

2018 Annual Benefits Enrollment

Frequently Asked Questions (FAQs)

Introducing a new benefits experience

At Transamerica, we know when we hear our customers tell us “you make it easy” and “you show me you care” we’re well on our way to achieving our 2020 Vision. We also want to hear these same words from our employees when it comes to the benefits we offer. Over the past several years, you’ve made it clear that you want more benefit options and the flexibility to choose coverage that makes the most sense for your situation. The great news is we’ve found a solution through our new partnership with **Mercer Marketplace**.

Please use these Frequently Asked Questions (FAQs) to learn more about how your benefits will change. You can find additional information and plan details in your online Benefits Decision Guide at mytabenefits.com.

What’s Changing for 2018?

Q1. How are my health and welfare benefits changing for 2018?

A1. You will have access to a comprehensive suite of benefits for 2018, with more choices and greater flexibility. You will also have a wider range of benefit options, plus new tools and resources designed to help make enrolling easier. The new and expanded selection of benefit options includes several medical plans, dental and vision plans, life, AD&D and disability coverage and additional benefits such as identity theft protection, comprehensive legal benefits, pet insurance and more – all designed to help provide important financial protection. Some of the plan designs may look familiar to you, while others will be brand new.

Q2. What is staying the same?

A2. We will continue to offer robust medical and dental coverage with preventive care benefits, and a broad network of physicians, clinics and hospitals. Prescription drug coverage will also continue to be included with your medical plan choice.

For 2018, basic employer-paid life and disability coverage will remain the same, with the ability to elect supplemental medical benefits (formerly known as Voluntary Insurance Plans) as you have in the past, such as critical illness, hospital indemnity, accident, cancer and universal life.

Additionally, the Transamerica Pension Plan and 401(k) Retirement Savings Plan will continue to be provided and administered by Transamerica Retirement Solutions. You can count on these plans as a way to prepare for a more financially secure future. You can reach TRS at 800-962-3466 or online at my.trretire.com.

Q3. Where can I learn about my health and welfare benefit options for 2018?

A3. With so many new benefit choices, you have important decisions to make and need to spend time educating yourself. Education and resources are available to help you understand your options and the enrollment process. In addition to the Mercer Marketplace enrollment website, you have access to the following:

- **Announcement message with video** – In late September, you received an announcement email from Mark Mullin that links to a video message from Jay Orlandi that provided an overview of the changes and what to expect next.
- **2018 benefits brochure** – A brochure in the mail and online that provides an overview of the changes and the tools you can use.

- **2018 online Benefits Decision Guide** – You should refer to this online guide to get a detailed view of your benefits and the enrollment process. The guide is available at mytabenefits.com. You can view the site from work or from home with no login required.
- **2018 benefits program presentations** – You have access to a series of short recorded presentations at mytabenefits.com with details on plan options, the enrollment process and online tools.
- **Q&A Webinars** – If you still had questions after viewing the online decision guide and the presentations, you had the ability to attend one of five online Q&A sessions that were held in the weeks of October 9th and 16th.
- **Additional communications** – Look for ongoing onsite promotions and emails.

Q4. Where can I find my benefit costs for 2018?

A4. The online Benefits Decision Guide at mytabenefits.com has everything you need to know about your benefits, including the 2018 costs for medical, dental and vision coverages. On the homepage one of three rotation banners is specific to 2018 premium rates and can simply click on “Learn more” to find the rates. You’ll also see full coverage details and costs on the Mercer Marketplace website when you enroll during Annual Benefits Enrollment.

Enrollment

Q5. When is Annual Benefits Enrollment?

A5. This year’s Annual Benefits Enrollment begins Wednesday, November 1, 2017, and ends on Wednesday, November 15, 2017.

Q6. How do I enroll?

A6. You will enroll through the new Mercer Marketplace enrollment website. There are two ways to access the Mercer Marketplace website:

1. If you’re on the network, click the “2018 Benefits Enrollment” link via the Benefits Enrollment menu on Employee Central, or
2. If you’re not connected to the network, log on to benefits.transamerica.com using your network username and password. Enter “US” as the domain (AAM and Corporate Center use “DS”).

Note: If you’re part of the Transamerica Agency Network:

- Log in to www.tapremier.com and go to the Links page.
- Click “2018 Benefits Enrollment.”
- Enter the same ID and password you use for Employee Central and Integrity Ed, and enter “US” as the domain.

Q7. What happens if I don’t enroll?

A7. This Annual Benefits Enrollment, action is required!

You must use Mercer Marketplace to enroll in your 2018 health benefits or waive coverage between November 1 and November 15, 2017. If you do not take action, you will only have the following benefits through Transamerica:

- Company-provided benefits such as basic life and disability insurance.
- Any supplemental medical (formerly known as Voluntary Insurance Plans) (cancer, hospital indemnity, accident insurance, critical illness and universal life) that you are currently enrolled in.
- Any supplemental life and spouse dependent life insurance that you are currently enrolled in.

No other coverage from 2017 will carry over to 2018. Review the chart on the following page for more details on what happens if you do not take action during this year’s Annual Benefits Enrollment.

Benefit Plan	2018 Default Coverage
Medical	No coverage
365 HUB	No coverage
Health Savings Account	\$0 contribution
Dental	No coverage
Vision	No coverage
Basic Employee Life Insurance	One times Basic annual earnings (must re-designate your beneficiary)
Supplemental Employee Life Insurance	Current 2017 election
Accidental Death & Dismemberment	No coverage
Dependent Life Insurance	Current 2017 election
Short-Term Disability	Percentage based on years of service
Long-Term Disability	50% of your basic annual earnings
Health Care Flexible Spending Account	\$0 contribution
Dependent Care Flexible Spending Account	\$0 contribution
Voluntary Insurance Plans (Cancer, Critical Illness, Hospital Indemnity, Accident and Universal Life)	Current 2017 election
New Voluntary Benefits (Identity Theft Protection, Legal Benefits, Auto and Home Insurance, and Pet Insurance)	No coverage

Q8. How will Mercer Marketplace help me make enrollment decisions?

A8. As you enroll on the Mercer Marketplace website, you'll find key information displayed for each plan, including coverage details and what it will cost. You'll also find tools, videos and other information to help you better understand your benefit options.

If you need help finding the right coverage, you can use Mercer Marketplace's "Best Match" tool, beginning November 1. When you log in, you'll be asked a few questions about your medical services use, your payment preference and your ability to afford an unexpected medical expense. Then, the website will show you one or more plans that may best match your situation. While the decision is yours, these suggestions may help you make an appropriate choice.

The Mercer Marketplace website will guide you through the enrollment process step by step. If you prefer to enroll or receive benefits advice by phone, you can also contact Mercer Marketplace's dedicated Transamerica Benefits Center at 866-891-4274. Beginning November 1 and continuing through the end of Annual Benefits Enrollment, licensed benefits counselors are available to assist you during convenient, extended hours – from 7 a.m. to 10 p.m. ET Monday through Friday, and 10 a.m. to 2 p.m. ET Saturday.

Q9. What if I enroll on the Mercer Marketplace site and need to make a change to my elections before November 15?

A9. You can return to the site and make changes to your elections any time up until 11:59 p.m. ET on November 15.

Q10: What if I need to make changes to my elections after November 15?

A10: This year, you must enroll during the designated two-week enrollment window. No changes will be allowed this year after the November 15 enrollment deadline. The only exception is if you have a qualifying event after coverage has taken effect in 2018 (i.e., you have a baby or get married).

Medical

Q11. How are medical benefits changing for 2018?

A11. Instead of one medical plan, most employees will have a choice of four medical plans for 2018, offering a range of deductibles, out-of-pocket maximums, coinsurance and premiums. You have the flexibility to choose the plan that best fits your needs and budget.

Q12: What are my medical plan options for 2018?

A12: You will have several medical plan options to choose from. Most employees will have one low deductible plan (the \$900 Deductible Plan) and three HSA-eligible high deductible health plans (the \$1,850 Deductible Plan, \$2,850 Deductible Plan and \$4,500 Deductible Plan). Keep in mind that deductibles in the medical plan names reflect Self Only coverage; the deductible amounts for all other coverage types are double that amount.

Your medical plan will be provided through either United Healthcare or Aetna, depending on the state in which you live. Employees who live in California or Colorado will also have a Kaiser medical plan option, which does not include the \$4,500 Deductible Plan.

For more details about your 2018 medical plan options, visit the online Benefits Decision Guide at mytabenefits.com and from the homepage click on "Compare Plans."

Q13: How will I find out which medical plan carriers are available in my state?

A13: Most employees will have access to either Aetna or United Healthcare medical plan carriers, depending on where they live. To find out which carrier is being offered at your location, go to the online Benefits Decision Guide at mytabenefits.com and click on "Find a doctor" from the homepage, which will take you to a map that indicates the carrier available in each state. You can also search for providers that are part of Aetna and United Healthcare's networks. If you live in Colorado or California, certain plans will also be offered with in-network coverage only through Kaiser.

Q14: How will I transition my care if I need to switch to a new provider?

A14: If you need to switch to a new provider, your medical plan carrier can help you locate in-network providers. If your doctor is not in-network and you are managing a serious medical condition, your carrier can help map out a personal transition-of-care plan.

Q15: Do the annual deductibles count toward the out-of-pocket maximums under all of the medical plans?

A15: Yes, for all the medical plans, the amount you pay toward the annual deductible applies to the annual out-of-pocket maximum.

Q16: If I am covering family members under the plan, do all of our combined expenses have to meet the family deductible before the plan begins paying coinsurance for one individual?

A16: The \$1,850 plan has a family deductible of \$3,700, which works just as our current plan does today. The combined family unit must meet the \$3,700 deductible before coinsurance begins. This deductible can be met by any combination of family members (including only by one of them), but the only way for coinsurance to begin for any family member is when the entire \$3,700 family deductible is satisfied.

The other plans have an embedded individual deductible. As an example, let's use the \$2,850 plan, which has a \$5,700 family deductible. Similar to our current medical plan, if the combined family unit meets this \$5,700 deductible then coinsurance begins for the entire family. In addition, the embedded individual deductible provides that if one family member's expenses on their own reach the \$2,850 amount, then coinsurance will begin for that family member only. This means there are two ways for coinsurance to kick in for these plans – either on a combined family basis, as it does today, or also on an individual basis.

Because of regulatory requirements, the \$1,850 plan is not allowed to have this embedded individual deductible.

Q17. If I'm currently enrolled in Transamerica medical coverage, what happens to my current prescriptions with Express Scripts?

A17. If you enroll in Transamerica medical coverage through Aetna or United Healthcare for 2018, there will be no impact to your existing prescriptions on file with Express Scripts. Though you can stay with Express Scripts, you will receive a new ID card for 2018.

Note that if you live in California or Colorado, and choose Kaiser as your medical carrier, you will need to contact Kaiser to transition your prescription information to Kaiser Pharmacy.

Q18. What is Mercer Marketplace 365 HUB? How is it different from similar services offered through a medical plan?

A18. Mercer Marketplace 365 HUB is a support service designed to help you make better health care decisions all year long. If you enroll in a medical plan, you can choose to enroll in the 365 HUB for a small monthly premium. The 365 Hub provides access to personal health advocacy services, price comparison tools, physician performance ratings and expert medical opinions, all at your fingertips.

This service is more robust than the free services offered through a medical plan carrier, but the services offered through a carrier will continue to be available, as well.

Savings and Spending Accounts

Q19. What happens to my current HSA now that my carrier is changing for 2018?

A19. If you have an existing account with our current HSA bank (Optum), you will continue to use your account as you do now to pay for eligible expenses you incur through December 31, 2017. With an HSA, the account is yours to keep – unused money rolls over year after year, and it can even be used to help plan for health care expenses in retirement.

If you enroll in an HSA for 2018, you will receive a new debit card along with some account information from Discovery Benefits before the new plan year begins. You have the option to keep your existing HSA balance with Optum, which has agreed to waive any fees for maintaining your account in 2018. Or, you can simplify your account management by transferring your existing funds to your new Discovery Benefits HSA. An HSA Transfer Request Form and instructions will be available on the Mercer Marketplace website beginning in mid-January. Please note: If you have payroll deductions scheduled through the rest of 2017, you should wait to transfer your funds until the last deduction has been made.

Q20: What happens to my current HSA balance if I enroll in a plan that is not considered an HSA-eligible high deductible health plan?

A20: You can use the money in your current HSA to pay for eligible medical expenses. However, you are no longer able to deposit new money into an HSA.

Q21: If I don't transfer my HSA to Discovery Bank, can I still use money from my Optum Bank account to pay for eligible medical expenses in 2018?

A21: Yes, you can continue to use funds in your Optum Bank account to pay eligible medical expenses. However, after December 31, 2018, you will incur a monthly service fee for any balances remaining in your Optum account.

Q22: Can I use my HSA for my spouse or dependents if they are not covered under my plan?

A22: Yes, you can, as long as they are considered dependents for federal income tax purposes.

Q23: Do I have the option to invest my HSA assets with Discovery Benefits?

A23: Yes, you will have the option to invest your HSA assets with Discovery Benefits.

Q24. I'm familiar with the Limited Purpose FSA...how does a Combination FSA work?

A24. The Combination FSA is available to employees who are enrolled in the HSA. It's similar to our current Limited Purpose FSA, but has an added advantage – in addition to eligible dental and vision expenses, you can also use the account to reimburse yourself for medical and prescription expenses after meeting a specific IRS-defined portion* of the medical plan deductible. Note: If you enroll in the \$900 Deductible Plan, the HSA and the Combination FSA are not available as this plan is not eligible for either of them.

**The IRS defined deductible for 2018 is \$1,350 for Self Only and \$2,700 for all other coverage levels regardless of whether you choose the \$1,850, \$2,850 or \$4,500 Deductible Plan.*

Q25. What happens to my current FSA now that my carrier is changing for 2018?

A25. If you have an existing account with our current FSA administrator (WageWorks), you will continue to use your account for any expenses you incur through December 31, 2017. Unlike an HSA, you can only carry over up to \$500 of unused money in your Health Care FSA to the next year; you will forfeit amounts above \$500 when the plan year ends. If you do have balances that carry over to 2018, these will automatically be transferred to a Discovery Benefits account.

If you enroll in an account for 2018, you will receive a new debit card and account information from Discovery Benefits before the new plan year begins. To receive reimbursement for charges incurred in 2017, you will need to submit for reimbursement manually with WageWorks (via fax, mail, online or mobile app) by April 30, 2018.

Q26: If I complete wellness activities through the Rally portal in 2018, which account(s) qualify for a Company contribution?

A26: If you enroll in the \$1,850 Deductible Plan, the \$2,850 Deductible Plan or the \$4,500 Deductible Plan, the Company will make a contribution to your Health Savings Account as a reward for completing wellness activities.

Q27: Do I have to open an HSA with Discovery Benefits and contribute to the account to receive a Company contribution for completing certain wellness activities?

A27: Yes, you must open an HSA with Discovery Benefits and make a minimal contribution.

Q28: How do I transfer my HSA from Optum Bank to Discovery Benefits?

A28: Employees will receive an email in December with instructions for how to transfer HSA balances from Optum Bank to Discovery Benefits.

Other Benefits

Q29: What happens to my current life insurance elections?

A29: If you're currently enrolled for supplemental employee or dependent life insurance, these elections will carry over to 2018. You will only need to elect coverage if you want to change your election for the coming year.

Q30. What happens to my current life insurance beneficiary information?

A30. Since we are changing platforms, you will need to add beneficiary information for life insurance when you enroll for 2018 benefits, even if you currently have beneficiaries on file. If you do not designate life insurance

beneficiaries with Mercer Marketplace, the beneficiary designations on file with Transamerica in Workday will be used through March 2018. After March 2018, if you have not designated beneficiaries with Mercer, your life insurance proceeds will be paid according to Plan rules. You can designate a separate beneficiary for each life insurance policy – basic life insurance coverage, as well as any supplemental coverage you elect.

Q31: What happens to my current Voluntary Insurance Plan elections?

A31: If you currently have accident, hospital indemnity and/or cancer insurance through Transamerica, these plans will be shown as you enroll on the Mercer Marketplace website. You will not need to elect new coverage for 2018 if you are already enrolled. And since these plans are now offered on Mercer Marketplace, you'll see your elections and the cost for these plans included in your total premium costs for 2018. If you want to cancel any of these current coverages, you can do so on the Mercer Marketplace site.

If you currently have a critical illness or universal life policy through Transamerica Employee Benefits (TEB), your policy will remain with TEB. Existing critical illness and universal life plans will not be reflected on the Mercer Marketplace website, so the cost for that coverage will not be included in the total premium costs shown on the site. If you don't have these benefits now and want to enroll for new coverage, these options will be on the Mercer Marketplace site.

Q32: Why are the new voluntary benefits being offered?

A32: We are responding to your request for more choice and flexibility by providing voluntary options for home and auto insurance, legal benefits and pet insurance. The Online Discount Mall also allows you to save as much as 40% on various offers that interest you, including movie tickets, restaurants and retailers.

Q33: Since I'm paying the full cost of voluntary benefits, will the Company deduct my premiums from my paycheck once I've enrolled?

A33: The Company will make paycheck deductions for identity theft, legal services and pet insurance once you've elected these benefits. You will receive a monthly bill for home and auto insurance and pay directly online for any Online Discount Mall purchases.

Information for Transamerica Agency Network Employees

Q34. How will my 2018 benefits differ if I am a Transamerica Agency Network (TAN) employee?

A34. As part of the Transamerica Agency Network (TAN), you can elect one of the three high deductible health plans offered by Aetna or United Healthcare, based on the state you live in. For agents who live in California and Colorado, Kaiser will be an additional medical carrier option, providing in-network coverage only. You will not be eligible to enroll in the low deductible plan (\$900 Deductible Plan).

Since you will have the opportunity to save with a Health Savings Account (HSA), the Health Reimbursement Account (HRA) will no longer be offered for 2018. If you have an HRA balance, you will receive a communication in mid-October with more details on how that balance will be handled.

The information is intended to provide highlights for 2018 Annual Benefits Enrollment. In the event of any conflict or inconsistency between this information and the actual Plan documents, the provisions of the Plan Documents, including applicable insurance contracts, will govern.

The receipt of this information does not entitle you to benefits under the Plan. In order to be entitled to benefits, you must meet all of the applicable eligibility requirements.