

2020 Benefits Guide



If you're happy with your current elections, no action is required and your current coverage will roll over to 2020 **EXCEPT** your Flexible Spending Account (FSA) elections. You must make a new FSA election to participate in 2020.



Veolia North America | Annual Enrollment: November 4 - November 15, 2019



Kendall Union Employees

Welcome to 2020 Annual Enrollment

Now is the time to review your elections!

Annual Enrollment is November 4 through November 15.

Navigate to YourVeoliaBenefits.com > **Eligibility/Enrollment** > **Annual Enrollment** and log in to review your current elections or make changes for your 2020 benefits. If you have any questions or wish to enroll by phone, please call the Veolia Benefits Center at 1-844-690-0918, Monday to Friday from 7:30 a.m. to 6:00 p.m. CST.

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>> Your current coverage, EXCEPT flexible spending account elections, will roll over to 2020 unless you make a change.

To enroll or re-enroll, you are required to make a new election for FSAs during 2020 Annual Enrollment. **See inside for more information.**

At Veolia North America (VNA), we're proud to offer a competitive, valuable program which helps us attract, retain and reward our U.S. employees.

Now is the time to enroll in or make changes to:

- » 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

Elections or changes will take effect January 1, 2020.

Who is eligible for benefits

- » All active employees regularly 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 should refer to your union contract, which identifies any Company benefits for which you may be eligible.

How to enroll in or make changes to your 2020 benefits

How to Log In



From the Veolia network

Automatic sign-on is available to the Benefits Enrollment System if you select the link at **OneHub > Human Resources > Enroll in Benefits (US)** or while logged in to your **@veolia.com** email.



From your home computer or mobile device

If you are logging in externally and are not connected to the Veolia network, visit **YourVeoliaBenefits.com > Eligibility/Enrollment > Annual Enrollment**. You will need to log in:

- » Your username is Veolia followed by your employee ID number (no spaces).
Example: Veolia10012345.
- » Your initial password is your full Date of Birth followed by the last four digits of your Social Security Number. *Example: if your birthday is 01/05/1975 and your social security number is 123456789, your default password will be 010519756789.*

>> Before you enroll, compare your options!

Our enrollment site has information, tools, and resources you can use to make your decisions, including a Decision Support Tool, which will help you weigh your options and choose the best benefits for you and your family.

Enrollment questions?

- » Chat online with a Service Specialist by clicking the **Live Chat** link on our new enrollment site.
- » Email your question to **help@mybenefitexpress.com**.
- » Call the Veolia Benefits Center at 1-844-690-0918, Monday to Friday from 7:30 a.m. to 6:00 p.m. CST during to speak with a representative.

2020 Annual Enrollment is November 4 – November 15, 2019

New hires/newly eligible

Newly hired or newly benefits-eligible employees are eligible for benefits starting on their hire date. **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 High Deductible Health Plan – Kendall HSA;
- » Basic life and basic AD&D insurance;
- » Long-term disability (LTD) insurance;
- » Short-term disability (STD) insurance; and
- » The Employee Assistance Program.

Changing your benefits outside of Annual Enrollment

You can only make changes outside of Annual Enrollment if you experience a qualified life event, and notify the Veolia Benefits Center within 31 calendar days of the event. Qualified life events include:

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

How you pay for your benefits

YOU pay for...

Pre-tax paycheck deductions	After-tax paycheck deductions
Medical	Supplemental life
Dental	Supplemental AD&D insurance
Vision buy-up plan	
Health savings account	
Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts	

VEOLIA pays for...

Contribution to a health savings account for employees in the High Deductible Health Plan – Kendall HSA
Basic life and basic AD&D insurance
Long-term disability plan
Employee Assistance Program
Short-term disability
HealthAdvocate (health care assistance program)

Medical plans

Choose the coverage that best fits your needs from our three medical plan options:

- » One High Deductible Health Plan (HDHP) option
- » Two Preferred Provider Organization (PPO) Plan options

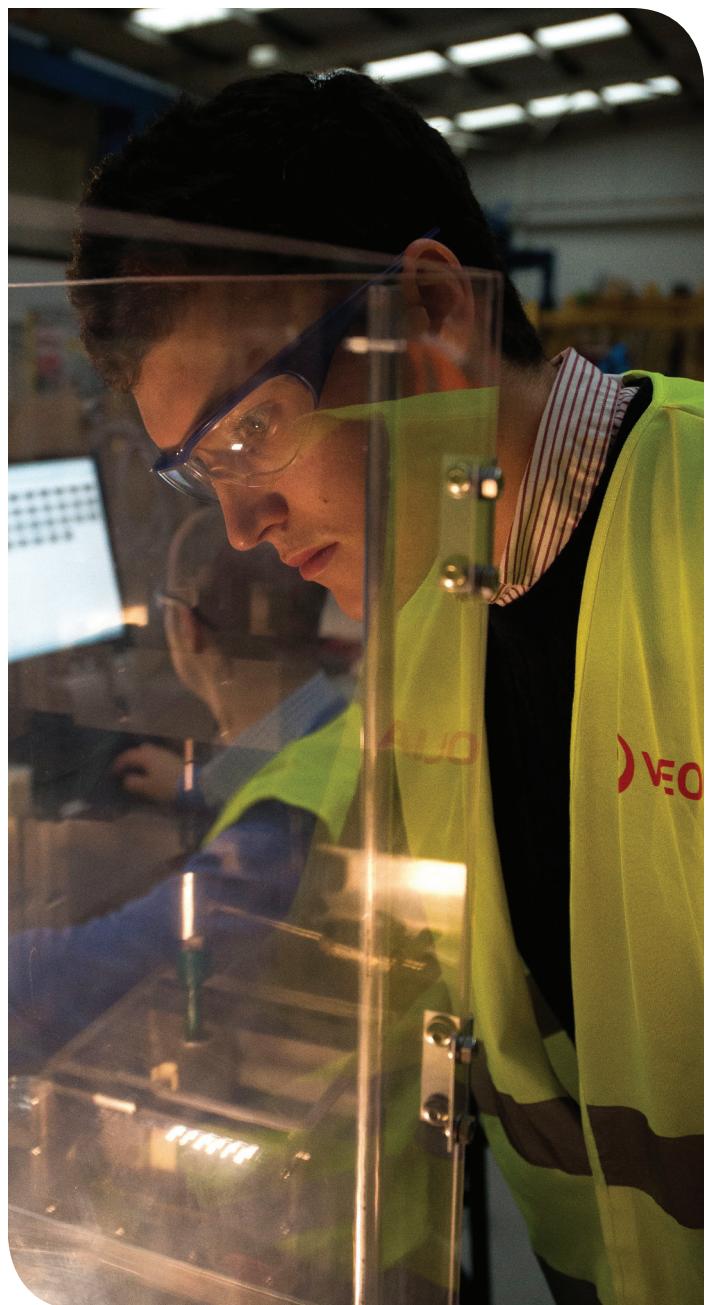
High Deductible Health Plan – Kendall Health Savings Account (HSA)

The High Deductible Health Plan – Kendall HSA works very similarly to the PPO Plans: 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.

Depending on how you use health care in a typical year, you could save money by enrolling in the High Deductible Health Plan – Kendall HSA with a health savings account (HSA). This plan allows 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 same-gender domestic partners and their children) can pay for eligible expenses with this money, too.

Preferred Provider Organization (PPO) Plans

With the Kendall \$15 PPO and Kendall \$25 PPO Plans, you have the freedom to visit the provider of your choice – but you'll pay less when you receive care from doctors, hospitals and other facilities that are in the PPO network. Once you've met your deductible, you'll pay a percentage of the cost of care you receive until you reach the annual out-of-pocket maximum.



>> Take advantage of free preventive care!

Pay nothing out-of-pocket and avoid potential health problems with free, in-network preventive care.

Some covered preventive care services include:

- » 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 and incurred by an in-network provider.



If you enroll in the High Deductible Health Plan - Kendall HSA...

Generally, **your deductible will be higher** compared to the PPO Plans — but you'll have the opportunity to save money for eligible health care expenses with an HSA.

Note: In order to participate in an HSA, you cannot be covered by any other medical plan, including Medicare. To be able to contribute to an HSA after age 65, you will need to call the Veolia Benefits Center to confirm you are not enrolled in Medicare.

Is an HSA Right for You?

The High Deductible Health Plan – Kendall HSA comes with an HSA. An HSA could help you save money. You can put aside the money you save on employee contributions compared to the PPO Plans into your HSA to use on eligible expenses — now or later on down the road.

You can also carry any unused balance forward from year to year to use for future health care expenses — even if you leave Veolia. And your HSA earns tax-deferred interest too, which helps your account balance grow over time.

The High Deductible Health Plan – Kendall HSA could be right for you if...

- » 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 tax-deferred interest-bearing savings to help with future health expenses (for example, in retirement).

Note: Save your receipts for expenses you pay from your HSA, 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.

>> Free money in the High Deductible Health Plan - Kendall HSA!

Veolia contributes money to your HSA if you enroll in the High Deductible Health Plan – Kendall HSA. Contribution amounts depend on your level of coverage. See page 8 for details.



How the health savings account works



MONEY GOES IN

Your pre-tax contributions



In the High Deductible Health Plan – Kendall HSA, Veolia contributes money to your HSA:

\$500 maximum annual contribution for employee only coverage

\$1,000 maximum annual contribution for other coverage tiers

Note:

You and Veolia can contribute up to the 2020 IRS limit:

\$3,550 for employee only coverage

\$7,100 for other coverage tiers

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

MONEY GOES OUT

You decide to use HSA funds or save them for later and pay with other money when you have an eligible expense — your HSA money comes out tax-free!

Use your HSA to pay the full cost of non-preventive medical care (including prescription drugs) until you meet the deductible. HSA funds can also be used for out-of-pocket dental and vision expenses. Pay less when you use in-network providers.

HAVE MONEY LEFT? IT ROLLS OVER!

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



>> Don't forget!

You can elect, stop or change your HSA contribution amount at any time throughout the year.

Comparing your plan options

Key terms to know

- Embedded deductible** – When covering one or more dependents, each covered person must meet the 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 eligible expenses for the family.
- Aggregate deductible** – When covering one or more dependents, the total family deductible must be met before the plan covers eligible expenses, including prescription drugs.
- Embedded out-of-pocket maximum** – A family member must meet the individual out-of-pocket maximum before the plan covers eligible expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers eligible expenses.

Aggregate out-of-pocket maximum – The total family out-of-pocket maximum must be met before eligible expenses are covered by the plan for all coverage tiers other than employee only.

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.

Coinurance – 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 work

	High Deductible Health Plan – Kendall HSA	Kendall \$15 PPO and Kendall \$25 PPO Plans
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
Aggregate vs. embedded deductible	Aggregate deductible	Embedded deductible
Out-of-pocket maximum	<ul style="list-style-type: none"> » Deductible » Coinsurance for medical and prescription drugs Aggregate out-of-pocket maximum	<ul style="list-style-type: none"> » Deductible » Coinsurance for medical and prescription drugs Embedded out-of-pocket maximum
Prescription drug costs	Count toward your annual deductible and out-of-pocket maximum	Do not count toward your annual deductible
Health savings account	Yes	No
Health Care Flexible Spending Account	Limited Purpose only	Yes

Medical plan details

Component	High Deductible Health Plan -Kendall with HSA*	Kendall \$15 PPO Plan	Kendall \$25 PPO Plan
Employee contributions	Costs for coverage under each plan are provided on the rate sheet included with your enrollment materials		
Veolia maximum annual HSA contribution Employee only/ other coverage tiers	\$500/\$1,000	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	\$0/\$0	\$150/\$450
Out-of-network individual/family	\$3,000/\$6,000	\$400/\$1,200	\$600/\$1,800
Coinurance: you pay In-network Out-of-network	20% 40%	10% 30%	20% 40%
Out-of-pocket maximum In-network individual/family	\$5,000/\$6,850	\$1,000/\$2,000	\$2,000/\$6,000
Out-of-network individual/family	\$10,000/\$20,000	\$2,000/\$4,000	\$4,000/\$12,000
Office visit Primary care physician Virtual visit Specialist	After deductible 20% In-network/ 40% Out-of-network	\$15 copay per visit In-network/ 30% Out-of-network (after deductible)	\$25 copay per visit In-network/ 40% Out-of-network (after deductible) \$35 copay per visit In-network/ 40% Out-of-network (after deductible)
Hospital Inpatient Outpatient	After deductible 20% In-network/ 40% Out-of-network	10% In-network/ 30% Out-of-network (after deductible)	After deductible 20% In-network/ 40% Out-of-network
Emergency room	20% coinsurance after deductible for true emergency; applicable In-network or Out-of-network coinsurance for non-emergency	\$75 copay plus 10% coinsurance for true emergency; applicable In-network or Out-of-network coinsurance after deductible for non-emergency	\$150 copay plus 20% coinsurance (deductible waived) for true emergency; applicable In-network or Out-of-network coinsurance after deductible for non-emergency

*In the High Deductible Health Plan – Kendall with HSA, you will pay full price for all services, including prescriptions until you meet your medical deductible.

>> Save money with the right medical plan!

Use the Decision Support Tool to compare your options and select the plan that best fits your needs — you might find you'll save money depending on the plan you choose. You can project how your family will use health care throughout the year and receive an estimate of your out-of-pocket expenses for each option. Log on to YourVeoliaBenefits.com > Eligibility/Enrollment > Annual Enrollment to get started.



Prescription drug coverage

Prescription drug coverage through Express Scripts is automatically included with each Veolia medical plan, but benefits vary based on:

- » the plan you choose
 - » the type of medication you are prescribed
 - » where you fill your prescription (retail pharmacy or 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 **Express-Scripts.com** or 1-888-792-7276.

2020 Prescription drug benefits overview

Prescription Drugs	High Deductible Health Plan - Kendall HSA*	Kendall \$15 PPO Plan	Kendall \$25 PPO Plan
Retail (30-day supply)**:			
Generic	\$10 copay after deductible	\$5 copay	\$5 copay
Brand***	\$25 copay after deductible	\$10 copay	\$25 copay
Non-formulary	\$40 copay after deductible	\$20 copay	\$40 copay
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)
Home Delivery (90-day supply):			
Generic	\$20 copay after deductible	\$10 copay	\$10 copay
Brand	\$50 copay after deductible	\$20 copay	\$50 copay
Non-formulary	\$80 copay after deductible	\$40 copay	\$80 copay

* In the High Deductible Health Plan – Kendall HSA, you will pay full price for prescriptions until you meet your medical deductible.

**** Up to two 30-day fills of long-term medications allowed at retail; maintenance medications are then required to be filled in 90-day supplies from Express Scripts Home Delivery.**

****If you or your physician request a brand drug when a generic is available, you will pay the difference in price between the brand and generic drug plus your copay, and only the copay accrues to your out-of-pocket limit.*



Dental plan

Coverage provided through Delta Dental of Illinois. Visit any dentist you choose, but pay less for care when you use a Delta Dental PPO or Premier in-network dentist.

Dental highlights	
Plan type	Dental PPO
Deductible	\$0 single/\$0 family
Calendar year maximum per covered person	\$1,200
Preventive care <i>Exams, cleanings, X-rays, fluoride, sealants</i>	Covered at 100%
Basic services <i>Fillings, simple extractions, root canal therapy</i>	Covered at 100%
Major services <i>Inlays/onlays, crowns, bridges, dentures, implants</i>	Covered at 70%
Orthodontia <i>Eligible dependents under the age of 26</i>	Up to \$1,500 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, go to **DeltaDentalil.com** or call Delta Dental at **1-800-323-1743** for more information about the Enhanced Benefits Program or to enroll.

➤ To find an in-network dentist, visit **DeltaDentalil.com** or call **1-800-323-1743**.

Vision plan

Veolia offers vision coverage to Kendall employees through the Vision Buy-Up Plan, which is administered by Vision Service Plan (VSP). VSP partners with Costco® Optical, Eye Care Centers of America™ and other high-quality retail chains (“Retail Chain Affiliate Providers”).

Vision highlights

BUY-UP Paid for by employee

In-network	
Exam <i>Once every calendar year</i>	\$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>	Allowance up to \$180 (\$100 at Costco); 20% off balance at a VSP doctor or retail chain affiliate providers (excluding Costco) <i>Once every other calendar year</i>
Lenses (clear, standard, glass or plastic; anti-scratch/anti-reflective coating, progressive, polycarbonate)	
Single vision	\$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	
Trifocal	
Contact lenses <i>Once every calendar year</i>	\$130 allowance; \$60 maximum copay for standard and premium contact lens fitting and evaluation 15% discount (fitting and evaluation) from a VSP doctor
LASIK	5% off promotional price or average 15% off regular price (contracted facilities only)
Out-of-network	
Exam <i>Once every calendar year</i>	Up to \$45
Frames <i>Once every other calendar year</i>	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	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.

Disability

Short-term disability (STD) benefits are offered at no cost to you and help replace a portion of your income if you are ill or injured and unable to work.

Your approved STD benefits will begin on the fourth calendar day of illness or injury (the first day after expiration of the three-day elimination period). 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.

Beginning on the fourth calendar day, STD benefits for an approved disability due to a non-work-related illness or injury, including pregnancy or emergency hospitalization, will cover 100% of your base pay for up to 180 days in a rolling 12-month period of time.

Benefits are administered by Lincoln Financial (formerly known as Liberty Mutual) and are conditional on approval by Lincoln Financial. STD benefit checks are issued through Veolia's payroll system.

Eligibility

You are eligible for STD benefits starting on your date of hire unless stated otherwise in applicable collective bargaining agreements.

Long-term disability

Administered by Lincoln Financial, long-term disability (LTD) provides a benefit for a disability that extends beyond 180 days. Benefits are conditional on approval by Lincoln Financial.

You have one coverage option:

Monthly benefit	Who pays?
66.67% of pre-disability base pay (up to a \$12,000 benefit maximum per month)	Veolia



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

Basic life and basic AD&D insurance

Once eligible, you will automatically be enrolled for coverage through Lincoln Financial. 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.

Basic coverage	Limit
2x annual base salary	Up to \$500,000

» Designate your beneficiaries!

Annual Enrollment is the perfect time to review and update your current beneficiaries!

Employee supplemental life insurance

Coverage options	Limit (including Basic coverage)
1x – 6x annual base salary	Up to \$1,000,000

- » Evidence of Insurability (EOI) is required if you are currently enrolled and decide to increase your coverage. Look for additional paperwork in the mail from Lincoln Financial – EOI must be approved for coverage to take effect.
- » If you're a new hire or newly eligible employee, you may elect coverage up to \$750,000 (including Basic coverage) without providing EOI.

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	45%
75–79	30%
80+	20%

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

Coverage options	Limit
Spouse/same-gender domestic partner	\$10,000 increments up to \$100,000*
Dependent child	\$5,000 increments up to \$20,000

*Not to exceed 100% of employee supplemental life coverage amount.

- » EOI is required if you have previously waived spouse coverage or your spouse was previously denied coverage.
- » If you are a new hire or newly eligible employee, EOI is required for spouse coverage over \$20,000.

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

Coverage options	Limit (including Basic coverage)
1x – 10x annual base salary	Up to \$1,000,000

- » No EOI is required.

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 70% of employee supplemental AD&D coverage amount; \$700,000 maximum benefit
Employee + child(ren) only	Child(ren) covered for 20% of employee supplemental AD&D coverage amount; \$200,000 maximum benefit
Employee + family	Spouse: 60% of employee supplemental AD&D coverage amount; \$600,000 maximum benefit Child: 15% of employee supplemental AD&D coverage amount; \$150,000 maximum benefit

Flexible spending accounts (FSAs)

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

- » Health Care FSA (*for Kendall \$15 and Kendall \$25 PPO Plan participants only or employees who decline Veolia's health insurance*)
- » Limited Purpose FSA (*for High Deductible Health Plan – Kendall with HSA 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

Contribute up to the IRS annual maximum to cover eligible health care expenses, such as:

- » 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

Find the full list of eligible expenses at

ConnectYourCare.com/veolianorthamerica 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 High Deductible Health Plan – Kendall HSA. However, you are eligible to participate in the Limited Purpose FSA.

Limited Purpose FSA

If you enroll in the High Deductible Health Plan – Kendall with HSA, you may only enroll in the Limited Purpose FSA (not the Health Care FSA). The Limited Purpose FSA in 2020 **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.

Dependent Care FSA

You can contribute up to \$5,000 per family to the Dependent Care FSA each year. **This FSA can only 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.**

Find the full list of eligible expenses at

ConnectYourCare.com/veolianorthamerica 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 2020 FSA election.

And, if you're currently participating in an FSA, make sure you incur expenses by December 31, 2019, to use the rest of your 2019 FSA funds. You have until March 31, 2020, to submit reimbursement claims for your 2019 expenses. All reimbursement claims for 2019 expenses should be submitted to ConnectYourCare.

» Take action!

Your FSA elections will not carry over to 2020. If you want to continue to participate in any of the FSAs next year, you must take action and enroll by November 15!

Additional benefits

Veolia knows every family is different, so we want to offer additional benefits options to choose from to make sure you have the protection you need or additional opportunities to save.

CommonBond student loans

Repaying your student loans is a step toward better financial wellbeing. In 2018, Veolia began offering student loan support through CommonBond. CommonBond is there to help you properly evaluate your current federal and/or private student loan, including whether it's appropriate to consider refinancing or consolidation. Visit cbpartner.co/veolia for the information you'll need to get started (plus a \$200 cash bonus*).

* \$200 to be credited to your PayPal account or check to be mailed to the postal address in your loan application within 6 weeks of loan funding. Lending decisions are not impacted in any way by participation in this offer. Offer is non-transferable. No substitutions. Limit one offer per loan.



>> Employee Discounts

Visit Your Veolia Discount Marketplace at YourVeoliaBenefits.com



Benefits provided at no cost to you

Employee Assistance Program (EAP)

Access licensed counselors from Magellan Health 24 hours a day, 365 days a year to get help with issues such as:

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

For more information, visit MagellanHealth.com/member or call 1-800-324-8914. 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 Advantage Program

The Health Advantage Program includes a team of experienced nurses who offer support to you or someone in your family if you are enrolled in one of Veolia's medical plan options — it's like having a nurse in your family!

Dedicated nurses are available 24/7 and provide 1-to-1 support with personalized service. As needed, your nurse can connect with other dedicated resources, like doctors, pharmacists, or a team of social workers and behavioral health specialists. The Health Advantage Program offers assistance for complex care, hospitalization support, as well as maternity support.

A nurse may call you after a hospital stay or a recent diagnosis to help connect you with information and resources that you may need.

Consider this:

- » **The people most likely to be in the hospital next month are the people currently in the hospital today.** These nurses will reach out to you to give you important support during your recovery to avoid readmission to the hospital.
- » **For many conditions, there are several treatment options that can be equally effective (from simply rest to surgery).** These nurses can help you review courses of treatment your doctor is considering and help you decide what's best for you.

You don't need to take action to participate — if you are eligible for this program, a nurse will reach out to you directly.

» Health care assistance from HealthAdvocate

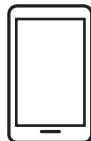
HealthAdvocate offers you and your family the following free services to help manage your health care:

- » 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, go to HealthAdvocate.com/veolianorthamerica or call 1-866-695-8622.

Contact your providers

Benefit	Website	Phone number
Benefits Information and Enrollment		
Veolia Benefits Center		1-844-690-0918
Enrollment Site	YourVeoliaBenefits.com > Eligibility/Enrollment	
Medical		
Blue Cross Blue Shield of Illinois	BCBSIL.com	1-800-995-0582
Medical Virtual Visits		
Blue Cross Blue Shield of Illinois (MDLIVE)	MDLIVE.com/bcbasil	1-888-676-4204
Prescription		
Express Scripts	Express-Scripts.com	1-888-792-7276
Dental		
Delta Dental of Illinois	DeltaDentalil.com	1-800-323-1743
Vision		
Vision Service Plan (VSP)	VSP.com	1-800-877-7195
FSA and HSA		
ConnectYourCare	ConnectYourCare.com/veolianorthamerica	1-844-609-1806
Short-Term Disability, Long-Term Disability and Family/Medical Leave		
Lincoln Financial (formerly known as Liberty Mutual)	www.MyLibertyConnection.com	1-844-247-4446
Life and AD&D Insurance		
Lincoln Financial (formerly known as Liberty Mutual)	www.MyLibertyConnection.com	1-888-787-2129
Employee Assistance Program		
Magellan Health	MagellanHealth.com/member	1-800-324-8914
Health Care Assistance		
HealthAdvocate	HealthAdvocate.com/veolianorthamerica	1-866-695-8622
Student Loan Assistance		
CommonBond	cbpartner.co/veolia	1-800-975-7812



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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 access 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 1-844-690-0918.

This is a summary document intended to provide an overview of 2019 benefits at Veolia North America, provided under benefits 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 benefits 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.