	Higher than the PPO or HSA Plans	Lower than the EPO Plan
Prescription drug costs	Count toward your annual deductible and out-of-pocket maximum	Count toward your annual deductible and out-of-pocket maximum	Do not count toward your annual deductible	Do not count toward your annual deductible	Count toward your annual out-of-pocket maximum
Health savings account	Yes	Yes	No	No	No
Health Care Flexible Spending Account	Limited Purpose only	Limited Purpose only	Yes	Yes	Yes

*California employees: See the insert in your annual enrollment packet for specific information about the Kaiser Permanente HMO.

2017 Medical plan options overview

COMPONENT	HSA GOLD*	HSA SILVER*	PPO	EPO
Veolia maximum annual HSA contribution** Employee only/other coverage tiers	\$750/\$1,500	\$0	N/A	N/A
Preventive	If in-network, covered at 100% with no out-of-pocket cost to employee. If out-of-network, subject to out-of-network deductible and coinsurance, if applicable.			
Deductible				
In-network individual/family	\$1,500/\$3,000	\$2,600/\$5,200	\$750/\$1,500	\$250/\$750
Out-of-network individual/family	\$3,000/\$6,000	\$5,200/\$10,400	\$1,500/\$3,000	N/A
Coinsurance: you pay				
In-network	20%	30%	20%	10%
Out-of-network	50%	50%	50%	N/A
Out-of-pocket maximum				
In-network individual/family	\$3,000/\$6,000	\$6,550/\$13,100	\$3,000/\$6,000	\$2,250/\$4,500
Out-of-network individual/family	\$6,000/\$12,000	\$13,100/\$26,200	\$6,000/\$12,000	N/A
Office visit				
Primary care physician	After deductible	After deductible	After deductible	After deductible
Virtual visit	20% In-network/ 50% Out-of-network	30% In-network/ 50% Out-of-network	20% In-network/ 50% Out-of-network	10% In-network (no Out-of-network benefits)
Specialist				
Hospital				
Inpatient	After deductible	After deductible	After deductible	After deductible
Outpatient	20% In-network/ 50% Out-of-network	30% In-network/ 50% Out-of-network	20% In-network/ 50% Out-of-network	10% In-network (no Out-of-network benefits)
Emergency room	20% after deductible	30% after deductible	20% after deductible	10% after deductible

*In the HSA Gold and HSA Silver Plans, you will pay full price for prescriptions until you meet your medical deductible.

**Contributions are made on a prorated basis according to the employee's payroll schedule.

California employees: See the insert in your annual enrollment packet for specific information about the Kaiser Permanente HMO.

NEED HELP DECIDING WHICH PLAN IS RIGHT FOR YOU?

Use the Medical Plan Cost Estimator (MPCE) to compare your options. This tool helps you determine the projected health care use of you and your family, and then shows you an estimate of how much you'll pay out of pocket with each medical plan option. You can find the MPCE on YourVeoliaBenefits.com.



Prescription drug coverage

When you enroll in any Veolia medical plan, prescription drug coverage through Express Scripts is automatically included. Your prescription drug benefits will vary depending on which medical plan option you choose, the type of medication you are prescribed and whether you get it filled using a participating retail pharmacy or by home delivery.

Maintenance medication home delivery

If you take a maintenance medication, such as those used to treat high blood pressure or high cholesterol, you'll need to make an important decision on where you fill that prescription.

At a retail pharmacy, you'll pay the entire cost for a maintenance medication after the second purchase if you do not have that prescription filled through home delivery.

To avoid higher costs, take advantage of the home delivery pharmacy services from Express Scripts. For more information, contact Express Scripts at **1-888-792-7276** or **Express-Scripts.com**.

2017 Prescription drug benefits overview

PRESCRIPTION DRUGS	HSA GOLD*	HSA SILVER*	PPO	EPO
Retail (30-day supply):				
> Generic			\$10 copay	\$10 copay
> Brand	20% after deductible	30% after deductible	25% (min \$30, max \$75)	25% (min \$30, max \$75)
> Non-formulary			35% (min \$50, max \$110)	35% (min \$50, max \$110)
> Maintenance medications	100% of the retail cost (after second purchase)	100% of the retail cost (after second purchase)	100% of the retail cost (after second purchase)	100% of the retail cost (after second purchase)
Home Delivery (90-day supply):				
> Generic			\$25 copay	\$25 copay
> Brand	20% after deductible	30% after deductible	25% (min \$75, max \$150)	25% (min \$75, max \$150)
> Non-formulary			35% (min \$125, max \$225)	35% (min \$125, max \$225)

*In the HSA Gold and HSA Silver Plans, you will pay full price for prescriptions until you meet your medical deductible.

California employees: See the insert in your annual enrollment packet for specific information about the Kaiser Permanente HMO.

Advanced Utilization Management Programs

The Advanced Utilization Management (AUM) programs help you choose the safest, most cost-effective drug and ensure that your use of the drug meets FDA guidelines.

- ❖ **Prior authorization** ensures clinically appropriate use of medications.
- ❖ **Step therapy** encourages use of clinically effective, lower-cost generic and preferred brand alternatives before higher-cost medications.
- ❖ **Drug quantity management** aligns dispensing quantity with FDA-approved dosage guidelines and other supportive evidence.

Coinsurance for prescription drugs

Prescription drug expenses in all medical plan options are subject to coinsurance for brand name and non-formulary drugs.

> Under both of the HSA Plans, you will pay the full cost of the prescription for both retail and home delivery until you meet the deductible. Once you meet your plan deductible, the cost of your

prescription will be covered through coinsurance as indicated above.

> Under the EPO and PPO Plan you pay a copay for generic drugs. Brand name and non-formulary prescriptions will be covered through coinsurance, subject to the minimum and maximum limits indicated above.





Dental plan

Veolia offers dental coverage using the Delta Dental of Illinois network of dental providers. Under the dental plan, you can go to any dentist you choose. However, you will pay less for care when you use a Delta Dental PPO or Premier in-network dentist. To find an in-network dentist, visit deltadentalil.com or call **1-800-323-1743**.

Dental highlights

Plan type	Dental PPO
Deductible	\$50 single/\$150 family
Calendar year maximum per covered person	\$1,500
Preventive care <i>Exams, cleanings, X-rays, fluoride, sealants</i>	Covered at 100% with no deductible
Basic services <i>Fillings, simple extractions, root canal therapy</i>	Covered at 80% after deductible
Major services <i>Inlays/onlays, crowns, bridges, dentures, implants</i>	Covered at 50% after deductible
Orthodontia <i>Eligible dependents under the age of 19</i>	Covered at 50% up to a \$2,500 lifetime maximum benefit

Enhanced Benefits Program

Delta Dental of Illinois offers additional services to people who have specific health conditions, including:

- ❖ Periodontal (gum) disease
- ❖ Diabetes
- ❖ Pregnancy
- ❖ High-risk cardiac conditions
- ❖ Kidney failure or who are undergoing dialysis
- ❖ Cancer-related chemotherapy and/or radiation
- ❖ Suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant

If you have one or more of these medical conditions, you must enroll in the Enhanced Benefits Program to become eligible for the additional benefits. You can enroll yourself and/or your dependents, or your dentist can enroll you. Once you are enrolled, you are immediately eligible for the enhanced benefits. For more information, call Delta Dental at 1-800-323-1743 or go to DeltaDentalil.com.

Vision plan

Veolia offers two vision coverage options — Basic and Buy-up. Both options are administered by Vision Service Plan (VSP) and provide a benefit for exams and materials. VSP partners with Costco® Optical, Eye Care Centers of America™ and other high-quality retail chains (“Retail Chain Affiliate Providers”). Although the Basic Vision Plan is paid for entirely by Veolia, **you must elect this option in order to have coverage.**

Vision highlights		
	BASIC	BUY-UP
	<i>Paid for by Veolia</i>	<i>Paid for by employee</i>
IN-NETWORK		
Exam <i>Once every calendar year</i>	\$20 copay (from a VSP doctor or a retail chain affiliate provider)	\$20 copay (from a VSP doctor or a retail chain affiliate provider)
Frames <i>Only applies when a complete pair of glasses is purchased</i>	20% discount on glasses from a VSP doctor, or at participating retail chain affiliate providers (excluding Costco) <i>Once every calendar year</i>	Allowance up to \$180 (\$100 at Costco); 20% off balance at a VSP doctor or retail chain affiliate providers other than Costco <i>Once every other calendar year</i>
Lenses (clear, standard, glass or plastic; anti-scratch/anti-reflective coating, progressive, polycarbonate) <i>Once every calendar year; only applies when a complete pair of glasses is purchased</i>		
Single vision	20% discount	\$20 copay. Average 20%–25% discount off other lens options from VSP doctor or retail chain affiliate provider other than Costco; check with Costco for VSP member pricing
Bifocal	20% discount	
Trifocal	20% discount	
Contact lenses <i>Once every calendar year</i>	15% discount (fitting and evaluation) from a VSP doctor	\$130 allowance; \$60 maximum copay for standard and premium contact lens fitting and evaluation
LASIK	5% off promotional price or average 15% off regular price (<i>contracted facilities only</i>)	
OUT-OF-NETWORK		
Exam <i>Once every calendar year</i>	Up to \$45	Up to \$45
Frames <i>Once every other calendar year</i>	No coverage	Up to \$70
Lenses (clear, standard, glass or plastic; anti-scratch/anti-reflective coating, progressive, polycarbonate) <i>Once every calendar year</i>		
Single vision		Up to \$30
Bifocal		Up to \$50
Trifocal	No coverage	Up to \$65
Progressive		Up to \$50
Contact lenses <i>Once every calendar year</i>		Up to \$105

Save with VSP

VSP offers additional savings through Exclusive Member Extras, including:

- ❖ Discounts on featured frame brands
- ❖ Mail-in rebates and free trials on popular contact lens brands

- ❖ Discounts on digital hearing aids and batteries
- ❖ Savings on LASIK

For more great offers, visit [VSP.com/specialoffers](https://www.vsp.com/specialoffers).

Disability

For all eligible VNA employees, STD benefits will be provided for an approved disability due to a non-work-related illness or injury, including pregnancy or emergency hospitalization, for up to 26 weeks. Employees may use accrued time off (e.g., sick time, floating holidays or vacation days) until the elimination period expires to avoid an interruption of income.

VNA's STD program will be administered by Liberty Mutual effective January 1, 2017. STD benefits are conditional on approval by Liberty Mutual with STD benefit checks issued through VNA's payroll system.

Eligibility

You are eligible for STD benefits starting on the first day of the month following your date of hire (or on your date of hire if hired on the first day of the month) unless stated otherwise in applicable collective bargaining agreements. Contact Liberty Mutual to confirm the specific benefit amount you may be eligible to receive.

Long-term disability

Veolia's long-term disability (LTD) plan, which will be administered by Liberty Mutual effective January 1, 2017, provides a benefit for a disability that extends beyond 26 weeks. Benefits are conditional on approval by Liberty Mutual.

You have two coverage options:

- ❖ **Core:** The Core LTD Plan provides a monthly benefit of 60% of your pre-disability base earnings, up to a maximum of \$10,000 per month. Veolia pays the premium for the Core LTD Plan.
- ❖ **Buy-up:** You can "buy up" to a 66.67% monthly benefit of your pre-disability base earnings to a maximum of \$15,000 per month. If you elect the Buy-up LTD Plan, you pay the additional premium.



Life and accidental death & dismemberment (AD&D) insurance

Basic life and basic AD&D insurance

Once eligible, you will automatically be enrolled for company-paid basic life insurance and basic accidental death & dismemberment (AD&D) insurance through Liberty Mutual. Life insurance pays a benefit to your beneficiary in the event of your death, while AD&D insurance provides an additional benefit to you or your beneficiary in the event of certain accidental losses or death. Each of these benefits is equal to two times (2x) your annual base salary, up to a coverage limit of \$1,500,000 (combined basic and supplemental). Evidence of insurability (EOI) is required for all life insurance coverage over \$750,000.

REMINDER: BENEFICIARY DESIGNATION

You can update your life and AD&D beneficiaries (basic and supplemental) at any time throughout the year. We encourage you to use annual enrollment as an opportunity to review your current beneficiaries.

Employee supplemental life insurance

In addition to your basic life insurance, which is paid for by Veolia, you can also apply for supplemental coverage of one to six times (1x-6x) your annual base salary, up to a coverage limit of \$1,500,000 (combined with your basic life coverage).

If you are already enrolled and decide to increase your current coverage, or if you previously waived or were denied coverage, you will be required to submit EOI during annual enrollment. If you are a new hire or newly eligible enrolling within 31 days of your benefits effective date, you may elect up to \$750,000 combined with your basic life coverage without providing EOI.

If you make an election that requires EOI, you will receive additional paperwork at your home from Liberty Mutual. If you do not complete the EOI paperwork, or if your EOI is not approved, your requested coverage amount will not take effect.

AGE REDUCTION SCHEDULE

Once you reach the specified age below, your benefit amount will be reduced to the following percentage.

Age	Percentage of Available or In Force Amount at Age 64
65-69	65%
70-74	50%
75+	35%

Spouse/same-gender domestic partner and dependent child supplemental life insurance

You can choose supplemental life insurance for your spouse/same-gender domestic partner and/or dependent children. You can apply for spouse/same-gender domestic partner coverage in \$10,000 increments, up to \$250,000 (not to exceed 50% of your employee supplemental life coverage amount).

If you are increasing the amount of your spouse coverage, enrolling for spouse coverage that you previously waived, or your spouse was previously denied coverage, your spouse will need to submit EOI for the full amount of coverage requested. If you are a new hire or newly eligible for benefits and enroll your spouse/same-gender domestic partner within 31 days of your benefits effective date, spouse coverage over \$50,000 will require EOI.

You can purchase coverage for dependent children with a flat \$25,000 benefit amount.

Note: The employee must have supplemental life insurance coverage in order to elect supplemental life insurance coverage for a spouse/same-gender domestic partner and/or dependent child(ren).

Supplemental accidental death & dismemberment (AD&D) insurance

You can purchase supplemental AD&D insurance from one to six times (1x-6x) your annual base salary, up to a coverage limit of \$1,500,000 (combined with your basic AD&D coverage). No EOI is required for supplemental AD&D coverage.

If covering a spouse/same-gender domestic partner or dependent child under this plan, refer to the following limit and benefit amounts:

Employee + spouse only	Spouse covered for 60% of employee supplemental AD&D coverage amount; \$900,000 maximum benefit
Employee + child(ren) only	Child(ren) covered for 20% of employee supplemental AD&D coverage amount; \$300,000 maximum benefit
Employee + family	Spouse: 50% of employee supplemental AD&D coverage amount; \$750,000 maximum benefit Child: 15% of employee supplemental AD&D coverage amount; \$225,000 maximum benefit

Flexible spending accounts (FSA)

With an FSA, you can set aside tax-free money to pay for eligible expenses. Veolia offers the following FSA options through PayFlex:

- ❖ Health Care FSA (for EPO and PPO Plan participants only or employees who decline Veolia's health insurance)
- ❖ Limited Purpose FSA (for HSA Plan participants only)
- ❖ Dependent Care FSA

When you participate in an FSA, you decide how much you want to contribute each plan year (January 1 through December 31) up to IRS annual limits. The amount you elect to contribute is deducted from each paycheck before taxes are taken out — this lowers your taxable income, which means lower taxes and more take-home pay for you!

Health Care FSA

You can contribute up to \$2,550 to your Health Care FSA each year. The money can be used to cover many expenses that aren't covered by your health care plans, including:

- ❖ Copays, deductibles and coinsurance for health care, prescription drugs, dental and vision expenses
- ❖ Over-the-counter items that are **not** a drug or medicine, such as bandages, reading glasses or contact lens solution
- ❖ Vision care not covered by your plan, including contact lens solution and LASIK surgery

Additional information regarding eligible expenses that can be reimbursed from an FSA can be found at PayFlex.com or in IRS Publication 502 at www.irs.gov/pub/irs-pdf/p502.pdf.

Note: You are not eligible for a Health Care FSA if you participate in the HSA Gold or HSA Silver Plans. However, you are eligible to participate in the Limited Purpose FSA.

Limited Purpose FSA

If you enroll in the HSA Gold or HSA Silver Plan, you may only enroll in the Limited Purpose FSA (not the Health Care FSA). The maximum contribution amount for the Limited Purpose FSA in 2017 is \$2,550, and **it can be used to cover only eligible dental and vision expenses**. The Limited Purpose FSA allows you to keep more money in your health savings account just for medical and prescription drug expenses.

SEE HOW MUCH YOU CAN SAVE!

The Medical Plan Cost Estimator (MPCE) can help you determine how much to contribute to your FSA in order to maximize your tax savings and avoid losing any unused balance at the end of the year. You can find the MPCE on YourVeoliaBenefits.com.

Dependent Care FSA

You can contribute up to \$5,000 per family to the Dependent Care FSA each year. **This FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult), such as nursery or day care costs, so you and your spouse (if you're married) can work. Dependent care funds may not be used to pay for health care expenses of eligible dependents.**

Additional information regarding eligible expenses can be found at PayFlex.com or in IRS Publication 503 at www.irs.gov/pub/irs-pdf/p503.pdf.

USE IT OR LOSE IT!

Unlike in the health savings account, FSA balances do not roll over from year to year — meaning you lose any unused money at the end of the year. So be sure to budget carefully when making your 2017 FSA election. And, if you're currently participating in an FSA, make sure you incur expenses by December 31, 2016, to use the rest of your 2016 FSA funds. You have until March 31, 2017, to submit reimbursement claims for your 2016 expenses. Terminated employees have 90 days from their date of termination to submit eligible expenses.

401(k) savings plan

To help employees save for retirement, Veolia offers the Veolia North America 401(k) Savings Plan (for non-union employees) and the Veolia North America 401(k) Savings Plan for Collectively Bargained Employees (for union employees).

Both plans offer the ability to make contributions in the form of regular pre-tax or Roth after-tax contributions. In addition, both plans also offer regular pre-tax or Roth after-tax catch-up contributions for those age 50 and above. For more information, visit YourVeoliaBenefits.com or Vanguard.com/RetirementPlans.



HEALTH CARE REFORM: Key facts to know

Individual coverage mandate

On January 1, 2014, the Affordable Care Act required that nearly everyone have medical coverage, or pay a penalty. This mandate continues for 2017. Your Veolia-sponsored medical coverage meets your requirement to have medical coverage. This means that if you enroll in one of our medical plan options, you'll meet the requirement for having health coverage and won't have to pay a penalty. Plus, **you don't have to enroll** in an option available in the public health insurance marketplace (see below).

Public health insurance marketplace

The public health insurance marketplace (also called "health insurance exchanges") opened October 1, 2013, in most states. Some people without employer coverage and who fall under certain income levels will qualify for subsidized coverage in the marketplace. For more information, go to **Healthcare.gov**. Since your Veolia coverage meets government requirements for affordable coverage, you **would not receive** a subsidy from the government if you enrolled in coverage from the health insurance exchanges.

Watch for IRS Form 1095-C

In late January, Veolia will send you Form 1095-C to be used in filing your 2016 federal income tax return. This form provides information about your (and covered dependents, if applicable) coverage under a Veolia medical plan that met the minimum essential health coverage requirement. The form will show for each month of the year your coverage (and covered dependents, if applicable) under a Veolia medical plan. Your 2016 tax return will require information from the 1095-C to avoid a tax penalty for not having health coverage in 2016. Veolia is required to provide information from the 1095-C to the IRS.

Voluntary group legal plan

Veolia offers group legal coverage through Hyatt Legal Plans. The plan covers face-to-face or phone consultations with an attorney for an array of legal services, including:

- ❖ Wills, powers of attorney and trusts
- ❖ Traffic matters
- ❖ Review or preparation of legal documents, including letters, leases or purchase agreements
- ❖ Divorce
- ❖ Name change
- ❖ Adoptions
- ❖ Child support
- ❖ Real estate matters
- ❖ Tax audits

The cost for this coverage will be deducted from each paycheck. For more information, call Hyatt Legal Plans' Client Service Center at **1-800-821-6400** or visit **LegalPlans.com**.

Parking and transit benefits

Veolia offers pre-tax parking and transit benefits through PayFlex, allowing you to set aside pre-tax money from your paycheck to purchase commuter transit and parking passes. PayFlex offers a self-service online portal with more than 500 participating transit authorities and 9,000 parking locations. For more information, visit PayFlex's website at **PayFlex.com**.



Company-paid benefits

As a Veolia employee, you have access to additional benefits at no cost to you.

Employee Assistance Program (EAP)

You and your dependents automatically have access to the EAP, provided by Magellan Health. The EAP provides confidential assistance 24 hours a day, 365 days a year. When you contact the EAP, you will speak to a specialist who will help identify the issue and determine a course of action. You'll also have access to licensed counselors who can help with issues, such as:

- ❖ Parenting
- ❖ Work-life balance
- ❖ Relationship problems
- ❖ Substance abuse
- ❖ Legal and financial services

For more information, call **1-800-324-8914** or visit **MagellanHealth.com/member**. In order to access the website, you will need to enter the toll-free phone number above and then create a user name and password.

Health care assistance from HealthAdvocate

Veolia partners with HealthAdvocate to offer you and your family the following free services to help manage your health care:

- ❖ Locate doctors, hospitals, dentists and other providers
- ❖ Get cost estimates for common medical procedures
- ❖ Help to resolve insurance claim problems
- ❖ Answer questions about test results, treatments and medications
- ❖ Assist with eldercare issues, including Medicare and in-home care
- ❖ Aid in the transfer of medical records, X-rays and lab results

For more information, call **1-866-695-8622** or go to **HealthAdvocate.com/veolianorthamerica**.

Health Advantage Program

At Veolia, we recognize that health problems can have a tremendous impact on your life — both at work and outside of work. We are pleased to offer the Health Advantage Program, featuring a special support team with our “nurse in the family” approach, and various health services and resources at your fingertips when you need them.

The Health Advantage Program includes a team of experienced nurses who offer support to you or your caregiver if you have a health condition that requires complex care, or if you recently received care at a hospital. Each time you or someone in your family needs support, you will have the same nurse — or a “nurse in the family.” If your nurse is not available, other nurses can help you too. A nurse will only contact you when they can help you. Consider these situations:

- ❖ Who are the people most likely to be in the hospital next month? Believe it or not, it's the people in the hospital today. If you need to be hospitalized, expect a nurse to reach out to you to give you important support during your recovery, and to help make sure that you're not one of the people who winds up back in the hospital.
- ❖ Do you know that for many conditions, there are several treatment options that can be equally effective, ranging from rest to surgery? That's certainly the case for back or leg pain, for example. In many situations, the nurse can help you review courses of treatment your doctor is considering and help you decide what's best for you.

A representative of the Health Advantage Program will reach out to you if you qualify for this program. You do not need to take any action.

How to enroll for your 2017 benefits

You have two easy ways to enroll for your 2017 benefits:

One:

Enroll online through **YourVeoliaBenefits.com**.

- ❖ Click on **Enroll in your 2017 Benefits**.
- ❖ In the **Log In** box, enter your 8-digit ADP Vantage Employee ID number.
- ❖ Your 4-digit PIN is the month and day you were born (MMDD). For example, if you were born on May 1, you would enter 0501.
- ❖ Click **Enter**.
- ❖ Click **Enroll Now**.
- ❖ Click **Start New Enrollment** to begin the enrollment process.
- ❖ Confirm your 2017 benefit elections (otherwise, they will not be saved or recorded).
- ❖ Write down your confirmation number and print your Confirmation Statement for your records.
- ❖ Review your Confirmation Statement and ensure your elections are accurate. If not, you will need to log in again and make corrections before the enrollment deadline.

Two:

Enroll by phone by contacting the Veolia Benefits Center Monday through Friday, 7 am to 7 pm (CST) during annual enrollment, at **1-888-892-6564**.

BEFORE YOU ENROLL, COMPARE YOUR OPTIONS!

The Medical Plan Cost Estimator (MPCE) is an online tool that can help you choose your medical plan for 2017. Use the MPCE to:

- ❖ **Estimate your health care costs** based on the projected health care use for you and your family.
- ❖ **Compare medical plan options** based on your estimated out-of-pocket costs and paycheck contributions.
- ❖ **See how much you can save** on taxes by using a health savings account or FSA.

You can find the MPCE on **YourVeoliaBenefits.com**.

Important!

If you do not take action during annual enrollment, your 2016 benefit elections will automatically roll over to 2017, with the exception of your flexible spending account (FSA) elections, which you need to elect every year.

Note: If you do not want Veolia medical coverage, you must make an election to waive coverage during annual enrollment.

Enrollment for new hires

New hires and newly eligible employees must enroll or waive coverage within 45 calendar days of hire or eligibility. If you do not enroll or waive coverage, you will be enrolled in default coverage and the associated cost will be deducted from your pay.

QUESTIONS?

*Go online to **YourVeoliaBenefits.com** or call the Veolia Benefits Center at **1-888-892-6564**, Monday through Friday, 7 am to 7 pm (CST) during the November 1–18 annual enrollment period; and then from 8 am to 5 pm (CST) once annual enrollment ends.*

Contact your providers

Benefit	Phone number	Website
General		
Veolia Benefits Center	1-888-892-6564	YourVeoliaBenefits.com
Medical		
Blue Cross Blue Shield of Illinois	1-800-995-0582	BCBSIL.com
UnitedHealthcare	1-866-747-1020	MyUHC.com
Kaiser Permanente (for California employees only)	1-800-464-4000	KP.org
Prescription		
Express Scripts	1-888-792-7276	Express-Scripts.com
Dental		
Delta Dental of Illinois	1-800-323-1743	DeltaDentalil.com
Vision		
Vision Service Plan (VSP)	1-800-877-7195	VSP.com
FSA, HSA & Parking/Transit		
PayFlex	1-800-284-4885	PayFlex.com
Short-Term Disability, Long-Term Disability and Family/Medical Leave		
Liberty Mutual	1-844-247-4446	www.MyLibertyConnection.com
Life & AD&D		
Liberty Mutual	1-888-787-2129	www.MyLibertyConnection.com
Employee Assistance Program		
Magellan Health	1-800-324-8914	MagellanHealth.com/member
Group Legal		
Hyatt Legal Plans	1-800-821-6400	LegalPlans.com
Health Care Assistance		
HealthAdvocate	1-866-695-8622	HealthAdvocate.com/veolianorthamerica
401(k)		
Vanguard	1-800-523-1188	Vanguard.com/RetirementPlans

This is a summary document intended to provide an overview of 2017 benefits at Veolia North America, provided under benefit plans sponsored by Veolia North America, LLC (collectively "Veolia"). It is not a comprehensive description of the benefits offered under these plans, nor does it supersede or replace any other document.

The benefits described are subject to eligibility requirements and other plan provisions. In the event of conflict between this document and the legal

and/or plan documents governing the benefits described, such legal and/or plan documents will prevail in all cases. Veolia and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time. This guide is not a contract for purposes of employment or payment of benefits.

Some benefits in this enrollment guide may or may not apply to you if you are a bargained employee; it depends on the terms of your collective bargaining agreement.

Resourcing the world

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