

**THIS IS WHAT WE'VE
ALL BEEN
WAITING FOR**



2016 Health and Life Benefits Guide



moving money for better

CHECK IT OFF! YOUR 2016 ENROLLMENT PLAN.

CHOOSING A MEDICAL PLAN IS ONE OF THE MOST IMPORTANT DECISIONS YOU'LL MAKE. THESE STEPS WILL HELP YOU CHOOSE WISELY.

- **Remember** you must **enroll** in medical, dental, vision, Health Savings Account (HSA) and Flexible Spending Accounts (FSA) this year if you want these coverages next year – your elections from 2015 will **NOT** carry over into 2016.
 - » Visit **The Wire (Human Resources > Reward > United States > 2016 Benefit Plans and Communication)** or **Cigna.com/WesternUnion** to review detailed information on all your benefit options.
 - **Think** about your health history and how things might change in the upcoming year. Do you go to the doctor a lot? Are you planning to have a baby? Thinking about the services you need will help you determine what type of coverage you should have.
 - **Estimate** how much you spend on health care costs each year, including doctor visits and prescriptions. It will help you identify the plan that makes the most sense for you. Login to your **myCigna.com** account to review your health care cost history.
 - **Determine** whether a Health Savings Account (HSA) or Flexible Spending Accounts (FSA) are right for you and if you qualify. These accounts let you use tax-free money to help pay for medical expenses, dependent care, and dental and vision expenses. For more information on the HSA, refer to page 18.
 - **Go to myCigna.com** to:
 - » Estimate the cost of medical and dental care and/or procedures
 - » Estimate the cost of your prescription medications
 - **Look** to see what incentives are being offered. WU makes a contribution of \$500 individual / \$1,000 family for your HSA if enrolled for 2016.
- **ENROLL** for benefits by visiting Workday between October 26 – November 6, 2015
 - » Collect all necessary documents: dependent SSNs, IDs, etc.
 - » Verify your dependents meet the eligibility requirements by contacting the Western Union Benefits Service Center by calling **844-44WUBEN (844.449.8236)** or emailing **westernunion@onesourcevirtual.com**.
 - » Check out the Workday Benefits video **<https://westernunion.a.guidespark.com/videos/28431>** to help you navigate your benefits.
- **Earn** your 2016 Wellness Credits by completing both your biometric screening and taking your *My Health Assessment* on **myCigna.com** by November 30, 2015. Remember, the 2016 Wellness Credits you and your covered spouse/ domestic partner can earn – and how you receive them – are based on your medical plan choice:
 - » **Choice Fund w/HSA** – \$400 for you, \$200 for your spouse/partner. You will receive this amount as a lump sum deposit in your HSA, January 2016.
 - » **Open Access Plus** – \$200 for you, \$100 for your spouse/partner. Receive a pro-rata payment in your paycheck throughout the year.
 - **Call** the Cigna pre-enrollment customer service line at **800.401.4041** for more information about your benefit options or email **wubenefits@westernunion.com**. If you have questions about enrolling in Workday, please call the Western Union Benefits Center at **844-44WUBEN (844.449.8236)** or email **westernunion@onesourcevirtual.com**.

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WE'RE ALL IN THIS TOGETHER.

Good health is not something to take for granted. That's why Western Union provides comprehensive medical benefits to its eligible employees—so that, in addition to taking care of your health on a daily basis (by getting the right amount of exercise and eating the right foods, for example), you can get the medical care you need to help you prevent illness and serious medical conditions from occurring. It's a valuable part of the compensation package we offer you as a Western Union employee.

PARTNERSHIP IN HEALTH

One of the things we all learn in life is that partnership and teamwork can help us meet goals we might not be able to achieve on our own. And nowhere does teamwork have more of an impact than when it comes to your health and quality of life.

Western Union recognizes this, and is fully committed to being an active partner on your "health team." As your partner in health, Western Union promises to offer you high-quality health care plans, give you the tools and information you need to get the most from your benefits, and offer you innovative programs designed to improve your well-being and your family's health.

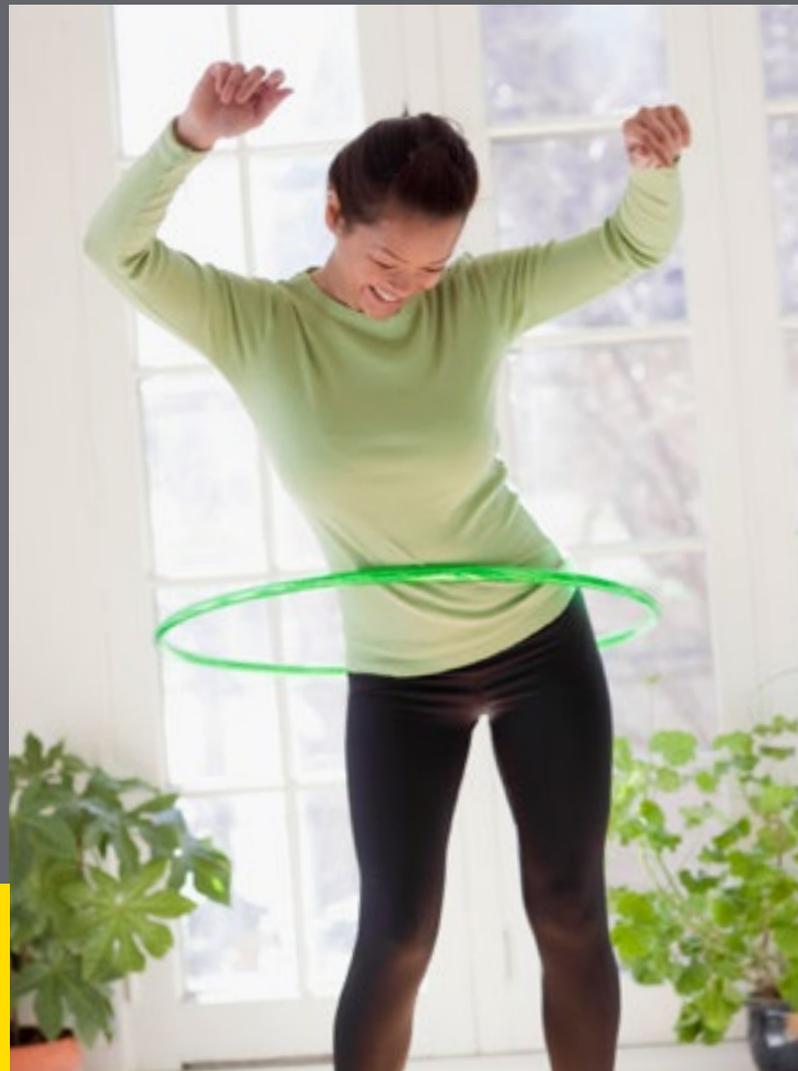
In return, we ask you to think carefully about which benefit choices are best for you and your family, to make smart use of your health care dollars, to try to live a healthy life, keep up with your wellness exams and checkups, and be an informed user of health care services. Western Union also asks that you take an active part in Cigna's wellness programs for weight control, stress reduction and smoking cessation, if needed. Programs like these will help you become healthier and help us control plan costs going forward. When you are invited to participate in a Western Union-sponsored health and wellness program offered by Cigna, **please accept the offer.**

WHO IS ELIGIBLE

Effective January 1, 2016, you are eligible for the benefits described in this guide if you are on the U.S. domestic payroll as a regular full-time employee or a regular part-time employee. If you enroll for coverage, you also may enroll your spouse or domestic partner.

You can also enroll your dependent children up to age 26* for medical, dental, vision and/or life insurance coverage without regard to student or marital status, financial dependency, employment or eligibility for other employer coverage.

Western Union will conduct an audit periodically to confirm that all enrolled dependents meet eligibility requirements. You will be asked to provide proof of dependent eligibility for coverage (e.g., marriage certificate, birth certificate, tax forms, domestic partner affidavit) at any time to continue covering them under the company's health and life benefits. Be sure to enroll only those dependents who meet Western Union eligibility requirements.



This year, it's easier than ever to choose the plan that's right for you. Just use the new Cost Comparison Tool at Cigna.com/WesternUnion.

TRICKS AND TOOLS AT MYCIGNA.COM:

Need help choosing a plan? Try the new Cost Comparison Tool at Cigna.com/WesternUnion.

Once you've picked your plan, myCigna.com can help you find an in-network doctor, find out the cost of your prescriptions and procedures, and more!



YOUR 2016 HEALTH AND LIFE BENEFITS

WHEN TO ENROLL

If you are a new employee hired during 2016, you must enroll within 31 days from your date of hire. If you do not, you will be automatically enrolled for basic benefits and will have no optional benefits, such as medical coverage.

If you are an employee, your coverage starts on the first day of the month following or coinciding with your date of hire. For example, if your first day of work is June 20, your benefits would begin on July 1. If enrolling within 31 days, you will be responsible for missed payroll contributions back to when your coverage took effect.

If you do not enroll by the time frames noted, you will not have another opportunity to enroll until the next annual enrollment period — unless you have a qualified change in status.

HOW TO ENROLL

2016 annual enrollment is powered by Workday. Start by clicking on the Open Enrollment task in your Inbox. Here you will be able to review and compare all your plan options and costs, and elect benefits for yourself and your eligible family members.

For step-by-step guides to help you navigate benefits in Workday as well as a short Workday benefits video visit [The Wire \(Human Resources > Reward > United States > 2016 Benefit Plans and Communication\)](#).

WHEN YOUR COVERAGE ENDS

If you leave the company or are no longer eligible for benefits, in most cases your coverage ends at the end of the month in which you terminate employment or lose your eligibility status. There are some exceptions when eligibility ends immediately, such as in the case of a divorce.

WORKING SPOUSE/DOMESTIC PARTNER SURCHARGE

When enrolling a spouse/domestic partner in the medical plan who is eligible for medical plan coverage through their own employer plan, you will pay an additional \$50 per month in medical plan payroll deduction.

TOBACCO USER SURCHARGE

When enrolling in the medical plan, an employee who uses tobacco will pay an additional \$50 per month in medical plan payroll deductions. If the employee participates in the Cigna Quit Tobacco Smoking Cessation program and completes it, the surcharge will be refunded when requested by the employee. See page 13 for additional information.

* Eligible medical expenses for your adult child can be paid for on a pre-tax basis and excluded from your gross income until the end of the year in which your child turns 26.

WHAT'S NEW IN 2016?

This year, our newly redesigned member website, **Cigna.com/WesternUnion**, will make it easier to understand your health and life benefits options so you can make choices that work for you and your family (no user ID or password required). There is a new Cost Comparison Tool designed to help you see how your potential medical and prescription drug costs compare under both plan options.

CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES®

Sign up to get a little extra no-cost support for your pregnancy – and what comes next. You'll get access to 24/7 live support when you call the number on the back of your Cigna ID card, and additional tools and information are available at **myCigna.com**. Plus, earn \$150 when you enroll in your first trimester, or \$75 in your second, after you complete the program, paid in a gift card.

DISPENSE AS WRITTEN

Starting this year, if you request a brand-name drug when a generic drug is available, and your doctor believes the generic drug is clinically just as effective as the brand-name drug, you will pay the price of the generic drug, plus the cost difference between the brand-name and generic drug option.

SPECIALTY DRUG ACCESS

Now, your hard-to-find, injectable, or specialty medications requiring special storage conditions will be delivered right to your door with the Cigna Specialty Pharmacy.

COST COMPARISON TOOL

Picking a medical plan just got easier. Visit **Cigna.com/WesternUnion** to compare your two medical plan options, tailored to your medical and prescription drug needs.

2016 WELLNESS CREDITS

There is still time to earn the 2016 Wellness Credit! Just complete the biometric screening and your *My Health Assessment* by November 30, 2015.

OUT-OF-POCKET MAXIMUM FOR FAMILY COVERAGE

Beginning in 2016, if a family member spends over \$6,850 on health expenses, your plan will cover 100% of that person's in-network services for the rest of the calendar year. However, the rest of the family will not receive 100% coverage until your family reaches the family out-of-pocket maximum.



Western Union will contribute \$500 single/\$1,000 family to active HSA accounts.

YOUR BENEFITS AT A GLANCE

BASIC BENEFITS

You are automatically enrolled for the basic benefits shown below. **Western Union pays the full cost of these benefits.**

- Basic life insurance
- Basic accidental death and dismemberment insurance
- Short-term disability coverage
- Long-term disability insurance
- Employee Assistance Program
- And for employees traveling on business:
 - » Cigna Medical Benefits
Abroad global medical insurance
 - » AIG Business Travel
Accident insurance

OPTIONAL BENEFITS

If you wish to elect any of the optional benefits below, you pay for them through payroll deduction with either pre-tax or after-tax dollars, or through direct billing by the carrier. If you pay with pre-tax dollars, the cost is deducted from your pay before federal income and Social Security taxes are calculated. This reduces your taxable income, and you pay less in taxes. For optional benefits, you have the choice of “waiving coverage” using the online enrollment tool. Access your Open Enrollment task in your Inbox in Workday. Call the WU Benefits Service center at **844-44WUBEN (844.449.8236)** or email **westernunion@onesourcevirtual.com** for assistance.

The amount you pay for optional benefits coverage depends on which coverage you select and whom you cover. For Voluntary Life and AD&D, your annual benefits salary also affects the cost of coverage. Your **annual benefits salary** is determined each year in October for the next plan year. It includes:

- Your base salary (including your base compensation before any pre-tax contributions to the savings plan, HSA, FSA and other health and insurance plans).
- Any commissions earned in the past twelve months prior to October.

Optional Benefits	Your Choice	How Coverage is Paid
Medical	<ul style="list-style-type: none"> » Choice Fund w/HSA » Open Access Plus 	You and Western Union share the cost; you pay your share with pre-tax payroll deductions.
Dental	<ul style="list-style-type: none"> » Cigna DHMO » Cigna DPPO 	You and Western Union share the cost; you pay your share with pre-tax payroll deductions.
Vision	Provided by Vision Service Plan	You pay the cost with pre-tax payroll deductions.
Health Savings Account	HSA's are for those enrolled in Choice Fund w/HSA only.	HSA's are for those enrolled in Choice Fund only. You and Western Union can contribute to this account; your contributions can be pre-tax payroll deductions.
Flexible Spending Accounts	<ul style="list-style-type: none"> » Health Care FSA » Dependent Care FSA » Care\$ Benefit 	Health Care FSA's are for those enrolled in the OAP only. You contribute to your account with pre-tax payroll contributions. You receive a deposit in your Dependent Care FSA if eligible.
Voluntary Life Insurance	Multiples of your annual benefits salary up to \$1,000,000	You pay the cost with after-tax payroll deductions.
Spouse Life Insurance	\$10,000 increments, up to \$250,000	You pay the cost with after-tax payroll deductions.
Child Life Insurance	\$5,000 or \$10,000 per child	You pay the cost with after-tax payroll deductions.
Voluntary AD&D	Coverage for employee, spouse/partner and/or children	You pay the cost with after-tax payroll deductions.
Legal Plan	Provided by ARAG	You pay the cost with after-tax payroll deductions.
Auto and Home Insurance	Several coverage options through MetLife	You pay the cost with after-tax payroll deductions.



MEDICAL PLANS

You may choose from the following medical plan options for 2016:

CHOICE FUND WITH A HEALTH SAVINGS ACCOUNT (HSA)

The Choice Fund w/HSA is comprised of two parts; the Medical and Prescription Drug Plan, and a Health Savings Account (HSA).

Think about choosing the Choice Fund w/HSA if you:

- Want the freedom to use any health care provider (in-network and out-of-network) and the option to save money by using network providers.
- Want a plan that has a lower paycheck contribution cost, yet still provides comprehensive coverage.
- Like controlling how your health care dollars are spent and having an employer-funded account that can accumulate for future expenses.

HOW THE PLAN WORKS:

Choice Fund w/HSA is a consumer-driven health plan that combines traditional health coverage with a Health Savings Account that you and Western Union can contribute to in order to help you pay for your eligible medical expenses.

Step 1. The Health Savings Account (HSA)

If you choose Choice Fund w/HSA as your medical plan an HSA account will be opened for you automatically. Western Union will make an initial contribution of \$500 individual/\$1,000 family into your HSA in January 2016. You will also be able to make pre-tax* contributions from your paycheck to the HSA. As you incur covered medical expenses, you may use the money in your HSA to cover these costs. Any money left in your HSA at the end of the year will remain in your account. With careful spending and decision making, you can accumulate funds for future health care expenses – and the money in your HSA is yours to keep, whether or not you continue your employment with Western Union.

*Contact your tax advisor for complete details about the tax advantages of your HSA.

Step 2. The Deductible

The deductible is a set amount you pay each year before the medical and prescription drug plans start to pay benefits. You pay the full cost of your medical and prescription drug expenses until your deductible has been met.

If you enroll as Employee Only (no dependents), you will be subject to the Individual Deductible. However, if you enroll dependents under the plan you will be subject to the overall Family Deductible. All family members' charges will apply towards the Family Deductible.

Step 3. The Medical Plan

Once your deductible is met, the medical and prescription drug plans start to pay a portion of the cost of the benefits. You may receive care from any licensed provider. However, when you visit a network provider, the plan pays more and you pay less. All out-of-network providers are subject to reasonable and customary limits.

Step 4. Annual Out-Of-Pocket Maximum

No matter how many family members you choose to cover, each individual member will have an individual out-of-pocket maximum of \$6,850. This means the plan will cover 100% of that person's in-network services for the rest of the plan year. You must reach the family out-of-pocket maximum before the plan pays 100% of the remaining family members eligible medical and pharmacy expenses for the rest of the plan year.

Step 5. Preventive Care

Preventive care (e.g., routine care, annual screenings and certain preventive services) for Choice Fund w/HSA participants who use network providers is covered at 100%. When you use out-of-network providers, preventive care is covered at 100%, up to reasonable and customary limits.



MEDICAL PLANS

OPEN ACCESS PLUS

This plan is a Preferred Provider Organization (PPO) plan, that gives you the freedom to receive care from any licensed providers and the opportunity to save when you use providers who belong to Cigna's OAP network.

HOW THE PLAN WORKS:

If you enroll in the Open Access Plus, you may receive care from any provider (in-network and out-of-network). Although you are not required to select a PCP, you may do so if you wish in order to help you better manage your care. Referrals are not required to access specialty care.

For some in-network services, such as provider office visits, emergency room care and urgent care facility visits, you pay a flat-dollar copayment and the plan pays the rest.

For other in-network services, after you meet your annual deductible, the plan pays a percentage (coinsurance) of the covered expense and you pay the rest, up to an out-of-pocket maximum.

Your share of most covered expenses depends on whether you use network providers. When you use Open Access Plus network providers, the plan pays a higher percentage. If you use out-of-network providers, the plan pays a lower percentage, which means you pay more out of your own pocket for care. Out-of-network charges are subject to reasonable and customary limits.

When you enroll in Open Access Plus you automatically receive prescription drug benefits. The amount you pay depends on:

- Where you purchase the prescription (retail drug store or home delivery).
- Whether your prescription drug is a generic, brand name formulary, or brand name non-formulary.

Make sure the lab your doctor is using is a Cigna network lab. Tell him/her to use an in-network lab so you will not be responsible for paying the out-of-network rate.

MEDICAL COVERAGE FOR SPECIAL SITUATIONS

If you live outside a Cigna network service area, you may enroll in the Open Access Plus or the Choice Fund w/HSA and use the plans' out-of-network coverage.

If you live in Hawaii, you will have a plan design as mandated by territorial law.

If you live in Puerto Rico, you are offered an indemnity-type plan where you can visit any provider you wish, and all eligible services are subject to an annual deductible and coinsurance.

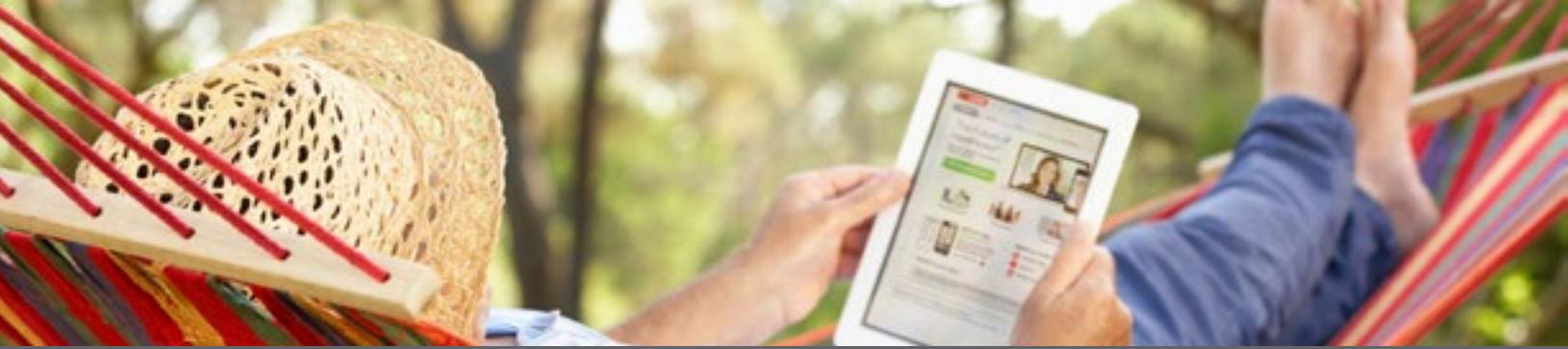
If you live and work overseas on a U.S. expatriate assignment, you will enroll in the Cigna International Expatriate Benefits Plan, a bundled medical, dental, vision and employee assistance program that provides coverage for you and your family while away on assignment and within the U.S. while on home visits.

If you are traveling on business outside the U.S. for up to 180 days, the Cigna Medical Benefits Abroad program covers you. The program provides medical insurance for urgent and emergency care during your trip. You will also have access to tools and resources to help you prepare for your trip and obtain important health-related information during your travels.

CIGNA PROVIDER NETWORKS

It's important to remember that providers can join or leave the Cigna network at any time.

So when you enroll, be sure there are several doctors and hospitals you're comfortable using. You cannot switch plans or drop coverage mid-year if your preferred doctor or health care facility leaves the plan's network.



MEDICAL PLANS

MEDICAL ID CARDS

When you enroll in a Cigna medical plan, you will receive a member ID card for you and each of your enrolled family members with their name printed on the card. If you have five family members covered, you will receive five separate member ID cards, each personalized with their name. Use this member ID card when receiving medical and prescription drug services. You can request replacement member ID cards or print temporary member ID cards from your secure member site at **myCigna.com**.

CIGNA PRE-ENROLLMENT TOOLS

Need help deciding which medical plan is right for you?

- Call the Cigna pre-enrollment telephone line at **800.401.4041** or
- Visit **Cigna.com/WesternUnion** to review the medical options and use the new Cost Comparison Tool to estimate your out-of-pocket costs.

COST ESTIMATES AVAILABLE ON MYCIGNA.COM

Visit **myCigna.com** to:

Estimate Medical Costs

Evaluate real, up-to-date costs for common medical conditions and services so you know before you go.

Compare Hospitals

Compare hospitals by cost, number of procedures performed, patient outcomes and more.

Prescription Drug Price Quote Tool

Find the cost of your medication and learn what your copay will be.

MDLIVE™

MDLIVE offers you a way to access health care when you cannot get to your regular physician and need guidance about diagnosis and treatment. MDLIVE:

- Gives you access to 2,200 internal medicine, family practice and pediatric physicians on call throughout the U.S. through online video consultations, phone consultations and email.
- Provides immediate, on-demand 24/7/365 access to affordable, quality non-urgent care through a national network of licensed, board-certified U.S.-based doctors and pediatricians.

For Open Access Plus members who use MDLIVE, your copay will be \$25 per consultation.

Choice Fund w/HSA members will pay \$38 until the deductible is met, then coinsurance.

If you are already enrolled in a Cigna medical plan, you can pre-register with MDLIVE now if you haven't already. Simply visit **mdlive.com/westernunion** or call **888.726.3171**, toll free.

CIGNA MOBILE APP (MOBILE PHONES)

With the myCigna Mobile App and your smartphone, you can tap into many of the **myCigna.com** features wherever you go. The Mobile App is only available for Droid smartphones and Apple products.

For more information, call Cigna at **800.244.6224**.

MEDICAL PLANS

COMPARING MEDICAL PLAN FEATURES

The chart below shows a side-by-side comparison of the key features of the two Cigna medical plan options. For complete details, please see the Benefit Summary Descriptions at Workday and at [The Wire \(Human Resources > Reward > United States > 2016 Benefit Plans and Communication\)](#).

	Choice Fund w/HSA	Open Access Plus
Deductible (Individual/Family)		
In-network	\$2,000/\$4,000**	\$350/\$1,050
Out-of-network*	\$4,000/\$8,000**	\$750/\$2,250
Health Savings Account		
(Employer Contribution - Individual/Family)	\$500/\$1,000	Not applicable
Out-of-pocket Maximum (Individual/Family)***		
In-network	\$4,000/\$8,000 (\$6,850 maximum per family member)	\$5,000/\$10,000
Out-of-network*	\$8,000/\$16,000	\$10,000/\$20,000
Referrals Required for Specialty Care		
	No	No
Preventive Care****		
Plan pays		
In-network	100% no deductible	100% no copay
Out-of-network*	100% no deductible	70% after deductible
Office Visit		
Plan pays		
In-network	80% after deductible	100% after \$25 PCP copay/\$40 specialist copay
Out-of-network*	60% after deductible	70% after deductible
MDLIVE Consultations		
	\$38 until deductible is met then coinsurance applies	\$25 copay
Emergency Room		
Plan pays		
In-network	80% after deductible	100% after \$150 copay
Out-of-network*	80% after deductible	100% after \$150 copay
Urgent Care Facility		
Plan pays		
In-network	80% after deductible	100% after \$75 copay
Out-of-network*	80% after deductible	70% after deductible
In-patient Hospitalization		
Plan pays		
In-network	80% after deductible	90% after deductible
Out-of-network*	60% after deductible	70% after deductible
Outpatient Hospitalization		
Plan pays		
In-network	80% after deductible	90% after deductible
Out-of-network*	60% after deductible	70% after deductible

* Out-of-network expenses are subject to reasonable and customary limits.

** You pay the full cost of your medical and prescription drug expenses until your deductible has been met.

*** Out-of-Pocket Maximum includes the deductible; once your out-of-pocket maximum is reached, you are still responsible for paying any applicable prescription drug copayments.

**** Health care reform requires that all medical plans cover a specified list of preventive care services at 100 percent when received in-network (list subject to change based on recommendations from federal guidelines). Cost sharing may apply for network visits when preventive care services are provided in conjunction with an office visit.



MEDICAL PLANS

YOUR 2016 MEDICAL PLAN CHOICES IN ACTION

Individual

Bob		Choice Fund w/HSA	Open Access Plus
Yearly Premium		\$1,133.40	\$1,768.80
Conjunctivitis/“pink eye”:	MDLIVE Visit	\$38.00	\$25.00
	Generic Retail Prescription	\$12.00**	\$7.00
Bottom Line			
2016 HSA Fund Balance*:		\$500.00	N/A
Total Amount you pay out-of-pocket for Insurance and Health Care for 2016		\$1,133.40	\$1,800.80
Remaining HSA Balance at the End of the Year:			
Bob’s HSA Fund balance rolls over year to year – there is no “use it or lose it” rule. These funds belong to Bob even if he leaves WU.		\$450.00	N/A

* The HSA is only available with Choice Fund. WU contributes \$500 to your account in January 2016. You use the HSA to reduce your out-of-pocket expenses, and if you choose to contribute to your HSA, that would lower your taxable income by the amount contributed. In this instance, if Bob used his HSA funds to pay \$50.00 of expenses for the conjunctivitis, \$450 would remain in his HSA for future medical expenses.

** You pay the full cost of your prescription drug expenses until you reach your deductible and then the plan pays 80%.

Family

The Smiths		Choice Fund w/HSA	Open Access Plus
Yearly Premium		\$2,706.12	\$3,913.32
Sprained Ankle	Urgent Care Center	\$300.00	\$75.00
	2 Generic Retail Prescriptions	\$24.00**	\$14.00
Bottom Line			
2016 HSA Fund Balance*:		\$1,000.00	N/A
Total Amount the Smiths pay out-of-pocket for Insurance and Health Care for 2016		\$2,706.12	\$4,009.32
Remaining HSA Balance at the End of the Year:			
The Smiths’ HSA Fund balance rolls over year to year – there is no “use it or lose it” rule. These funds belong to the Smiths even if they leave WU.		\$676.00	N/A

* The HSA is only available with Choice Fund. WU contributes \$1,000 to the Smiths’ account in January 2016. The Smiths do not have to contribute to their HSA, but if they choose to they could lower their taxable income. If the Smiths used their available HSA funds to pay \$324 of medical expenses, \$676 would remain in their HSA for future medical expenses.

** You pay the full cost of your prescription drug expenses until you reach your deductible and then the plan pays 80%.



PRESCRIPTION DRUG BENEFITS

WHEN YOU ENROLL IN A CIGNA MEDICAL PLAN, YOU AUTOMATICALLY RECEIVE PRESCRIPTION DRUG BENEFITS.

The amount you pay depends on:

- Which medical plan you choose
- Where you purchase the prescription (retail drug store or home delivery)
- Whether your prescription drug is a generic, brand name formulary, or brand name non-formulary.

With the Choice Fund w/HSA, you must pay for your prescription drugs out-of-pocket, until you reach your deductible. Once you've reached your deductible, the plan will pay 80% of the cost of your prescription medications. With the Open Access Plus you pay copay and coinsurance amounts (see the chart on the next page).

You have two options for filling your prescriptions:

1. Fill prescriptions at a participating retail pharmacy.
You can find a list of participating pharmacies by using Cigna's online provider directory, which you can access through **Cigna.com**.
2. Fill long-term prescriptions (31- to 90-day supply) by using Cigna Home Delivery, Cigna's mail order service. If you or a family member uses a medication on a regular basis, Cigna Home Delivery offers convenience as well as savings by allowing you to receive three months of your prescription for 2-1/2 months of retail copayments.

QUICK SWITCH OPTION

It's easy to move your prescriptions from a retail pharmacy to the Home Delivery Pharmacy.

Here's how:

- Call the number on the back of your ID card and select Home Delivery option.
- Provide the Cigna Home Delivery representative with the following information: name, ID number, prescription medication names, doctor's name and telephone number, and payment type.
- The Home Delivery representative will reach out to your doctor on your behalf to approve up to a 12-month prescription.
- You will receive your medication seven to 10 days after the order is received.
- Order refills by mail, by phone at **800.244.6224** or online at **myCigna.com**.

HOME DELIVERY ORDER FORM OPTION

- Complete an order form, which is available online at **myCigna.com**.
- Mail it to Cigna along with the original prescription (or your doctor can fax the prescription) and your copayment. Providing a credit card number is the easiest payment method.
- You will receive your medication seven to 10 days after the order is received.
- Order refills by mail, by phone at **800.244.6224** or online at **myCigna.com**.

PRESCRIPTION DRUG BENEFITS

Choice Fund w/HSA:	YOU PAY THE FULL COST OF YOUR PRESCRIPTION DRUG EXPENSES UNTIL YOU REACH YOUR DEDUCTIBLE AND THEN THE PLAN PAYS 80%.			
Open Access Plus:	YOUR PRESCRIPTION DRUG COPAY AND COINSURANCE AMOUNTS			
		Generic	Brand Formulary	Brand Non-Formulary
	Retail (up to 30-day supply)	\$7	30% up to \$80 per-script maximum	45% up to \$110 per-script maximum
	Mail order (31-90-day supply)	\$18	30% up to \$200 per-script maximum	45% up to \$275 per-script maximum

Cigna Rx Savings Program Copay And Coinsurance Amounts			
FOR CHOICE FUND W/HSA AND OPEN ACCESS PLUS			
	Generic	Brand Formulary	Brand Non-Formulary
Retail (up to 30-day supply)	\$4	15% up to \$40 per-script maximum	25% up to \$55 per-script maximum
Mail order (31-90-day supply)	\$9	15% up to \$100 per-script maximum	25% up to \$138 per-script maximum



WHAT IS A FORMULARY?

Formularies are lists of preferred drugs chosen for their quality, effectiveness and cost. If your brand name drug is not on the formulary list, think about talking to your doctor to see if a generic drug, or one that is on the formulary list, might work just as well for you. Please note that the tier coverage category (generic, brand formulary, or brand non-formulary) for your medication may be different in 2016 (compared to 2015) because the formulary changes every year. To determine the tier coverage category, please check the Cigna formulary. To search the Cigna formulary before enrolling in the program, you will need to select the prescription drug list by visiting Cigna.com. After enrollment, you can find this information on myCigna.com. The drug list is also at [The Wire \(Human Resources > Reward > United States > 2016 Benefit Plans and Communication\)](#).

PRESCRIPTION DRUG BENEFITS

STEP THERAPY PROGRAM

If you are prescribed a regular-use, maintenance medication, your drug may fall under Cigna's Step Therapy Program. Step Therapy is a prior authorization program that may require you to try alternate medications (available to treat the same medical condition) before your "Step Therapy" drug will be covered. You and your doctor follow a series of steps when choosing your medication. You may be able to choose from several different safe and effective prescription medications to treat your condition. Cost is often the biggest difference. Generic medications:

- Have the same strength and active ingredients as brand name medications; and
- Typically cost less, while brand name medications are usually the most expensive.

Step Therapy encourages you to try the most cost-effective and appropriate medications available to treat your condition. For more information about this program, log on to myCigna.com.

TOBACCO CESSATION PROGRAM

We would like to help you quit smoking or using tobacco. That is why we are offering you, subject to the applicable copay, a 90-day supply of any of the tobacco cessation drugs listed below, as long as they are prescribed by a doctor:

- Chantix®
- Bupropion
- Zyban
- Buproban®
- Nicotrol® Inhaler

We also encourage you to use our free Quit Today Tobacco Cessation program, where you will work one-on-one over the phone with a health coach to help you quit using tobacco products for good. If you participate, you can receive a certain amount of nicotine replacement therapy at no cost. Join today by calling Cigna Lifestyle Management at **866.417.7848** or visit myCigna.com.

CIGNA SPECIALTY PHARMACY

If you or a covered family member needs an injectable or specialty medication that requires storage under special conditions such as refrigeration, or is not normally found at your retail pharmacy, you may need to fill your prescription through Cigna Specialty Pharmacy. A 30-day supply of your medication will be mailed to your home at the cost of a retail copayment. A 90-day supply through Cigna Home Delivery will cost the mail order copayment.

Your doctor should request your first prescription, but you may also have your new prescriptions filled by calling **800.244.6224**. Medications will be sent to you within 24 to 48 hours of receipt of your prescription. After filling your first prescription, a patient care coordinator will call as a reminder a week before it is time for your next refill. Cigna Specialty Pharmacy gives extra help to patients who need specialty medication, including support from nurses and pharmacists on call 24 hours a day, 7 days a week. For more information, call **800.244.6224** or visit myCigna.com.

DISPENSE AS WRITTEN

You and your doctor usually have a choice between a brand-name vs generic drug, and in most cases your prescription is filled with the generic drug unless your doctor tells the pharmacy "Dispense as Written." However, if you ask for a brand-name drug when a generic drug is available and your doctor believes the generic drug is clinically just as effective as the brand-name drug, you will pay the cost difference between the brand and generic drug plus the amount you would normally pay for the generic drug.

CIGNA RX SAVINGS PROGRAM

This program provides drug copay relief for employees and family members taking certain ongoing **asthma, beta blocker, diabetes, high blood pressure or high cholesterol** medications. If you or a covered family member has one or more chronic conditions, taking your medication is a very important step toward maintaining or even improving your quality of life.

For prescriptions covered by the program, you will pay a discounted copay about 50 percent less than the regular copay. For example, if you take a generic high blood pressure medication, it would cost you \$4 for a 30-day supply compared to \$7 at the regular retail copay. If your medication is eligible, you will automatically be charged the lower copay. There is no action for you to take. Please take advantage of this program to help you stay healthy and to help reduce the company's long-term costs, as well as your own.

The purpose of the program is to make these drugs more affordable. When taken as directed, these medications can help you stay as healthy as possible—and prevent problems that might lead to poor health, lower productivity and higher health care costs.

EVERYDAY WELLNESS

Cigna offers a variety of free programs to help you and your family be healthier. You'll feel great now and in the future.

24-HOUR HEALTH INFORMATION LINE

Get detailed answers to your health care questions, find directions to emergency care, and listen to recorded programs on health topics anywhere, any time. Dial the toll-free number on the back of your ID card **800.244.6224** and you'll be connected directly to a specialist trained as a nurse who is ready to answer your health questions.

VISIT MYCIGNA.COM

Manage your health and wellness with tools specific to your needs: Find health care professionals, estimate out-of-pocket costs, order ID cards, access your benefits, track your claims and FSA balances, reorder prescriptions and more.

MY HEALTH ASSESSMENT

Remember *My Health Assessment* – your confidential online self-assessment for health and wellness? This year, it's back and more fun than ever. Choose from one of several game pieces to begin. Answer questions and complete each step of your assessment journey. When you're finished, you'll receive a health score along with suggestions on how to improve your numbers or meet certain goals.

It's a quick, easy way to learn more about living a happier, healthier life; and it works like a game!

ONLINE COACHING PROGRAMS

Feel Better, Look Better

You can get healthier and feel healthier by making better eating and exercise choices and decreasing your weight and Body Mass Index (BMI). **Duration:** eight weeks.

Energy and Performance

Focus on increasing your energy levels and fitness through better lifestyle habits and learn how to reach and maintain better body weight. **Duration:** eight weeks.

Sleep Better, Feel Better, Live Better

Learn how to decrease stress levels and improve the quantity and quality of your sleep, as well as your energy and alertness. **Duration:** six weeks.

Strength and Resilience

Find the support you need to balance work/life, decrease stress levels and improve coping skills. **Duration:** eight weeks.

Sign into the health assessment portal on **myCigna.com** to access online coaching registration.

LIFESTYLE MANAGEMENT PROGRAMS

Cigna offers over-the-phone coaching and education programs designed to utilize evidence-based behavior modification techniques to promote a healthier lifestyle.

You have the option to self-enroll and can select a telephonic or online option, or both.

Healthy Steps to Weight Loss

Cigna helps you manage your weight using a non-diet approach. Get support to help build your confidence, become more active, eat healthier and change your habits.

Quit Today Tobacco Cessation

Our tobacco cessation program helps you get and stay tobacco free. Develop a personal "quit plan" that's right for you.

Strength and Resilience Stress Management

Our stress management program helps you understand the sources of your stress and learn coping techniques to manage stress both on and off the job.



EVERYDAY WELLNESS

HEALTHY REWARDS® DISCOUNT PROGRAM

Includes special discounts on programs and services designed to help you enhance your health and wellness. The offers include programs and services such as Jenny Craig, Pearle Vision®, Curves, drugstore.com, acupuncture, massage and more. Good health is its own reward. So consider this a well-deserved bonus.

YOUR HEALTH FIRST – CHRONIC CONDITION MANAGEMENT

This confidential outreach program gives you access to a dedicated health specialist to provide support, education, information and insight to help you manage your chronic condition and improve your health.

CIGNA'S HEALTHY PREGNANCIES, HEALTHY BABIES®

This program is designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth. Get live support 24 hours a day, 7 days a week. Just call the number on your Cigna ID card to talk to a nurse who can help you with everything from tips on how to handle your discomfort during pregnancy to what foods to avoid, birthing classes and maternity benefits.

Or, visit myCigna.com for tools to help you track your pregnancy week by week, prepare for delivery and care for your baby.

Get rewarded for a good decision

When you participate and complete the program you'll be eligible to receive:

- \$150 gift card if you enroll by the end of your first trimester; or
- \$75 gift card if you enroll by the end of your second trimester.

Call **800.615.2906** to enroll as soon as you know you or your spouse is pregnant.

CIGNA 24/7 CUSTOMER SERVICE

Our customer service centers are available 24 hours a day, 7 days a week including holidays. This applies to medical, dental and pharmacy benefit plans.

CONDITION AND WELLNESS RESOURCES

Find information on health conditions, first aid, medical exams, wellness and more with an interactive medical library. Get the facts you need to make informed decisions about specific procedures and treatments.

WEBMD® PERSONAL HEALTH RECORD

Keep your medical history at your fingertips by automatically storing and tracking medical conditions, medication allergies, procedures, immunizations and emergency contacts online. Go to WebMD.com to sign up.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Cigna EAP offers free, confidential counseling any time, day or night, to help with personal problems and work-life balance issues. EAP counselors can confidentially discuss your situation and help you find resources and information on issues such as:

- Mental health
- Personal and professional relationships
- Substance abuse
- Family life
- Daily stress

You are automatically enrolled in this program, at no cost to you. The program also provides the following services to employees and their household family members:

EAP ASSESSMENT AND REFERRAL BY PHONE

You can call **877.622.4327** anytime, as often as you want, to talk with an EAP counselor. He or she will listen carefully and refer you to the best available resource for help.

IN-PERSON COUNSELING

The program covers up to five counseling visits each year for you and your covered dependents. You pay for any additional costs.

EAP ONLINE

Access program details by logging onto cignabehavioral.com and entering the employer ID "westernunion" where prompted.

Learn more and sign up for Wellness Programs at myCigna.com or by calling 800.244.6224.



DENTAL PLANS

Western Union offers dental benefits to help you and your family pay for quality dental care. You can choose from one of two plans:

Out-of-pocket dental expenses can be paid from an HSA or FSA.

CIGNA DHMO (DENTAL HEALTH MAINTENANCE ORGANIZATION) PLAN

You choose a primary care dentist from Cigna’s network to provide dental care, and you pay a discounted fee for covered expenses at the time of service. The discounted fees are listed on your **patient charge schedule** and you pay no more than the amount listed. Your patient charge schedule will be included with your DHMO ID card. If you need specialty dental care, you can obtain a referral from your primary dental provider. If you receive care from an out-of-network dentist, you pay the entire cost out of your own pocket.

CIGNA DENTAL PPO (PREFERRED PROVIDER ORGANIZATION) PLAN

You may receive care from any dentist, and the plan will pay the same coinsurance percentage for in-network and out-of-network providers based on the type of service. However, you will pay lower, negotiated fees for services when you use Cigna in-network dentists (in the Radius Network).

- For basic and major care, you meet a deductible each year, after which the plan pays a percentage of covered services.
- Preventive and orthodontic services are not subject to the deductible.
- You must file a claim for benefits if you use an out-of-network dentist.

Dental ID Cards

When you enroll in the Cigna DPPO dental plan, you **will not** receive a member ID card. Your dental provider can check your eligibility by calling Cigna. You can print a DPPO member ID card at myCigna.com.

When you enroll in the Cigna DHMO dental plan, **you will** receive one ID card that includes all covered members of your family, up to four members per card.

Dental Plan Comparison Chart		
Plan Features	DPPO	DHMO
Deductible	\$50 individual/\$150 family	N/A
Provider Network	Yes**	Yes*
Annual Benefit Maximum	\$2,000	N/A
Orthodontics Maximum	\$1,500	N/A
Preventive Care	100%	See Schedule
Basic Care	80% after deductible	See Schedule
Major Care	60% after deductible	See Schedule
Orthodontia Care (for children only)	50%, up to a \$1,500 maximum	See Schedule

* Services must be coordinated by primary care dentist.

** Receive services from any dental provider, but you can access lower negotiated fees when using network providers.

VISION SERVICE PLAN

VISION PLAN

You and your covered family members can save money on eye exams, glasses and contact lenses with the VSP Vision Plan. You'll pay less when you use VSP network providers, but you also have the option of going out-of-network. Review the **Summary of Benefits** and the **Vision Provider Choices** on Cigna.com/WesternUnion.

You don't need an ID card. When you make an appointment, just tell the doctor you are a VSP member and provide the covered member's Social Security number. You do not need to file a claim if you use network providers.

VISIT VSP.COM TO:

- Access personalized plan coverage information.
- Learn about eye care wellness.
- Find participating VSP providers.
- Determine services covered and not covered by the plan.
- Find information about reimbursement when using out-of-network providers.
- Obtain information on discounts for laser vision corrective surgery.

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) let you pay for certain types of vision care expenses with pre-tax dollars.



The plan provides the following benefits once each calendar year per family member when you use network providers.

Eye Exam	Lenses	Frames	Contact Lenses
In-Network You pay a \$10 copay.	You pay a \$20 copay for lenses covered under the plan. Check with your VSP provider for details. When you purchase lenses and frames during the same visit, your total copay will be only \$20.	You pay a \$20 copay, then the plan pays up to the \$150 frame allowance	\$150 allowance for contacts (instead of lenses and frames); copay does not apply. Contact lens exam (fitting and evaluation); this is 15% discount and up to a \$60 copay.
Out-of-Network If you plan to see a provider other than a VSP doctor: Exam - up to \$45	Single Vision Lenses - up to \$30 Lined Bifocal Lenses - up to \$50 Lined Trifocal Lenses - up to \$65 Progressive Lenses - up to \$50	Frame - up to \$70	Up to \$120 allowance for contacts (instead of lenses and frames)

HEALTH SAVINGS ACCOUNT (HSA)

WHAT IS AN HSA?

An HSA is an account that can be combined with the Choice Fund medical plan option. This tax-exempt savings account can be used to set aside pre-tax dollars to pay for your eligible health care costs (such as out-of-pocket costs for medical, prescription drug, dental and vision expenses). Think of it as a 401(k) for your health. The money in your HSA earns tax-free interest, and the balance can be carried over from year to year—and remains yours, even if you change medical plans, change jobs or retire.

HSA REQUIREMENTS

- You must be enrolled in the Choice Fund w/HSA medical plan option.
- You cannot be enrolled in another medical plan that is not a high deductible health plan, such as the Open Access Plus plan.
- You cannot be enrolled in a Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or TRICARE military coverage.
- You cannot be claimed as a dependent on another person's tax return.

THE TAX ADVANTAGES* OF AN HSA

In general, the account gives you three tax advantages:

- Amounts you contribute are tax-free from federal income taxes, Social Security taxes and most state income taxes.**
- Any interest or investment earnings on your account are tax-free.**
- Amounts you withdraw to pay qualified medical expenses are tax-free.

* Contact your tax advisor for complete details about the tax advantages of your HSA.

** **Note:** State tax laws regarding an HSA may differ. HSA contributions are deductible from state income taxes in all states except Alabama, California, and New Jersey. States that are not subject to state income tax on HSA contributions are Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington, and Wyoming. Consult the taxing authority for the state where you reside for details regarding taxability of HSA contributions.



EMPLOYER CONTRIBUTION IN JANUARY 2016:

Western Union will contribute \$500 single/\$1,000 family to active HSA accounts.



YOUR HEALTH SAVINGS ACCOUNT

When you enroll in the Choice Fund w/HSA plan, an HSA account will automatically be opened for you.

HEALTH SAVINGS ACCOUNT (HSA)

2016 HSA MAXIMUM CONTRIBUTIONS

The maximum you can contribute in 2016 per IRS Guidelines (including any contributions you receive from Western Union) is:

- \$3,350 for individual coverage
- \$6,750 if you cover other family members
- An additional \$1,000 catch-up contribution if you will be age 55 or older in 2016

If you and your spouse/domestic partner have family coverage you can both have your own HSA; however, the total amount that may be contributed to your HSAs is still the contribution limit above.

PERSONALIZING YOUR HSA

- You can choose whether you would like to order a checkbook to use to pay for expenses from your HSA (an additional charge may apply) or choose to order additional debit cards for a spouse or dependent.
- You can choose to turn Automatic Claims Forwarding (ACF) on. This will automatically forward any eligible claims from your medical plan to your HSA account for payment. You can change your choice at any time when you log on to **myCigna.com**.

USING YOUR FUNDS

Once your account is open and funds are available, you can start using your HSA. You are 100 percent vested as soon as the funds are deposited and you have total control over those funds.

You can use your HSA funds to pay for any qualified medical expense. Qualified medical expenses are a defined term created by the IRS and include: medical care, prescription drugs, and payment for long term care. You can use these funds to pay for dental and vision expenses as well. Go to **www.irs.gov** for a complete listing of eligible expenses*.

You have your entire lifetime to reimburse yourself. As long as you had your HSA established at the time the expense was incurred and it was not otherwise reimbursed, you can reimburse yourself for the expense from your HSA even years later.

* HSA funds used for any purpose other than the qualified medical expenses listed in the IRS publication will be taxable and the appropriate tax rules will apply.

FLEXIBLE SPENDING ACCOUNTS

Money in a Flexible Spending Account (FSA) is exempt from federal, most state, and payroll taxes. Because you are using pre-tax dollars, your out-of-pocket costs can be reduced by 20 percent to 50 percent, depending on your tax bracket.

There are two types of accounts:

- Health Care FSA
- Dependent Care FSA

Note: If you participate in the Health Savings Account (HSA) with the Choice Fund plan, you cannot contribute to a Health Care FSA.

HEALTH CARE FSA

A health care FSA is used to reimburse eligible health care expenses that your benefit plan does not cover (or any other benefit plan, such as your spouse's employer-sponsored medical plan). You can participate whether or not you enroll in a Western Union medical, dental or vision plan. You can contribute up to \$2,550 in 2016 and use this money to reimburse yourself for qualified medical, dental and vision expenses (see IRS publication 502).

Over-The-Counter Medications

Remember, your health care FSA will not reimburse over-the-counter medications or drugs without a prescription. You may purchase these items without a prescription, but you must have a prescription to have the expense reimbursed from your health care FSA. You will need to pay for the medication, and then complete a paper health care FSA reimbursement claim form and submit it to Cigna, along with a copy of the prescription and your customer receipt to pay for this item with FSA dollars.

If you have balances in your Health Care FSA after 12/31/15 and have enrolled in the Choice Fund w/HSA for 2016, you will be limited to:

- Contributing/receiving contributions in your HSA after April 1, 2016
- Maximum contribution into your HSA will be limited to 9/12ths of the allowable IRS maximum

DEPENDENT CARE FSA

A dependent care FSA is used to reimburse dependent care expenses such as day care for children under age 13 or elderly parents who live with you so you and your spouse can go to work. If eligible, you can set aside up to \$5,000 per household (\$2,500 if married and filing separate federal income tax returns), including the Care\$ Benefit, each year in a dependent care FSA. You can use this money to reimburse yourself for qualified day-care expenses for a dependent child or dependent adult not capable of self-care (see IRS publication 503). Eligible expenses include:

- Day-care tuition
- Day-camp fees
- Care provided in your home for an elderly dependent

CARE\$ BENEFIT

If your annual benefits salary is \$60,000 or less and you qualify for a dependent care FSA, Western Union will deposit a Care\$ Benefit into a dependent care FSA in your name, but only if you elect Care\$ Benefit during annual or new hire enrollment. Workday automatically adds the employer contribution shown below for those eligible who enroll for dependent care FSA. If you elect the Care\$ Benefit, you will receive (prorated annually):

- \$1,300 if you do not make pre-tax payroll contributions in a dependent care FSA.
- \$1,560 if you do make pre-tax payroll contributions in a dependent care FSA.

HOW DOES AN FSA WORK?

- Estimate what your out-of-pocket health care and dependent care expenses will be for the plan year.
- Based on your estimate, decide how much of your salary you want to set aside in your account(s).
- This pre-tax money will be deducted from your paycheck each pay period before federal, Social Security and most state taxes, and will be set aside in your FSA(s).
- After you submit a claim for a qualified expense, you will be reimbursed from your account(s). You may be reimbursed from your 2016 FSA for services received through March 15, 2017, as long as you submit your claims by April 30, 2017. **Any money left in your accounts after April 30, 2017, for which an eligible claim has not been made, will be forfeited and used to offset the plan's administrative costs.**

FLEXIBLE SPENDING ACCOUNTS

- You are reimbursed from your health care FSA for eligible health care expenses up to the amount you have chosen to contribute for the year.
- For eligible dependent care expenses, you are reimbursed for the amount of each claim as long as you have enough money available at that time in your dependent care FSA. For the Care\$ Benefit, pre-tax contributions are deposited to your dependent care FSA in equal installments each pay period throughout the year.
- Reminder: Use the Cigna Cost Estimator tool to estimate how much pre-tax contribution to set aside for health care out-of-pocket costs.

HEALTH CARE FSA AUTO PAY REIMBURSEMENT TOOLS

The FSA Auto Pay Reimbursement features are automatically enabled for all health care FSA participants on January 1. The tools are also automatically enabled for newly hired employees during the year.

The FSA Auto Pay Reimbursement Tools feature automatically passes your share of medical, dental and pharmacy claims processed by Cigna to your health care FSA so you do not have to submit a claim form for reimbursement from your FSA. Reimbursements from your FSA will automatically be issued for you.

• Medical Copayments

When you are seen in a doctor's office, you may be responsible for the copayment at the time of your visit. If this occurs, you will be reimbursed from your FSA automatically, provided you have a positive balance in your account. You will receive a check from Cigna for the amount of the office copayment you (or a covered family member) incurred. If you prefer to receive a direct deposit to your bank account, visit myCigna.com and see Manage My Profile to sign up for direct deposit.

• Medical and Dental Deductible/Coinsurance Amounts

Deductible and coinsurance amounts that are your responsibility for medical and dental services are deducted from your HCFSAs balance by Cigna and paid directly to the medical or dental provider on your behalf. This means you need to monitor your FSA and medical and dental claim processing activity on your myCigna.com site to keep track of how your health care FSA is being used for expense payments. **FSA auto payment tools do not function for DHMO out-of-pocket expenses.**

• Pharmacy Copayments and Coinsurance

Your copay or coinsurance amounts will be deducted automatically from your FSA balance at the retail and mail order pharmacy. You pay nothing out of your pocket for pharmacy claims while a balance remains in your health care FSA.

FSA DEBIT CARD

The Cigna Visa® FSA debit card will only work at certain vision care locations. It will not work at the provider, facility, or at the pharmacy. Your FSA autopay tools are in place for your out-of-pocket medical, dental and pharmacy expenses. Remember to save your vision receipts. Cigna may send you a letter requesting that you verify that your transaction was for an eligible FSA expense.

You are automatically issued a new FSA debit card when you begin to participate in the health care FSA. You keep the same FSA debit card for three years, so do not destroy it. You will automatically be sent a new card when yours expires. It is your choice to activate the card or not.

MANAGING YOUR AUTOPAY TOOLS

You have the option to dis-enroll for the automatic pay tools at any time for medical, dental, and/or pharmacy. For example, you can turn off the tool for medical and dental, and keep it activated for pharmacy. This way, when you incur a pharmacy claim, the FSA will automatically be debited for that copayment amount. The health care FSA autopay tool does not work for the DHMO plan.

1. Log on to myCigna.com.
2. Select Renew My Coverage.
3. Select Flexible Spending Account.
4. Click Auto-Pay Preference. You will receive a confirmation message when you turn on or cancel your tools. It takes 24 to 48 hours for the change.

You should cancel the auto Claim FSA payment feature through myCigna.com if:

- You or your dependents have coverage under another health plan with coordination of benefits.
- You are covering under your health plan a domestic partner who is not your dependent for federal income tax purposes.
- You want your health care FSA set aside for a specific purpose (e.g., orthodontia expenses expected to occur later in the year).

DISABILITY INSURANCE AND LEAVE MANAGEMENT

SHORT-TERM DISABILITY (STD)

Western Union pays for your STD coverage, and you are automatically eligible after 90 days of continuous service. The plan pays a benefit equal to 66.67 percent of your benefits salary for up to 26 weeks for a short-term, non-occupational illness or injury. The STD benefit begins after a waiting period of seven consecutive days.

LONG-TERM DISABILITY (LTD)

Western Union pays for this coverage for you, and you are automatically enrolled. LTD covers occupational and non-occupational illness or injuries and will start after your STD coverage ends. The plan pays a benefit of 66.67 percent of your benefits salary, up to \$20,000 per month (minimum \$100 per month). The amount of the benefit will be reduced if you are receiving benefits from other income sources, such as Social Security or workers' compensation. Any LTD benefit payment received is considered **taxable** income.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

FMLA entitles you to a total of up to 12 weeks of unpaid leave in a 12-month period taken for one or more of the following reasons:

- Birth of a child and care of a newborn.
- Placement of a child for adoption or foster care and care of the child.
- Care of a seriously ill immediate family member (spouse, child or parent).
- Caring for your own serious health condition, including pregnancy.
- A qualifying obligation arising from a covered spouse, son, daughter or parent in the National Guard or reserves who is on active duty or has been called to active duty in support of a contingency operation.
- There is also a special leave, called military caregiver leave, that allows you to take up to 26 weeks of unpaid leave during a single 12-month period to care for a covered spouse, son, daughter, parent or next of kin recovering from an injury or illness suffered while on active duty in the armed forces.

You are eligible for FMLA if you have been a Western Union employee for at least 12 months and have worked at least 1,250 hours during the 12-month period before your leave.

CONTACT CIGNA LEAVE SOLUTIONS FOR TIME AWAY FROM WORK

Cigna Leave Solutions administers STD, LTD and FMLA leave. To report an STD or LTD claim as well as a qualified leave of absence, such as military, personal or FMLA, please call Cigna Leave Solutions at **888.842.4462**.

Visit Cigna Leave Solutions at the **myCigna.com** web site to:

- View your disability and leave benefit information.
- Check your claim status.
- View your time-off balances.

For detailed information about the Western Union disability and leave policies, please go to **The Wire (Human Resources > Reward > United States > Disability and FMLA Leave of Absence)**.



LIFE AND ACCIDENT INSURANCE

CIGNA LIFE INSURANCE

Life insurance pays a benefit at your death (or the death of your spouse or child if you choose to insure them). The life insurance plans include:

- **Basic Life Insurance**

Western Union provides you with basic life insurance at no cost to you.

- **Voluntary Life Insurance**

You have the option to buy additional life insurance for yourself, your spouse and/or your children.

EVIDENCE OF INSURABILITY

You will receive a letter at your home address requesting evidence of good health (also called evidence of insurability, or EOI) if you choose the following amounts of voluntary life insurance:

- More than three times your annual benefits salary or \$300,000.
- An increase in your coverage of more than one salary increment during annual enrollment.

- An increase in your spouse's coverage of more than \$10,000 or up to a total of more than \$50,000 during annual enrollment.
- Any amount for yourself or your spouse if you choose coverage for the first time during annual enrollment.

CIGNA ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

AD&D insurance pays a benefit in the event of death or certain types of injuries resulting from an accident. The AD&D plans include:

- **Basic AD&D Insurance**

Western Union provides you with basic AD&D insurance at no cost to you.

- **Voluntary AD&D Insurance**

You have the option to purchase additional AD&D insurance for yourself, your spouse and/or your children, EOI not required for AD&D.

Below is an overview of the basic coverage Western Union provides at no cost to you, and the optional coverage you can elect during annual enrollment or as a new hire.

Basic Plans	Coverage Amount
Basic Life Insurance	Your annual benefits salary amount, to a maximum of \$1,000,000 (rounded to next higher \$1,000).
Basic AD&D Insurance	Your annual benefits salary amount, to a maximum of \$1,000,000 (rounded to next higher \$1,000).
Optional Plans	Coverage Options
Voluntary Life Insurance	1, 2, 3, 4 or 5 times your annual benefits salary, up to \$1,000,000. Amounts exceeding 3 times or \$300,000 are subject to EOI.
Spouse Life Insurance	\$10,000 increments, up to the lesser of 50% of employee supplemental life amount or \$250,000. Amounts exceeding \$50,000 are subject to EOI. Election requires enrollment in voluntary life insurance.
Child Life Insurance	\$5,000 or \$10,000 for each child up to age 19 or 23, if a full-time student. Election requires enrollment in voluntary life insurance.
Voluntary AD&D Insurance	1, 2, 3, 4 or 5 times your annual benefits salary, up to \$1,000,000.
Voluntary Family AD&D Insurance	Spouse only: 50% of employee voluntary AD&D. Spouse and children: spouse 40% + children 10% of employee voluntary AD&D. Children only: 15% of employee voluntary AD&D.

LIFE AND ACCIDENT INSURANCE

CHOOSING A BENEFICIARY

You will need to choose a beneficiary for every life insurance plan provided by Western Union. This includes your basic life and AD&D insurance, business travel accident insurance and, if applicable, your voluntary life and AD&D insurance. To add or update your beneficiary information go to the benefits worklet in Workday and click on Change Beneficiary.

You are the beneficiary for any spouse and/or child life insurance and dependent AD&D insurance. Call the Western Union Benefits Service Center at **844-44WUBEN (844.449.8236)** or email **westernunion@onsourcevirtual.com** with any questions.

AIG BUSINESS TRAVEL ACCIDENT INSURANCE

You are automatically enrolled for this coverage, and Western Union pays the cost. The plan provides a benefit if you die or are severely injured in an accident while traveling for your job. These benefits are paid in addition to amounts paid by your Cigna life insurance and AD&D plans.

You are covered while traveling on company business, which means while you are on an assignment for Western Union. Your trip begins when you leave your residence or primary work location. Your trip continues until you return to your residence or primary work location, whichever occurs first.

If you are working overseas on a permanent or temporary assignment, you are covered while traveling to and from the assignment. You also are covered while on your assignment at an overseas location.

MEDICAL BENEFITS ABROAD (MBA)

Western Union offers Medical Benefits Abroad, an international business travel plan that provides both travel assistance and medical benefits.

Eligibility Requirements

All full-time active employees and part-time employees working a minimum of 20 hours per week who are traveling on the business of, or at the expense of, Western Union outside their country of residence or permanent assignment are eligible for this Western Union-paid coverage.

The Benefits of MBA

If you become ill while traveling on WU company business, you can count on quality health care benefits that cover:

- Hospital admissions, surgeries, outpatient medical care and ambulance services for emergency medical treatment
- Prescription drugs and replacement medicine for lost prescriptions that are medically necessary
- Dental emergencies (for a sound natural tooth) or alleviation of sudden dental pain
- Medical evacuations in case you require immediate medical attention and adequate facilities are not locally available

You can find doctors and hospitals from MBA's global directory of pre-screened health care professionals whenever you need them – even before you need care. You can find out which doctors and hospitals will bill MBA directly – and then simply present your Cigna MBA ID card for payment when you visit.

MBA also offers 24/7 concierge services... and *much* more!

To learn more about the numerous benefits of MBA, visit **cignaenvoy.com**, or call **800.243.1348 toll free**. The direct-dial telephone number is **302.797.3535**.

PLAN

Business Travel

WHO PAYS FOR COVERAGE

Western Union

COVERAGE AMOUNT

Four times your annual benefits salary (certain limits may apply)

In certain circumstances, your spouse and dependent children are eligible for coverage when they accompany you.

Coverage is as follows: Spouse \$50,000 Children \$25,000



OTHER BENEFITS

ARAG® LEGAL PLAN

The legal plan, administered by ARAG, gives you access to a network of attorneys and helps with the cost of legal services. This is an optional benefit you pay for with after-tax payroll deductions. Covered services include:

- Legal advice, by phone or in person
- Preparation of wills
- Contested divorces
- Guardianship
- Assistance in minimizing and recovering from identity theft
- Mortgage preparation, deeds, notes and powers of attorney
- Legal representation in the sale or purchase of a primary residence
- Access to online legal services at **araggroup.com**

You must use network attorneys for these services to receive maximum coverage. If you elect an out-of-network attorney, the plan pays fees according to a set fee schedule.

Plan members also have access to online legal resources at **araggroup.com**, including a law guide, a document library and a list of attorneys (in case you have a legal need not covered by the plan).

METLIFE AUTO AND HOME INSURANCE

MetLife Auto and Home insurance is an optional benefit you pay for with after-tax payroll deductions. There is a variety of policies available through the program, including:

- Auto, including discounts for anti-theft devices, passive restraints (e.g., air bags) and a superior driver rating
- Built-in enhanced coverage for replacement cost for special parts, enhanced rental car damage coverage, and replacement cost for total losses
- Landlord's rental dwelling
- Condominium
- Renter's
- Recreational vehicle
- Boat
- Personal excess liability ("umbrella")

Call **800.GET.MET1 (800.438.6381)** or visit **www.metlife.com/western_union** for assistance and information, 24 hours a day, 7 days a week, or to request a free, no-obligation quote.

EXPERIENCE A LIFE CHANGE DURING THE YEAR?

Life happens—and sometimes you need to change your benefits. It's easy as long as your need is because of a qualified change. Regulations issued by the IRS do not permit you to change benefit options during the year unless you have a qualified change in status. A qualified change in status includes specific events such as marriage, divorce, birth or adoption of a child, and death of a dependent.

If you have a qualified change in status and want to make changes during the year, you must do so through Workday and click on Change Benefits or by calling the Western Union Benefits Service Center at **844-44WUBEN (844.449.8236)** within 31 days of the event, or within 90 days of a birth or placement for adoption. **Please note:** you must add new dependents even if you already have employee and family coverage. Verification documents will be requested at a later time.

What if:	Health Care (Medical, Dental, Vision)	Life and Disability Insurance	Health Savings Account	Flexible Spending Accounts	Other Benefits
You get married	Think about adding your new spouse to your health care coverage. Look at any coverage he or she has available as well. When you enroll a working spouse/domestic partner who is eligible for medical coverage through their own employer plan, you will pay an additional \$50 per month in medical plan contributions.	You may add spouse life insurance if you choose.	With qualified life events (e.g. marriage/divorce or the birth/adoption of a child), your medical coverage level (single vs. family) can change mid-year, which may affect your HSA annual contribution maximum amount. If you change your medical coverage level you should also recalculate your HSA annual contribution maximum amount so you can be sure you are not under (or over) contributing. 2016 IRS Limits: Individual: \$3,350 Family: \$6,750	You may want to add more to your health care FSA to cover eligible out-of-pocket expenses your spouse may have. And if you have a new stepchild living in your home, you can use the dependent care FSA to cover eligible child care expenses so you and your spouse can work.	Think about whether it is time to write a will. If so, consider the ARAG Legal Plan. You can also look into MetLife Home and Auto insurance.
You get divorced	Take your former spouse off your coverage once your divorce has been finalized. A divorced spouse does not meet plan eligibility rules and their coverage ends immediately on the date of the event (not at the end of the month).	Make sure you are not paying for spouse life insurance if you are divorced. Consider whether you should change your beneficiary information.		Divorce may change your child care needs. Make sure you have the right amount in your dependent care FSA.	You may want to call the EAP for support and counseling. Check your legal, auto and home insurance needs.
You have a baby or adopt a child	You will most likely want to add your child to your medical coverage. If you adopt an older child, he or she may also need dental and/or vision coverage. You must add your new dependent even if you already have employee and dependent coverage.	You can buy child life insurance. You are the beneficiary of this policy.		If you have a new child under 13 living in your home, you can use the dependent care FSA to cover child care expenses so you/your spouse can work. You may also have higher medical, dental, and/or vision expenses, so recalculate how much should go into your health care FSA.	It's always good to review your other coverage to make sure your needs are met.
Your child is older than 13	No changes.	No changes.	No changes.	If your child is older than 13, he or she is no longer eligible for the dependent care FSA. Do not put money into this account unless you're sure you can use it. Any unused balance will be forfeited.	No changes.
Your child reaches the age limit	Your child is eligible for coverage under the Western Union health plans until the end of the year in which he or she turns 26, without regard to student or marital status, financial dependency, employment or eligibility for other employer coverage.	Your child is eligible for child life insurance through the Western Union plans until the end of the year in which he or she turns 26 if they meet Cigna's financial dependency rules.	No changes.	You cannot reimburse your child's health care expenses through your health care FSA after the end of the year in which he or she turns 26.	No changes.



OTHER IMPORTANT HEALTH-RELATED INFORMATION

YOUR PRIVACY IS PROTECTED

Certain health information is protected under the Health Insurance Portability and Accountability Act (HIPAA). This means it cannot be used or disclosed to others without your permission.

WOMEN'S HEALTH AND CANCER RIGHTS

The Cigna health plans comply with the Women's Health and Cancer Rights Act. This means that if a breast cancer patient chooses to have breast reconstruction in connection with a mastectomy, coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.

REQUIRED NOTIFICATIONS

The following notifications are included in the summary plan description as required by federal law:

- Notice of special Children's Health Insurance Program (CHIP) and HIPAA enrollment rights
- Notice of enrollment opportunity for dependent children to age 26
- Notice of Newborns' and Mothers' Health Protection Act
- Notice of Women's Health and Cancer Rights Act
- COBRA notice to new enrollees
- Notice of Patient Protection and Affordable Care Act
- Notice of removal of lifetime limits

MEDICARE-ELIGIBLE EMPLOYEES AND DEPENDENTS

The Western Union medical plan options available to you include prescription drug coverage that has been certified as being, on average, as good as or better than the coverage you would receive under the standard Medicare Part D plan. You will receive an official Creditable Prescription Drug Coverage Notice from Western Union by end of October if you are:

- Age 65 or older, or
- Eligible for Medicare because you have permanent kidney failure or have certain disabilities.

As long as you remain enrolled in a Western Union medical plan, you will continue to receive prescription drug coverage from Western Union. If you decide to enroll in Medicare prescription drug coverage at a later time, you will not pay a penalty as long as you do not go 63 days or more without prescription drug coverage that is, on average, as good as or better than the coverage under a standard Medicare prescription drug plan.

As part of the Medicare Prescription Drug Improvement and Modernization Act (MMA), Medicare provides prescription drug benefits (called Medicare Part D). This optional coverage pays for a portion of the cost for many types of prescription drugs, up to certain limits. If you choose to enroll in Medicare Part D, you will receive all prescription drug benefits through a private prescription drug plan that you will choose during the 2016 Medicare Part D enrollment period (October 15 - December 7, 2015).

In some cases, Western Union may not be aware that you are eligible for Medicare. If you are eligible but did not receive a notice, please call the Western Union Benefits Service Center at **866.651.1482** so we can send you a Creditable Prescription Drug Coverage Notice.

THIS IS WHERE THE ANSWERS ARE.

Plan	For More Information	For Questions Call
Workday	westernunion@onesourcevirtual.com	844-44WUBEN (844.449.8236) 7:00 a.m. - 7:00 p.m. CT
Cigna Benefit Plans		
Cigna Medical	Cigna.com or myCigna.com	800.244.6224 (24/7/365)
Cigna Rx Home Delivery	Cigna.com/coachrx	800.835.3784
Cigna Dental		800.244.6224
Cigna International Benefits		800.244.6224
Cigna Flexible Spending Accounts	Cigna.com/FSA	800.244.6224
Cigna Leave Solutions (FML, STD, LTD)		888.842.4462
Cigna Life Insurance Claim Center		800.238.2125
Cigna Special Programs		
Healthy Pregnancies, Healthy Babies	myCigna.com	800.244.6224
Employee Assistance	Cignabehavioral.com, ID: westernunion	877.622.4327
Chronic Condition Management		855.246.1873
Lifestyle Management Programs		866.417.7848
24-Hour Health Information Line		800.244.6224
Online Health Assessment	myCigna.com	800.244.6224
Other Partners		
ARAG Legal Assistance	araggroup.com	800.247.4184
AIG Business Travel Accident		877.249.5187
OneSource Virtual (COBRA Administrator)	wucobra@onesourcevirtual.com	866.634.9784
MDLIVE	mdlive.com/westernunion	877.722.2667
MetLife Auto and Home Insurance	metlife.com/mybenefits	800.438.6381
Vision Service Plan (VSP)	vsp.com	800.877.7195
JPMorgan Chase		866.295.9173

WU Health & Life Benefits Team wubenefits@westernunion.com

DISCLAIMERS: This guide gives highlights of the 2016 Western Union Health and Life Benefits program. It is not intended to be a summary plan description (SPD). If there are differences between this guide and the SPD or plan document, the terms of the SPD and plan document will control. Western Union may amend or terminate its plans at any time at its sole discretion. The description of the program, the plan itself or participation in the plan, is not an employment contract or any type of employment guarantee and should not be considered as such. If you have questions about your health and life benefits, please review your SPD, located on the Western Union Employee Access web site, the Western Union Health and Life Benefits web site and The Wire (**Human Resources > Reward > United States > 2016 Health Plans and Communication**).



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