

EMPLOYEE

# BENEFITS

2018

THE **FUTURE**  
DEPENDS ON OPTICS



TALENT MANAGEMENT  
& DEVELOPMENT



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**OPEN ENROLLMENT AND NEWLY HIRED/ELIGIBLE EMPLOYEES**

Open enrollment sessions are conducted each year for employees to add, change or delete coverage. Information will be provided in advance of the open enrollment period by your Talent Management & Development Department. For new employees coverage is effective on the first of the month following 30 days of employment. Any election made will remain in effect and cannot be changed or revoked until the next Annual Open Enrollment period, unless the change is on account of and consistent with a family/life status change.

**SPECIAL ENROLLMENT RIGHTS**

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**Eligibility for Medicaid or a State Children’s Health Insurance Program.**

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state

children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents’ determination of eligibility for such assistance.

**REQUIRED COVERAGE FOLLOWING MASTECTOMIES**

In compliance with the Women’s Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

*Please Note: This booklet provides a summary of the benefits available. The Company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.*

**EDUCATIONAL ASSISTANCE PROGRAM**

The EO Educational Assistance Program was established in an effort to assist employees who wish to pursue formal education to enhance their current skills thus improving their potential for future opportunities with EO.



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**DAY CARE SUBSIDY**

Edmund Optics provides employees reimbursement for the cost of day care services for children up to age 6, not yet eligible for full-day public schooling. This benefit is available only to full-time employees after 90 days of employment.



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**DELL PERKS**

Edmund Optics and Dell are pleased to bring you the Dell Employee Purchase program (EPP). Buy Dell desktops, laptops, and accessories for home use and take advantage of exclusive EPP discount pricing.



**SEE PAGE 18**

**PC PURCHASE PROGRAM**

The EO PC Purchase Program is a benefit provided to all employees of Edmund Optics.



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**GYM REIMBURSEMENT**

In addition to the \$20 reimbursement per month gym membership, from BC/BS Horizon health plan, Edmund Optics will reimburse employees \$10 per month for a gym membership.



**SEE PAGE 19**

**DISCOUNTED TICKETS**

Edmund Optics offers a variety of seasonal discounted tickets such as The Philadelphia Zoo, Adventure Aquarium, and Great Adventure.



**SEE PAGE 19**

**DISCOUNT AUTOMOBILE INSURANCE**

As members of the NJ Business Industry Associates, EO has a benefit that we can pass on to our employees.



**SEE PAGE 19**

**AAA**

More than just Roadside assistance! Offering 1000's of member discounts nationwide. Expert traveling and booking. AAA automobile insurance.



**SEE PAGE 19**

**VERIZON DISCOUNT PROGRAM**

Edmund Optics employees can receive a discount on their personal wireless service.

**SEE PAGE 19**



**VOLUNTARY WHOLE LIFE INSURANCE**



**INSURANCE FOR LIFE**

A form of permanent life insurance, whole life features guaranteed premiums, death benefits and cash value. You may want to purchase Whole Life Insurance for you, your spouse, or child(ren).

**SEE PAGE 16**

**KASHABLE LOAN PROGRAM**



Fast, responsible credit for employees

**WHAT IS KASHABLE?**

You're a hard worker. You're a loyal employee. You make a good wage to support your daily life. But what about when the unexpected happens and hardship strikes? Perhaps the car breaks down, a medical bill shows up, or the refrigerator stops running. Kashable is there to help you bridge the gap. We offer online, low interest, installment loans to support eligible employees of participating employers.

**SEE PAGE 18**

**THE BLUECARD® PROGRAM**



**YOU HAVE THE FREEDOM OF CHOICE**

Your Horizon Blue Cross Blue Shield of New Jersey membership gives you a world of choices for your health care. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to health care professionals in more than 200 countries and territories around the world through the BlueCard Worldwide Program.

**SEE PAGE 19**

**HORIZON CAREONLINE<sup>SM</sup>**



**A FASTER, EASIER WAY TO SEE A DOCTOR**

Now, Horizon Blue Cross Blue Shield of New Jersey makes it easy for you to stay in control of your health. With Horizon CareOnline<sup>SM</sup>, you can talk with a licensed doctor via video chat or phone nationwide, 24 hours a day, seven days a week – no appointment needed!

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**MEMBER ONLINE SERVICES**



**WATCH INFORMATIVE VIDEOS**

Employees can now watch brief, informative videos on [www.HorizonBlue.com](http://www.HorizonBlue.com) to learn more about how Member Online Services can give them access to the health insurance information they need, when they need it. When Members register and sign in to Member Online Services.

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**PREVENTATIVE CARE**



**IMPORTANT TO YOUR HEALTH**

Prevention is one of the keys to good health. Getting the right care can help prevent certain health-related diseases, detect health problems early and can help maintain good health. Start by having regular checkups with the same doctor or the same clinic each year. Having one doctor that you see regularly will help you build a good relationship with your doctor and can improve the quality of your care.

**SEE PAGE 20**

**TICKETS AT WORK®**



**EXCLUSIVE EMPLOYEE DISCOUNTS**  
Save up to 50% on Tickets and up to 60% on Hotels.

**EMPLOYEES!\***  
SIGN UP FOR  
TICKETSATWORK  
AND LET THE FUN BEGIN!  
SAVE ON TICKETS,  
HOTELS AND MORE.



**SEE PAGE 20**

**ELIGIBILITY REQUIREMENTS**

All FT employees with a normal schedule of 30 hours or more per week are eligible for medical insurance benefits. Employees with the status of "Regular, Full-time" are also eligible for Dental, Life and Disability Benefits. Employees are eligible for participation in the respective plans on the first of the month following 30 days of continuous employment. Eligibility for other benefits are as listed within this summary.

**Eligible Dependents for Medical and Dental Coverage**

Your eligible dependents include:

- A spouse to whom you are legally married by ceremony or domestic partner.
- A dependent child under age 26. Coverage will terminate at the end of the calendar year of the dependent child's 26th birthday.

If a dependent child is mentally or physically challenged, coverage may be extended beyond these age limits.

**SECTION 125**

Certain benefits described in this guide may be purchased with pre-tax payroll deductions as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually have more spendable income than if the same deductions were taken on an after-tax basis.

**Benefit Changes**

Benefit elections will remain in effect and cannot be changed or revoked until an affirmative election is made during an open enrollment period or unless the change is on account of and consistent with a status change. For purposes of health, dental, vision, voluntary life insurance and Flexible Spending Accounts, you will be deemed to have a status change if:

- Your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- Your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- You, your spouse, or dependent terminate or begin employment;
- You, your spouse, or dependent experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment; commencement of or return from an unpaid leave of absence);
- Change in work site;
- Gain or loss of eligibility under a plan offered by you, your spouse's or dependent's employer;
- Your dependent satisfies or ceases to satisfy the requirements for coverage under the plan due to attainment of age, student status, or similar circumstance;
- A change in residence for you, your spouse or your dependent resulting in a gain or loss of eligibility.

In order to be permitted to make a change of election relating to your health, dental, vision and Flexible Spending Accounts coverage due to a status change, the status change must result in you or your spouse or dependent gaining or losing eligibility for health, dental, accident, disability, voluntary life and Flexible Spending Accounts coverage under this plan or a plan sponsored by another employer by whom you, your spouse, or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for health coverage under the following circumstances:

- A court order requires that your child receive accident or health coverage under this plan or a former spouse's plan;
- You, your spouse, or dependent becomes entitled to Medicare or Medicaid;
- You have a Special Enrollment Right;
- There is a significant change in the cost or coverage of you or your spouse attributable to your spouse's employment.

For purposes of all other benefits under the plan, you will be deemed to have a status change if the change is on account of and consistent with a change in status, as determined by the plan administrator, in its discretion, under applicable law and the plan provisions.

**You must notify your Talent Management & Development Department within 30 days of the Status Change in order to make a change in your benefit elections.**

**HORIZON MEDICAL PLANS**

Edmund Optics offers 3 different medical Horizon BlueCross BlueShield options from which to choose:

- HDHP with an HSA
- EPO
- Direct Access

**For the HDHP with HSA and Direct Access plans:**

- You can go to any doctor you choose and receive care.
- You will receive a higher level of benefits if you remain in Horizon's network.
- You do not need referrals to see specialists.
- You do not need to select a Primary Care Physician.
- You have access to BCBS's National Blue Card PPO network traveling outside of NJ.
- Your in-network provider will submit claims for you. If you seek care out-of-network, you may have to submit the claim to Horizon yourself.
- Reimbursements are not subject to the deductible. Ophthalmologist or optometrist eye exams are covered in full (HSA plan) and in full after the copayment (Direct Access).

**For the EPO Plan:**

- You can go to any Advantage EPO Horizon doctor you choose and receive care in-network.
- You do not need referrals to see specialists.
- You do not need to select a Primary Care Physician.
- You have access to BCBS's National Blue Card PPO network when traveling outside of NJ.
- Your in-network provider will submit claims for you.
- **If you seek care out-of-network, you will be responsible for all charges incurred. There is no out of network coverage.**
- Reimbursements are not subject to the deductible. Ophthalmologist or optometrist eye exams are covered in full after the copayment.

**NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)**

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

**QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)**

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

**NOTICE OF PRIVACY PRACTICES (HIPAA)**

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your employer.

**GENETIC INFORMATION**

Title II of the Genetic Information Nondiscrimination Act of 2008 ("GINA") protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genet-

ic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members. For further information on GINA, please see the poster "Equal Employment Opportunity is The Law," which should be posted in a common area at your employment location.

**COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

**MICHELLE'S LAW**

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan.

Coverage will be continued until:

- 1) one year from the start of the medically necessary leave of absence, or
- 2) the date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

**MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008**

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

**MEDICARE PART D NOTICE**

The prescription drug benefit plan, offered by your employer is creditable coverage. Medicare-eligible participants need not enroll in a separate Medicare D drug plan. Active medical plan participants that qualify for Medicare coverage will receive a full disclosure notice.

*Continued on next page*

**MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES.**

As an Edmund Optics® employee, you are eligible for health care coverage. If you are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid

or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following States, you may be eligible for assistance in paying your employer health plan premiums. The following list of States is current as of August 10, 2017. You should contact your State for further information on eligibility.**

**STATE CONTACT NUMBERS****ARIZONA – CHIP**

Website: <http://www.azahcccs.gov>  
 Phone (Outside of Maricopa County): 1-800-523-0231  
 Phone (Maricopa County): 602-417-4000

**NEW JERSEY – MEDICAID AND CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
 Medicaid Phone: 609-631-2392  
 CHIP Website: <http://www.njfamilycare.org/index.html>  
 Chip Phone: 1-800-701-0710

**MASSACHUSETTS – MEDICAID AND CHIP**

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
 Phone: 1-800-862-4840

**PENNSYLVANIA – MEDICAID**

Website:  
<http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
 Phone: 1-800-692-7462

**VIRGINIA – MEDICAID AND CHIP**

Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
 Medicaid Phone: 1-800-432-5924  
 CHIP Phone: 1-855-242-8282

**To see if any more States have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, you can contact either:**

**U.S. DEPARTMENT OF LABOR**

Employee Benefits Security Administration  
 Website: [www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
 Phone: 1-866-444-EBSA (3272)

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
 Website: [www.cms.gov](http://www.cms.gov)  
 Phone: 1-877-267-2323 Ext. 61565



SUMMARY OF BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>HEALTH SAVING ACCOUNTS (HSA) • YOU MAY ACCESS YOUR HEALTH SAVINGS ACCOUNT FOR OUT OF POCKET EXPENSES.</b>		
<b>DEDUCTIBLE FOR THE CALENDAR YEAR</b> <i>(Entire family deductible must be met before any benefits are paid.)</i>		
Individual (Benefit Period)	\$2,000 (Calendar year)	\$2,000 (Calendar year)
Family (Benefit Period)	\$4,000 (Calendar year)	\$4,000 (Calendar year)
<b>COINSURANCE</b>	100%	70%
<b>MAXIMUM OUT OF POCKET FOR THE CALENDAR YEAR</b> <i>(Includes deductible, coinsurance and copayments; not out-of-network balances over allowance.)</i>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>BENEFIT PERIOD MAXIMUM</b>	Unlimited	Unlimited
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>PRIMARY CARE PHYSICIAN SELECTION</b> (Benefit Period)	Not Required (Calendar Year)	Not Required (Calendar Year)
<b>DOCTOR'S OFFICE VISITS</b> <i>(Dependent children are ineligible for maternity/obstetrical benefits.)</i>		
Primary Care Office Visits <i>(A primary care physician is a general or family practitioner, internist or pediatrician.)</i>	100% after deductible	70% after deductible
Specialist Office Visits <i>(A referral is not required to visit a specialist.)</i>	100% after deductible	70% after deductible
Allergy Testing and Treatment	100% after deductible	70% after deductible
<b>PREVENTIVE CARE</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations, Well Child Exams & Immunizations	100% (no deductible)	70% (no deductible)
<b>DIAGNOSTIC PROCEDURES</b>		
Laboratory	100% after deductible	70% after deductible
Outpatient X-ray & Radiology Services	100% after deductible	70% after deductible
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies <i>(Including Nuclear Cardiology) require prior authorization from ordering physician.</i>	100% after deductible	70% after deductible
<b>HOSPITAL CARE</b>		
Inpatient Admission <i>(including maternity)</i>	100% after deductible	70% after deductible
Room and Board	100% after deductible	70% after deductible
Pre-admission Testing	100% after deductible	70% after deductible
Surgery in Hospital	100% after deductible	70% after deductible
Inpatient Physician Services	100% after deductible	70% after deductible
Outpatient Dept. Services	100% after deductible	70% after deductible
<b>EMERGENCY CARE</b> <i>(Payment at the in-network level across-the-board applies only to true Medical Emergencies &amp; Accidental Injuries.)</i>		
Emergency Room	100% after deductible	70% after deductible
Ambulance	100% after deductible	70% after deductible
<b>OUTPATIENT SURGERY</b>		
Hospital Outpatient Surgery	100% after deductible	70% after deductible
Surgery in Ambulatory SurgiCenter	100% after deductible	70% after deductible
<b>MENTAL HEALTH SERVICES</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
<b>VISION EXAM</b>	100% after deductible	70% after deductible
	\$100 hardware reimbursement every 2 years	\$100 hardware reimbursement every 2 years
<b>CHIROPRACTIC CARE</b>	100% after deductible	70% after deductible
	25 visit maximum per benefit period	25 visit maximum per benefit period
<b>PRESCRIPTION DRUGS</b>		
Through Horizon (Benefit Period)	70% after deductible (Calendar year)	70% after deductible (Calendar year)

*This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.*

**HIGH DEDUCTIBLE HEALTH PLAN (HDHP)**

If you elect the HDHP you will automatically have access to a Health Savings Account (HSA) through Mellon Bank. The money in your HSA can be used to pay medical expenses such as deductible, co-insurance, prescription costs, dental or vision expenses, and other IRS-eligible expenses. You can also elect not to use the money in your account now, but to save it for future medical expenses, like Medicare premiums or Medicare supplemental plan premiums, or for post-retirement medical expenses.

For 2016, Edmund Optics has elected to make contributions to the HSA on behalf of the employees who elect the HDHP. Company contribution amounts will be reviewed each year.

An HSA is a tax-advantaged savings account, meaning that you will be able to defer pre-tax dollars, thus lowering your taxable income. The funds in the HSA belong to you from the moment they are deposited—there is no “use it or lose it” rule.

During Open Enrollment, you decide how much money you want to deposit on a pre-tax basis. This money will be deducted from your

pay checks and deposited in your account on your behalf, along with the Edmund Optics contribution. **You must complete a Deferral Election form each year.**

Edmund Optics’ contribution will be deposited incrementally throughout the year, along with any deferral you may elect.

**Please note:** *Once your deferral is made, it cannot be changed until the next calendar year, unless you have a qualifying event.*

*Health Savings Accounts will be administered by Mellon Bank. As a new enrollee, you will receive individualized mailings following Open Enrollment, including a Welcome Kit, Debit Card, Pin, and a Password for online banking. If you want to order checks, please visit Benefit Wallet to place the order.*

**You may not contribute to an HSA for any tax year you have contributed to a traditional FSA.**

Funds are available for use only as they are deposited.

**HSA PRE-TAX DEFERRAL**

	2018 MAXIMUM ALLOWABLE
EMPLOYEE	\$3,450
EMPLOYEE + CHILD	\$6,900
EMPLOYEE + SPOUSE	\$6,900
EMPLOYEE + CHILDREN	\$6,900
EMPLOYEE + FAMILY	\$6,900

\* Employees 55 + are eligible for an additional \$1,000 catch-up

**BENEFIT WALLET HSA SOLUTIONS - CONTACT AND SUPPORT**

	MONDAY – FRIDAY, 8AM TO 11PM ET INTERACTIVE VOICE RESPONSE SYSTEM 24/7 AFTER HOURS, 800-265-5578
ACCOUNT HOLDER SUPPORT	877-472-4200
AUTOMATED BANKING SUPPORT	877-472-4200
LOST OR STOLEN DEBIT CARD	877-HSA-4200
EMAIL	HSASolutions@acs-inc.com
WEB	<a href="http://www.mybenefitwallet.com">www.mybenefitwallet.com</a>
CORRESPONDENCE	ACS-BNY Mellon HSA Solution P.O. Box 1584 Secaucus, NJ 07094
DEPOSITS	ACS-BNY Mellon HSA Solution P.O. Box 535161 Pittsburgh, PA 15253-5161

SUMMARY OF BENEFITS	IN-NETWORK BENEFITS ONLY (INCLUDES BLUECARD NETWORK)	
<b>BENEFIT PERIOD</b>	Calendar year	
<b>DEDUCTIBLE FOR THE CALENDAR YEAR</b> <i>(Includes deductible, coinsurance and copayments.)</i>		
Individual	None	
Family	None	
<b>COINSURANCE</b>	100%	
<b>MAXIMUM OUT OF POCKET FOR THE CALENDAR YEAR</b>		
Individual	\$4,000	
Family	\$8,000	
<b>BENEFIT PERIOD MAXIMUM</b>	Unlimited	
<b>LIFETIME MAXIMUM</b>	Unlimited	
<b>PRIMARY CARE PHYSICIAN SELECTION</b>	Not Required	
<b>DOCTOR'S OFFICE VISITS</b>		
<b>Primary Care Office Visits</b> <i>(A primary care physician is a general or family practitioner, internist or pediatrician.)</i>	100% after \$20 copay	
<b>Specialist Office Visits</b> <i>(A referral is not required to visit a specialist.)</i>	100% after \$40 copay	
<b>Maternity Visits</b> <i>(Dependent children are ineligible for maternity/obstetrical benefits.)</i>	100% after \$40 copay <i>(Copay applies to 1st visit only)</i>	
<b>Allergy Testing and Treatment</b>	100%, A copay will apply if office visit is billed.	
<b>PREVENTIVE CARE</b>		
<b>Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations, Well Child Exams &amp; Immunizations</b>	100%	
<b>DIAGNOSTIC PROCEDURES</b>		
<b>Laboratory</b>	100% in office or Labcorp 100% in outpatient facility	
<b>Outpatient X-ray &amp; Radiology Services</b>	100% in office 100% in outpatient facility	
<b>CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies</b> <i>(Including Nuclear Cardiology) require prior authorization from ordering physician.</i>		
<b>HOSPITAL CARE</b>		
<b>Inpatient Admission (including maternity)</b>	100% after \$250 copay per day (up to 5 days)	
<b>Room and Board</b>	100%	
<b>Pre-admission Testing</b>	100%	
<b>Surgery in Hospital</b>	100%	
<b>Inpatient Physician Services</b>	100%	
<b>Outpatient Dept. Services</b>	100%	
<b>EMERGENCY CARE</b>		
<b>Emergency Room</b>	100% after \$100 facility copay	
<b>Ambulance</b>	100%	
<b>OUTPATIENT SURGERY</b>		
<b>Hospital Outpatient Surgery</b>	100% after \$200 copay	
<b>Surgery in Ambulatory SurgiCenter</b>	100% after \$100 copay	
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b>	100% after \$250 copay per day (up to 5 days)	
<b>Outpatient</b>	100%	
<b>Office setting</b>	100% after \$40 copay	
<b>VISION EXAM</b>	100% after \$40 copay \$100 hardware reimbursement every 2 years	
<b>CHIROPRACTIC CARE</b>	100% after \$20 copay 25 visit maximum per benefit period	
<b>PRESCRIPTION DRUGS</b> <i>(Horizon)</i>		
<b>Retail (30-day) / Mail Order (90-day)</b>		
<b>Generic</b>	\$10 / \$20	<b>Out-of-Pocket Maximum</b>
<b>Preferred Brand</b>	\$20 / \$40	Individual \$2,600
<b>Non Preferred Brand</b>	\$35 / \$70	Family \$5,200

*This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.*

# DIRECT ACCESS MEDICAL PLAN

SUMMARY OF BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>BENEFIT PERIOD FOR THE CALENDAR YEAR</b>		
<b>DEDUCTIBLE FOR THE CALENDAR YEAR</b>		
Individual	None	\$500
Family	None	2 deductibles per family
<b>COINSURANCE</b>	100%	80%
<b>MAXIMUM OUT OF POCKET FOR THE CALENDAR YEAR</b>		
Individual	\$1,000 (Calendar Year)	\$1,000 (Calendar Year)
Family	\$2,000 (Calendar Year)	\$2,000 (Calendar Year)
<b>BENEFIT PERIOD MAXIMUM</b>	Unlimited	Unlimited
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>PRIMARY CARE PHYSICIAN SELECTION</b> <i>(Benefit Period)</i>	Not Required (Calendar Year)	Not Required (Calendar Year)
<b>DOCTOR'S OFFICE VISITS</b>		
<b>Primary Care Office Visits</b> <i>(A primary care physician is a general or family practitioner, internist or pediatrician.)</i>	100% after \$15 copay	80% after deductible
<b>Specialist Office Visits</b> <i>(A referral is not required to visit a specialist.)</i>	100% after \$25 copay	80% after deductible
<b>Maternity Visits</b> <i>(Dependent children are ineligible for maternity/obstetrical benefits.)</i>	100% after \$25 copay Copay applies to 1st visit only	80% after deductible
<b>Allergy Testing and Treatment</b>	100%	80% after deductible
<b>PREVENTIVE CARE</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations, Well Child Exams & Immunizations	100%	80% (no deductible)
<b>DIAGNOSTIC PROCEDURES</b>		
<b>Laboratory</b>	100% in office or Labcorp 100% in outpatient facility	80% after deductible
<b>Outpatient X-ray &amp; Radiology Services</b>	100% in office 100% in outpatient facility	80% after deductible
<b>CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies</b> <i>(Including Nuclear Cardiology) require prior authorization from ordering physician.</i>		
<b>HOSPITAL CARE</b>		
<b>Inpatient Admission</b> <i>(including maternity)</i>	100% after \$500 copay	80% after deductible and \$500 copay
<b>Room and Board</b>	100%	80% after deductible
<b>Pre-admission Testing</b>	100%	80% after deductible
<b>Surgery in Hospital</b>	100%	80% after deductible
<b>Inpatient Physician Services</b>	100%	80% after deductible
<b>Outpatient Dept. Services</b>	100%	80% after deductible
<b>EMERGENCY CARE</b> <i>(Payment at the in-network level across-the-board applies only to true Medical Emergencies &amp; Accidental Injuries.)</i>		
<b>Emergency Room</b>	100% after \$50 facility copay (Calendar Year)	100% after \$50 facility copay (Calendar Year)
<b>Ambulance</b>	100%	80% after deductible
<b>OUTPATIENT SURGERY</b>		
<b>Hospital Outpatient Surgery</b>	100% after \$200 copay	80% after deductible
<b>Surgery in Ambulatory SurgiCenter</b>	100% after \$100 copay	80% after deductible
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b>	100% after \$500 copay	80% after deductible and \$500 copay
<b>Outpatient</b>	100%	80% after deductible
<b>Office setting</b>	100% after office copay	80% after deductible
<b>VISION EXAM</b>	100% after \$25 copay \$100 hardware reimbursement every 2 years	80% after deductible \$100 hardware reimbursement every 2 years
<b>CHIROPRACTIC CARE</b>	100% after office copay 25 visit maximum per benefit period	80% after deductible 25 visit maximum per benefit period
<b>PRESCRIPTION DRUGS</b> <i>(Horizon)</i>		
<b>Retail (30-day)/ Mail Order (90-day)</b>		
Generic	\$10 / \$20	N/A
Preferred Brand	\$20 / \$40	N/A
Non Preferred Brand	\$35 / \$70	N/A
<b>Out-of-Pocket Maximum</b>	\$1,000 / \$2,000 (Individual/Family)	N/A

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

**DENTAL BENEFIT SUMMARY**

Edmund Optics offers 2 dental plans through Horizon.

- a Horizon DMO and
- a DOP Plan.

	HORIZON DMO (DENTAL CHOICE)	DOP (DENTAL OPTION)
<b>PRIMARY DENTIST COPAY</b>	\$0	\$0
<b>DEDUCTIBLE</b>	None	In-Network and Out-of-Network:  \$50 / Single  \$150 / Family
<b>TYPE A: PREVENTIVE</b>  Exams, Cleanings	\$0	In-Network: 100%, no deductible  Out-of-Network: 100%, no deductible
<b>TYPE B: BASIC RESTORATIVE</b>  Fillings, X-Rays, Extractions	\$0	In-Network: 80%, after deductible  Out-of-Network: 80%, after deductible
<b>TYPE C: MAJOR RESTORATIVE</b>  Crowns, Bridges	50% of Charges	In-Network: 50%, after deductible  Out-of-Network: 50%, after deductible
<b>TYPE D: ORTHODONTICS</b>	Not Covered	50%, to a lifetime maximum benefit of  \$1,000 (dependent children to age 19)
<b>ANNUAL MAXIMUM</b>	Unlimited	\$1,000 per person

*This summary is for descriptive purposes only. It is not an agreement or a contract. Additional limitations and exclusions may exist.*

**THE HORIZON DENTAL CHOICE PLAN:**

Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and your dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in your or your dependent's service area.

To enroll in the Dental Choice Plan you must choose an in-network dentist. To find a participating dentist, go to [doctorfinder.horizonblue.com](http://doctorfinder.horizonblue.com) and search for "dentists" in the "Horizon Dental Choice" plan.

In addition, any service that is not a Covered Service may be available with your or your Dependent's Selected General Dentist or Specialty Care Dentist at 75% of their Reasonable and Customary Charge.

**THE DOP DENTAL OPTION PLAN:**

The Horizon Preferred Dentist Program (DOP) is designed to provide the dental coverage you need with the features you want. Take

advantage of what this plan has to offer without compromising what matters most; including the freedom to visit the dentist of your choice, an "in-network" dentist or an "out-of-network" dentist.

If you receive in-network services, you will be responsible for any applicable cost sharing, DOP charges in excess of the benefit maximums, and for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the DOP fee schedule amount, and charges for non-covered services.

Plan benefits for in-network services are based on the percentage of the DOP fee. (Horizon negotiated fees that DOP dentists have agreed to accept as payment in full.)

Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. If you choose a dentist who does not participate in the DOP, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

*Employees located outside of the tri-state area should use the out of state dental grid found on the horizon dental website.*

**FLEXIBLE SPENDING ACCOUNTS**

If you haven't participated in a Flexible Spending Account (FSA) before, now is the time to consider the tax savings advantage of using pre-tax dollars to pay for certain medical and dependent care expenses. Pre-tax dollars come "off the top" of your pay before federal income taxes or Social Security taxes are calculated. You can use pre-tax dollars to pay for routine health care expenses, such as insurance deductibles, coinsurance, copayments, orthodontia and prescription drugs through the Health Care FSA. If you have ongoing child care or other dependent day care expenses, you can set aside pre-tax dollars to pay for them through the Dependent Care FSA and increase your disposable income at the same time.

You must enroll each plan year.

**HEALTHCARE FSA\***

You may contribute up to \$2,650 tax-free each year to pay for unreimbursed health care expenses.

**HEALTH CARE COVERED EXPENSES**

Your Health FSA may be used to reimburse for items not covered by an insurance policy. The IRS allows certain expenses to be paid through an FSA.

- Deductibles, coinsurance and copayments
- Physical exams
- Prescription drugs and medicines
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, contacts and seeing eye dogs
- Hearing expenses, including hearing aids and exams
- Orthopedic expenses
- Counseling for learning disabilities and psychiatric care (does not include marriage counseling)
- Acupuncture
- Travel for medical treatment
- \*Special rules regarding eligible expenses apply under the Limited Purpose FSA.

**DEPENDENT DAY CARE**

Dependent Care Reimbursement Account: You may contribute up to \$5,000 tax-free or \$2,500 tax-free if you are married filing a separate tax return to pay for care of your child or other dependents while you are working.

**Note:** Dependent expenses will not be tax-exempt unless you report your care provider's name, address, and social security number (or taxpayer ID) to the IRS on your tax return for the year.

**DEPENDENT CARE COVERED EXPENSES**

Your Dependent Care FSA may be used to reimburse expenses for dependent care services that allow you and your spouse to work, seek employment or be a full-time student such as:

- Day care centers
- Babysitters
- Adult day care for dependent adults living in your home

**HOW THE PLAN WORKS**

**Step 1.** Decide how much you may spend for Health and/or Dependent Care FSA for the coming year. This amount must fall within the minimums and maximums set by your employer.

**Step 2.** Complete the election form. It tells your employer how much pre-tax salary to put into the Health and Dependent Care FSA.

You won't have another chance to sign up until next year's annual enrollment period and can only redirect your FSA dollars if:

- Your family status changes due to birth, death, adoption, divorce or marriage
- Your spouse begins or quits working
- Your spouse switches to full or part-time hours

**Note:** Any change in elections for the above reasons must be made no later than 30 days after the change event.

**Step 3.** After you have received the service:

**Health care services:** Submit your health insurance claim and then file for FSA reimbursement for the amount that wasn't covered by insurance. You need to submit an itemized bill from the provider showing the provider's name, date of service, type of service provided and the amount charged.

**Dependent care services:** Obtain a receipt from the provider that lists the provider's name, dates of service and the amount you paid.

If the dependent care is provided in a more commercial type center that has company letterhead, the receipt should be on their letterhead and include the dates of service and the amount charged.

If care is provided in a private home, the receipt must state that the services provided were for dependent care, list the dates of service and be signed by the day care provider. Having the private home provider sign a Request for Reimbursement form is also acceptable. Cancelled checks, credit card receipts, and balance due bills are not accepted as proof of service or payment.

**Step 4.** Send your documentation with a signed and dated Request for Reimbursement form to your service center.

EO employees may not participate in a Dependent Care FSA and receive EO Daycare Reimbursement in the same calendar year.

**WHAT YOU NEED TO KNOW**

There are many advantages to having an FSA, but there are issues you need to know about.

**INCOME TAX MAY BE AFFECTED**

When you use FSA dollars to pay an expense, you cannot take a federal income tax deduction or credit for that expense. This affects many people who use the dependent care tax credit.

Generally, the higher your family income, the more likely an FSA will be a good deal for you. The FSA is probably your best choice if:

- Your family's gross income exceeds \$30,000 a year; or
- Your tax rate is 28% or higher.

**WHAT YOU NEED TO KNOW**

Edmund Optics offers 3 FSA Plans:

- Medical Flexible Spending (FSA)
- Limited Purpose Medical Flexible Spending (LPFSA)
- Dependent Care Flexible Spending

Employees participating in the HDHP w/ HSA option are not eligible to participate in the traditional Medical Flexible Spending Plan. Employees enrolled in the HDHP w/ HSA option may choose to participate in the Limited Purpose Medical Flexible Spending. Limited Purpose FSA contributions may only be used to pay for dental and vision expenses. Employees may not contribute to an HSA or receive HSA contributions for any tax year in which they participated in a traditional Medical Flexible Spending Plan.

**HEALTH & DEPENDENT CARE FSA ARE SEPARATE:**

You cannot shift money between health and dependent care accounts.

**SOCIAL SECURITY MAY BE AFFECTED**

With an FSA, you pay less Social Security tax. This may reduce Social Security, disability and retirement benefits. We recommend you discuss this with your tax advisor.

Reimbursable services must be provided during the FSA plan year and during your period of coverage.

- Health FSA – You can use the Health FSA for incurred expenses up to the amount of your total annual contribution anytime during the FSA plan year.
- Dependent Care FSA – You can only receive reimbursement up to the amount you have contributed. You'll need to plan carefully for your first month in the FSA. You will be contributing to both the Dependent Care FSA and paying dependent care expenses at the same time. You won't be reimbursed until the following month – about eight weeks after the plan begins. Expenses cannot be reimbursed until actual daycare services have been provided.

**PLAN WITH CARE**

- Carefully consider where you plan to spend each FSA dollar since unused dollars at the end of the plan year are not refundable.

- Expenses are treated as having been incurred when the services are provided and not when you are formally billed or charged for or pay for the expense.

**USE IT OR LOSE IT RULE**

Each year you must carefully estimate how much money you expect to spend during the upcoming year. A portion of your weekly earnings may be set aside, tax-free, to cover these expenses. Careful planning is necessary since money remaining in your account at the end of each year will be forfeited according to IRS rules.

Many people are wary of the FSA because of the “use it or lose it rule.” This is an IRS rule which states that if the funds in the account are not used by the end of the plan year (December 31), they are forfeited.

This is a valid concern. However, the IRS has relaxed this rule. Plan participants may now have an additional 2.5 months to spend their FSA monies on qualified health and dependent care expenses. By way of illustration, employees with a calendar year FSA, might typically have until March 15, Year 2 to submit claims for qualified benefits incurred during Year 1 (up to December 31, Year 1). With this change, employees would be permitted to submit claims for expenses incurred anytime during the period January 1, Year 1 through March 15, Year 2.

An FSA worksheet is a good tool to help you accurately estimate the amount that you need to fund your account. For more information and required forms, contact Horizon FSA 800-224-4426 or visit [www.horizonblue.com/fsa](http://www.horizonblue.com/fsa).

**\*NOTE: The IRS requires a doctor's note or prescription for reimbursement of over-the-counter products under the Health Care FSA. Only dental and vision expenses are covered under a Limited Purpose FSA.**

**SELECTED ELIGIBLE HEALTH CARE EXPENSES (UNREIMBURSED UNDER YOUR MEDICAL PLAN)\***

Abortion	Doctor fees	Obstetrical fees
Acupuncture	Domestic aid, type that would be rendered by a nurse	Operations
Alcoholism treatment	Drug addiction, recovery from	Orthodontia, non-cosmetic
Ambulance	Drugs, over-the-counter, used to treat a specific illness or injury such as pain relievers	Osteopath fees
Artificial limbs	Drugs, prescription	Patterning exercises for disabled child
Artificial teeth	Durable medical equipment	Physician fees
Autoette	Eye examinations and glasses	Physical therapy
Blindness, special educational aids to mitigate condition	Guide animals, cost and maintenance	Psychiatric care
Braille books and magazines, cost in excess of regular edition	Hearing aids	Psychologist and psycho-therapist fees
Capital expenditures, primarily for medical care, not including increase in property value	Home improvement for medical considerations	Radial Keratotomy
Car, equipped to accommodate wheelchair passengers	Hospital care, inpatient	Remedial reading and language training
Car for the physically challenged	Hospital services	Routine physicals and other non-diagnostic services or treatments
Care for a mentally challenged individual	Insulin	Schools or teachers, special relief of disability
Chiropractor fees	Laboratory fees	Sexual dysfunction, hospitalization for Sterilizing operation
Christian Science treatment	Laetrile by prescription	Stop Smoking Programs, nicotine gum or patches
Coinsurance or copayments for health care	Lead paint removal, if child with lead paint poisoning	Surgical fees
Contact lenses, cleaners and solutions	Legal expenses, authorization of treatment for mental illness	Telephone, specially equipped
Contraceptives, prescription	Lip reading expenses for the deaf	Transplant, donor's costs
Cosmetic surgery, only if due to congenital abnormality, accident or trauma injury, or disfiguring disease	Lodging, limited to \$50 per night per person	Transportation cost incurred essentially and primarily for medical care
Crutches	Medical supplies, prescription	Vasectomy
Deductibles for health care expenses	Membership fees relating to furnishing medical services, hospitalization and clinical care	Vitamins, prescription
Dental fees	Mentally challenged person's cost for special home	Weight loss program under a physician's care
Dentures	Nurse's fees, including room, board and Social Security tax if paid by taxpayer	Wheelchair
Diagnostic fees		Wig, upon physician advice for medical reason
		X-rays

*For the official Internal Revenue Service list, please refer to IRS Publication 502, available from your local IRS office. Note that health insurance premiums (premiums that are paid through payroll deductions) cannot be reimbursed through a Health Care Flexible Spending Account although they are included in IRS Publication 502. Also, Health Care Flexible Spending Accounts may not reimburse insurance premiums or expenses for long-term care.*

**BASIC LIFE INSURANCE**

Basic Life insurance provides financial protection for your family in the event of your death. Basic Life insurance is available to all benefit eligible employees at no cost to the employee.

**Life Benefit Amount:**

- All Regular Full Time Employees: 2 times your salary, rounded to next higher \$1,000, up to a maximum benefit amount of \$200,000.

**VOLUNTARY TERM LIFE INSURANCE**

To supplement your life insurance coverage, you may purchase additional life insurance for you, your spouse and your dependent children. This is an employee-paid benefit. Evidence of Insurability will be required for amounts over the guaranteed issue.

- Premiums and benefits are based upon age and salary
- Premiums and benefits are reduced to 65% at age 65; 50% at age 70.

**All Regular Full Time Employees Benefit:** - 1, 2, 3, 4, 5x salary at time of enrollment, rounded to the next higher \$1,000, to a maximum of \$500,000

**Guaranteed Issue Amount** - lesser of \$200,000 or 2x salary

**Spouse Benefit** - \$5,000 increments up to the lesser of 50% of the employee amount or \$100,000

**Guaranteed Issue Amount** - \$20,000

**Child(ren) Benefit** - \$2,500, \$5,000, \$7,500 to \$10,000. Birth to age 6 months: \$1,000 benefit. All guarantee issue.

**ACCIDENTAL DEATH & DISMEMBERMENT**

Accidental Death & Dismemberment (AD&D) Insurance provides a benefit, in addition to your basic life insurance, if you die in an accident or if you lose a limb or the ability to see.

**Accidental Benefit Amount:**

- All Regular Full Time Employees: equals basic life insurance benefit

**VOLUNTARY WHOLE LIFE INSURANCE**

A form of permanent life insurance, whole life features guaranteed premiums, death benefits and cash value. You may want to purchase Whole Life Insurance for you, your spouse, or child(ren) if you want:

- Protection for life (provided premiums are paid)
- Payments to be the same each year
- Put additional money into the policy on a tax-favored basis
- Cash value can be used while you are living.

**SHORT TERM DISABILITY (STD)**

STD provides a salary continuation benefit plan to regular full-time employees who are unable to work after 7 consecutive calendar days due to a qualifying disability due to an injury or illness. The STD plan pays 66% of your total monthly earnings up to \$750 per week, for the earlier of a period of 26 weeks or until the end of the disability period.

**LONG TERM DISABILITY (LTD)**

LTD provides disability income after you have been disabled for 6 months. The LTD plan pays 60% of your base pay, up to a maximum monthly benefit of \$6,000. Benefits begin after 6 months of continuous disability and continue until normal Social Security retirement age or until no longer disabled, whichever occurs first.

**401(K)**

This plan allows you to save for retirement. Earnings and gains on both your, and any matching contributions, accumulate tax-free until withdrawn.

All regular full-time and part-time employees are eligible to join the Retirement Plan if you are at least 21 yrs old, and have completed 90 days of continuous employment. Benefits begin the first of the month following 90 days of employment.

You may contribute a percentage of your pay as a pre-tax contribution by enrolling on the Fidelity web site. You may add, change or delete this contribution at any time. If you do not make an election, Edmund Optics will automatically enroll you with a 6% contribution, when you are eligible. If you do not make an investment election, your funds will be invested in the Qualified Default Investment Alternative (QDIA), the most conservative fund offered. You may log in to the Fidelity web site or contact Fidelity by phone at any time to change these investment option.

Edmund Optics® may provide a discretionary company matching contribution, depending on the economic times. For Plan Year 2017, Edmund Optics will match 50% of the employee's contribution on the first 6% of the employee's salary contributed, up to the IRS limit on elective deferrals.

While you always own 100% of your own contributions, you are vested as follows in the company's matching contributions:

Years of Service	Vested %
2 years	40%
3 or more years	100%



**VOLUNTARY ACCIDENT INSURANCE**

**HUMANA ACCIDENT PROTECTION**

This policy offers the flexibility to vary your coverage by selecting one of four benefits levels. There are no annual maximums. Benefits start all over with each accident, and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.

**Product Base** - Group

**Coverage Type** - Accidental Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

**Benefit Amount:**

- Accidental medical expense: Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.
- Ground Ambulance: Pays actual expenses up to the amount selected if injury requires ground ambulance transportation.
- Air ambulance: Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.
- Hospital indemnity: Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident.

**HUMANA CRITICAL ILLNESS AND CANCER**

Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. It offers specialized benefits to supplement other health insurance when you and your family may be

most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

**Coverage Type** - Voluntary Critical Illness insurance is a group policy form that includes coverage for heart/stroke, cancer, and other critical illnesses.

**Benefit Amount:**

Benefit amounts are available at various levels. You can choose:

- \$5,000 to \$50,000 for employees

You can also add coverage for your dependents:

- Spouse: \$2,500 to \$25,000. Spouse coverage benefit is equal to exactly half of the employee's coverage
- Child: \$2,500 to \$5,000 for each eligible child. Child coverage benefit is equal to exactly half of the employee's coverage to a maximum of \$5,000.

**Coverage for Vascular Conditions:**

Percent of benefit amount paid at initial diagnosis:

- Heart Attack: 100%
- Transplant as a result of heart failure: 100%
- Stroke: 100%
- Coronary artery bypass surgery as a result of coronary artery disease: 25%

**Coverage for Cancer Conditions:**

Percent of benefit amount paid at initial diagnosis:

- First diagnosis of internal cancer or malignant melanoma: 100%
- Carcinoma in situ: 100%

**PREMIUMS (BI-WEEKLY)**

	LEVEL 1	LEVEL 2	LEVEL 3
<b>EMPLOYEE ONLY</b>	\$6.77	\$10.57	\$14.88
<b>EMPLOYEE + SPOUSE</b>	\$10.33	\$16.21	\$22.23
<b>EMPLOYEE + CHILD</b>	\$13.71	\$18.27	\$25.91
<b>EMPLOYEE + CHILDREN</b>	\$13.71	\$18.27	\$25.91
<b>FAMILY</b>	\$17.44	\$24.40	\$36.44

**PAID TIME OFF**

The amount of Paid Time Off (PTO) you are eligible for depends on your years of service. PTO begins accruing on the first of the month following your date of hire, however you are not eligible to use PTO until you have completed 90 days of service. For calculation of PTO benefits, please see the schedule below:

Years of Service	PTO Time
Up to 5 years	10.67 hours/month 16 days/year
6-10 years	14 hours/month 21 days/year
> 10 years	17.34 hours/month 26 days/year

**EDUCATIONAL ASSISTANCE PROGRAM**

The EO Educational Assistance Program was established in an effort to assist employees who wish to pursue formal education to enhance their current skills thus improving their potential for future opportunities with EO.

The Program may reimburse eligible, approved employees for educational expenses associated with programs of study that are aligned with the Company's Platforms of Growth: Service, Products, and Marketing & Sales. Applicants for the Program must meet all eligibility requirements and receive advanced approval as prescribed within Program guidelines.

Approval for participation will be based on multiple factors including Corporate Budget, Corporate Strategy as well as the Department's and Employee's workload. Participation in the Program must be approved annually, prior to enrolling in the courses for which reimbursement is to be sought.

The Company reserves the right to limit the number of participants in the Program or to stagger participation in the Program, based on Corporate Strategy and/or budgetary goals. Based on the Company's Platforms of Growth, the Company reserves the right to give preferential treatment to degrees in Optical Sciences and Engineering. Please visit the TMD Intranet page to read the full policy and application forms.

**DAY CARE SUBSIDY**

Edmund Optics provides employees reimbursement for the cost of day care services for children up to age 6, not yet eligible for full-day public schooling. This benefit is available only to full-time employees after 90 days of employment. The Company will reimburse you 25% per week up to a \$50 maximum for each child. There is a maximum of 3 children that an employee can submit for reimbursement.

Reimbursement is handled through Edmund Optics' Payroll Department at our Corporate headquarters. In order to receive reimbursement, an employee must submit a bill or statement certifying the monthly cost for services and indicating both the employee and child's name. Employees may **not** participate in the Day Care subsidy and Dependent Care Flexible Spending Plans in the same calendar year.

**KASHABLE LOAN PROGRAM**

EO has added the Kashable Program to your Employee Benefits Package

**ABOUT KASHABLE**

Kashable is a socially responsible financing solution for employees offered as a voluntary benefit program. Kashable provides low-cost term loans up to \$10,000 that are taken online and repaid in equal installments through payroll deductions.

**HOW DOES IT WORK**

- Register
- Verify employment
- Apply

**KASHABLE SOLUTION**

- **5 minute** process to register and take loan
- **3 days** to receive funds directly deposited into bank account
- **Payroll Integration** - for easy and automatic repayment of loan installments; no further action required by you
- **6 %** starting APR for highest credit borrowers
- **6 month** term with equal installments every payroll period
- **Eligible employees must have completed a consecutive 12 months of employment, and have a bank account to transact with Kashable.**

**DELL PERKS**

Edmund Optics and Dell are pleased to bring you the Dell Employee Purchase program (EPP). Buy Dell desktops, laptops, and accessories for home use and take advantage of exclusive EPP discount pricing. As a member, you'll get compelling savings on Dell systems and special monthly offers. Here's how to use your EPP discount:

Buy with ease. Go to [www.dell.com/eppperks](http://www.dell.com/eppperks) and choose from pre-loaded systems with a lot of great features. These systems are built exclusively for EPP members and offer additional savings providing you with the best value. Customize your system. Choose laptops, desktops, electronics and accessories from generally advertised Dell Home and Home Office promotions and receive an additional 7% discount. Call in Price Guarantee. If you need a better deal on DELL.COM/home, call one of our EPP sales Representatives to beat the current Dell home PC price. Shop now: [www.dell.com/eppperks](http://www.dell.com/eppperks) Home Premium Member ID: PS33465342

**PC PURCHASE PROGRAM**

The EO PC Purchase Program is a benefit provided to all employees of Edmund Optics, Inc.

The purpose of the EO PC Purchase Program is to provide the employee an opportunity to purchase a computer by way of a Company loan and/or utilizing the Company discount. The program provides the following to each participant:

1. Ability to purchase a computer via Company Loan. Maximum loan amount is \$1000
2. Ability to utilize the Company's discount in purchase of the PC, to optimize purchasing ability.
3. Payroll deducted loan repayment of outstanding balance due to EO.

Those employees interested in participating must submit their request directly to TMD. A \$200 down payment is required for all loan participants.

**GYM REIMBURSEMENT**

In addition to the \$20 per month gym membership reimbursement from BC/BS Horizon health plans, Edmund Optics will reimburse employees \$10 per month for a gym membership with an accredited facility on a quarterly interval. Eligibility: Active employees employed for 90 days.

Procedure:

1. Retrieve and complete Gym Reimbursement Form found on the TMD Web page on the intranet or in the TMD office.
2. Acquire and attach to Gym Reimbursement Form a copy of your gym membership invoice, bill or statement.
3. Submit Gym Reimbursement Form to TMD Department with attachment(s). Submission is due by the last day of the applicable quarter.

**VERIZON DISCOUNT PROGRAM**

Edmund Optics employees can receive a discount on their personal wireless service by applying through the web link below. This includes existing service as well as new cellular accounts. Register your personal wireless account for a new discount. <https://www.verizonwireless.com/b2c/employee/elevLanding.jsp>

**DISCOUNT AUTOMOBILE INSURANCE**

As members of the NJ Business Industry Associates, EO has a benefit that we can pass on to our employees. **NJ MANUFACTURERS INSURANCE** will provide a discount to employees for automobile insurance. To take advantage of this discount contact NJ Manufacturers Insurance and mention our **NJBIA Member No. 23216**. [www.njm.com](http://www.njm.com). 800-232-6000 x4515

**AAA**

More than just Roadside assistance! Offering 1000's of member discounts nationwide. Expert traveling and booking. AAA automobile insurance. To receive exclusive offer for Edmund Optics contact member services 856-783-4222 and reference EO's employee promotion code GJC04413.

**DISCOUNTED TICKETS**

Edmund Optics offers a variety of seasonal discounted tickets such as The Philadelphia Zoo, Adventure Aquarium, and Great Adventure. EO is also affiliated with Plum Benefits which offers Broadway Shows and other discounts. <https://www.plumbenefits.com/index.php>

**THE BLUECARD® PROGRAM**

**YOU HAVE THE FREEDOM OF CHOICE**

Your Horizon Blue Cross Blue Shield of New Jersey membership gives you a world of choices for your health care. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to health care professionals in more than 200 countries and territories around the world through the BlueCard Worldwide Program. To locate physicians and other health care professionals outside New Jersey quickly and easily:

1. Use the BlueCard Doctor and Hospital Finder to locate physicians and hospitals, along with maps and directions to find them:
2. Go online to [www.HorizonBlue.com](http://www.HorizonBlue.com).
3. Click on *Provider Directory*.
4. Select *BlueCard Doctor and Hospital Finder*.
5. Call BlueCard Access® at **1-800-810-BLUE (2583)** for the names and addresses of physicians and hospitals in the area

where you or a covered dependant need care.

*If you're a PPO member, always use a BlueCard PPO physician or health care professional to make sure you receive the highest level of benefits.*

**DESIGNED TO SAVE YOU MONEY**

When you travel or live outside New Jersey, you can take advantage of savings. The Blue Cross Blue Shield Plan in that state has negotiated with physicians and other health care professionals in the area. For covered services, you should not have to pay any amount above the negotiated rates.

**TAKE CHARGE OF YOUR HEALTH, WHEREVER YOU ARE**

**Within the United States:**

1. Always carry your current Horizon BCBSNJ member ID card.
2. **In an emergency, go directly to the nearest hospital.**
3. To find nearby physicians and other health care professionals:
  - Use the BlueCard Doctor and Hospital Finder under the Provider Directory section at [www.HorizonBlue.com](http://www.HorizonBlue.com);
  - Call BlueCard Access at **1-800-810-BLUE (2583)**.
4. Call Horizon BCBSNJ's member services for precertification or prior authorization, if necessary. The phone number is located on your ID card.
 

*Note: This phone number is different from the BlueCard Access number mentioned above.*
5. When you arrive at the participating physician's office or hospital, show your ID card. The physician or other health care professional will identify your benefits.

**After you receive care, in most cases, you should:**

- Not have to complete any claim forms.
- Not have to pay up front for medical services, except for usual out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance).
- Receive an Explanation of Benefits (EOB) from Horizon BCBSNJ.

**Around the world:**

1. Verify your international benefits with your Blue Plan before leaving the United States as coverage may be different outside the country.
2. Always carry your current Blue ID card.
3. **In an emergency, go directly to the nearest hospital.**
4. Call the BlueCard Worldwide Service Center at **1-800-810-BLUE (2583)** or collect at **1-804-673-1177**, 24 hours a day, seven days a week for information on physicians, hospitals and other health care professionals or to receive medical assistance services around the world. An assistance coordinator, in conjunction with a medical professional, will help arrange an appointment or hospitalization if necessary.
5. If you need to be hospitalized, call Horizon BCBSNJ for precertification or prior authorization. You can find the phone number on your ID card.
 

*Note: This phone number is different from the BlueCard Access number mentioned above.*
6. Call the BlueCard Worldwide Service Center when you need inpatient care. In most cases, you should not need to pay up front for inpatient care at participating hospitals, except for the usual out-of-pocket expenses. The hospital should submit your claim on your behalf.
7. You will need to pay up front for care received from nonparticipating physicians and hospitals. Then, complete an international claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from Horizon BCBSNJ, the BlueCard Worldwide Service Center or online at [www.bcbs.com/bluecardworld.com](http://www.bcbs.com/bluecardworld.com).

*Continued on next page*

**HORIZON CAREONLINE<sup>SM</sup>**

**A FASTER, EASIER WAY TO SEE A DOCTOR**

Now, Horizon Blue Cross Blue Shield of New Jersey makes it easy for you to stay in control of your health. With Horizon CareOnline<sup>SM</sup>, you can talk with a licensed doctor via video chat or phone nationwide, 24 hours a day, seven days a week – no appointment needed! We are working with American Well, a leader in Telehealth, to bring you care that is:

- **Dependable:** Nationwide access, 24 hours a day, 365 days a year
- **Flexible:** Choose the doctor that meets your needs
- **Convenient:** No appointment needed & ePrescriptions can be provided if you need one
- **Confidential:** Private and secure; compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

With Horizon CareOnline, you can be treated for symptoms and conditions such as:

- **Colds**
- **Fever**
- **Abdominal pain**
- **Ear Infections**
- **Flu**
- **Rash**
- **Sinusitis**
- **And more!**

**WHO ARE THE DOCTORS?**

Clinical services for Horizon CareOnline are provided by doctors who:

- **Are U.S. Board Certified, licensed and credentialed**
- **Average 15 years' experience in primary and urgent care**
- **Are rated by other patients**

You can search each doctor's profile and select the doctor that best meets your needs. Once you are enrolled, you can visit with a Horizon CareOnline doctor when:

- **You need a more convenient way to see a doctor**
- **Your doctor's office is closed**
- **You Feel too sick to drive**
- **You are traveling and need medical care**

**MEMBER ONLINE SERVICES**

**VIDEOS AVAILABLE**

Employees can now watch brief, informative videos on [www.HorizonBlue.com](http://www.HorizonBlue.com) to learn more about how Member Online Services can give them access to the health insurance information they need, when they need it. When Members register and sign in to Member Online Services, they can easily:

- View claims status and history, including how much Horizon BCBSNJ paid and the amount the member owes, if applicable
- Find a doctor and change their Primary Care Physician (PCP), if applicable
- Use helpful tools, like the Treatment Cost Estimator and Physician Review Tool, to find doctors who are right for them
- Update information, including information about other health insurance coverage and notification preference.

**PREVENTATIVE CARE**

**IMPORTANT TO YOUR HEALTH**

Prevention is one of the keys to good health. Getting the right care can help prevent certain health-related diseases, detect health problems early and can help maintain good health. Start by having regular checkups with the same doctor or the same clinic each year. Having one doctor that you see regularly will help you build a good relationship with your doctor and can improve the quality of your care.

Health screenings are an important part of preventive care. Important biometric screenings include blood pressure, body mass index, cholesterol and blood sugar tests. Your doctor will tell (or advise) you about the health screenings you should receive based on your age, gender, personal health and family history.

Certain cancer screenings may also be appropriate. If you are age 50 years or older, talk with your doctor about colorectal screenings and if you're male and age 50 years or older, talk with your doctor about having a prostate screening.

It's important for women to have a wellness exam once a year. A woman's wellness exam is a physical exam that includes a breast exam and a pelvic exam, including a cervical cancer screening. For women ages 40 years and older, yearly mammograms are recommended. A mammogram is an X-ray of breasts that can detect tissue abnormalities long before a self-exam would find them. Talk with your doctor about breast and cervical cancer screenings.

Regular health screenings may help detect health problems early, which makes them easier to treat and more likely to be treated successfully. Talk with your doctor to ensure you receive the right health screenings for you.

**DON'T FORGET IMPORTANT IMMUNIZATIONS!**

Talk with your doctor about important immunizations that might be right for you and your family, including childhood and adult immunizations, and influenza and pneumococcal vaccinations.

Preventative care is a covered benefit under your Horizon Blue Cross Blue Shield of New Jersey Plan. You may be eligible to earn incentives for completing certain activities to help manage your health! For more information about Horizon Wellness, tools and covered services, visit [www.HorizonBlue.com](http://www.HorizonBlue.com).

**EXPECTING?**

Whether you are expecting your first child or adding to your growing family, you may have questions and concerns about your pregnancy, delivery and even the months that follow the birth of your baby. The PRECIOUS ADDITIONS<sup>®</sup> program provides information and resources to help you make healthy choices throughout your pregnancy, including getting the right prenatal and postpartum care. You can enroll in the PRECIOUS ADDITIONS<sup>®</sup> program by visiting [www.HorizonBlue.com/Members](http://www.HorizonBlue.com/Members). Mouse over *Horizon Wellness* and select *Precious Additions*.

**HELP WHEN YOU NEED IT – 24/7!**

If you have a question about your health, preventative screenings or test results, or want general health information, the 24/7 Nurse Line is the right place to start. Caring nurses are always available to help. In the middle of the night, on weekends or when your doctor's office is closed, call anytime for health information you can count on. Call **1-888-624-3096**.

## TICKETS AT WORK®

Edmund Optics is pleased to announce our new partnership with **TicketsatWork**. Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows & more. Be sure to visit often as new products and discounts are constantly being added! By providing TicketsatWork, our company offers you the most comprehensive entertainment program available. Each week TicketsatWork adds new shows and attractions to their website. The goal is to have something for every employee no matter where they are traveling!

### COMPANY CODE: EDMUNDS

How to sign up!

1. Go to TicketsatWork.com
2. Click on "Become a Member"
3. You will then be prompted to create an account with your email address and company code: **EDMUNDS**

Once enrolled you will have access to discounts on hundreds of offers on theme parks, shows, hotels, attractions and more!

PRODUCT OFFERS			
<b>UNIVERSAL ORLANDO® RESORT</b>			
Universal Studios Wet 'N Wild Orlando	Blue Man Group	Islands of Adventure	City Walk
<b>WALT DISNEY WORLD® RESORT</b>			
Disney Quest Blizzard Beach La Nouba by Cirque du Soleil	Disney's Hollywood Studios Magic Kingdom	Typhoon Lagoon Epcot	Animal Kingdom Disney Area Hotels
<b>CIRQUE DU SOLEIL</b>			
Zarkana Mystere KA	Zumanity LOVE KOOZA	Varekai Criss Angel: Believe La Nouba	O Kurios MJ One
<b>SEAWORLD PARKS &amp; ENTERTAINMENT</b>			
SeaWorld Orlando Water Country USA Aquatica Orlando	SeaWorld San Diego Adventure Island Aquatica San Diego	SeaWorld San Antonio Busch Gardens Tampa Sesame Place	Discovery Cove Busch Gardens Williamsburg
<b>ORLANDO &amp; TAMPA ATTRACTIONS</b>			
Richard Petty Driving Experience CoCo Key Fun Spot America 3 Musketeers Dinner Show	Kennedy Space Center WonderWorks Orlando Gatorland	Pirate Dinner Adventure Sleuth's Mystery Dinner Show LEGOLAND Florida	Tampa's Lowry Park Zoo The Florida Aquarium Treasure Tavern
<b>CALIFORNIA THEME PARKS &amp; ATTRACTIONS</b>			
Disneyland Pirate's Dinner Adventure San Diego Zoo Castle Park	Disney's California Adventure LEGOLAND California Six Flags	Madame Tussaud's Medieval Times California's Great America	Knott's Berry Farm Universal Studios Hollywood Gilroy Gardens
<b>SOUTH FLORIDA ATTRACTIONS</b>			
Lion Country Safari Jungle Island Bike and Roll Miami	Big Bus Tours: Miami Miami Marlins	Sawgrass Recreation Park Zoo Miami	Miami Seaquarium Rapids Water Park
<b>NATIONAL THEME PARKS &amp; ATTRACTIONS</b>			
Medieval Times Dinner Shows CityPASS SeaWorld Parks and Entertainment Palace Entertainment City Sightseeing	Six Flags Walt Disney World Resort Ripley's Believe It Or Not Premier Parks Richard Petty Driving Experience	Biltmore Estate Universal Orlando Resort Universal Studios Hollywood Merlin Entertainment Broadway Across America	iFly Indoor Skydiving Disneyland Resort Cedar Fair Parks Kennedy Space Center
<b>LAS VEGAS SHOWS &amp; ATTRACTIONS</b>			
Cirque du Soleil Le Reve – The Dream Blue Man Group Jersey Boys	Penn and Teller Chippendales V The Ultimate Variety Show Maverick Helicopter Tours	Pink Jeep Tours Grand Canyon Tours Terry Fator Rock of Ages	Brittney Spears: Piece of Me Stratosphere Tower Rides Steve Wynn's ShowStoppers VIP Club Crawl
<b>NEW YORK CITY BROADWAY SHOWS &amp; ATTRACTIONS</b>			
Kinky Boots Book of Mormon Jersey Boys NY Yankees	9/11 Memorial Museum New York Pass Circle Line Sightseeing Cruises The Phantom of the Opera	Ripley's Believe It Or Not Madame Tussauds Les Miserables Blue Man Group	Top of the Rock Empire State Building Metropolitan Museum of Art Lion King
<b>MOVIE TICKETS</b>			
AMC Bow Tie Cinemas Pacific Theatres	Regal Entertainment Group Carmike Cinemas Clearview Cinemas	Cinemark Wehrenberg Theatres Showcase Cinemas	United Artist Theatres Malco Movie
<b>CAR RENTALS</b>			
Avis Dollar	Budget	Thrifty	Hertz
<b>HOTELS</b>			
Exclusive rates at over 80,000 hotels worldwide			



# NOTES

**Health Benefits - Horizon**

Marc Carpenter  
609-513-4634  
email: mcarpenter@srhafetz.com

**Medical Plan - Horizon**

800-355-2583 (BLUE)  
[www.horizonblue.com](http://www.horizonblue.com)

**Prescription Drug – Horizon administered by Prime Therapeutics**

800-370-5088  
[www.primetherapeutics.com](http://www.primetherapeutics.com)  
[www.myprime.com](http://www.myprime.com)

**Dental Plan - Horizon**

800-4DENTAL  
[www.horizonblue.com/dental](http://www.horizonblue.com/dental)

**Life, AD&D and Disability Claims - USABLE Life**

800-370-5856  
866-346-3642 (TYY)  
[www.usablelife.com](http://www.usablelife.com)

**Voluntary Term Life - USABLE**

800-370-5856  
[www.usablelife.com](http://www.usablelife.com)

**Voluntary Whole Life - Humana**

800-448-6262  
[www.HumanaVoluntaryBenefits.com](http://www.HumanaVoluntaryBenefits.com)

**Group Accident / Critical Illness Insurance - Humana**

800-448-6262  
[www.HumanaVoluntaryBenefits.com](http://www.HumanaVoluntaryBenefits.com)

**401(k) Plan - Fidelity**

J. Louis McCraw  
610-727-4949  
email: LMcCraw@PFGAdvisors.net  
Bryan Cogliano  
610-727-4927  
email: Bryan.Cogliano@LFG.com  
[www.netbenefits.com](http://www.netbenefits.com)

**FSA Administration - Horizon**

800-224-4426  
[www.horizonblue.com/fsa](http://www.horizonblue.com/fsa)

**Employee Assistance Program**

Cooper University Hospital  
856-342-2280

**HSA Management - Benefit Wallet - Mellon Bank**

877-472-4200  
[www.mybenefitwallet.com](http://www.mybenefitwallet.com)

**Kashable**

[www.kashable.com](http://www.kashable.com)

**Cobra - Benefit Allocation System**

PO Box 62407  
King of Prussia, PA 19406  
888-887-6187

# THE **FUTURE** DEPENDS ON OPTICS

**Optics** is a true enabling technology, empowering applications in advanced manufacturing, communications and storage, defense, display technologies, energy, health and medicine, and test and measurement. At Edmund Optics®, we aim to **ENABLE THE FUTURE** by focusing on advancing all aspects of life and overcoming technological limitations with imaging.

To learn more, visit  
[www.edmundoptics.com/future](http://www.edmundoptics.com/future)



[www.edmundoptics.com/future](http://www.edmundoptics.com/future)