



THIS IS YOUR NEW BENEFITS INFORMATION



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2017 Health and Life Benefits Guide

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WHAT YOU NEED TO KNOW ABOUT 2017 ENROLLMENT

- **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**.
- **Important change this year:** If you don't make a different health care election for 2017 by Nov. 11, 2016, your 2016 benefits election will **automatically roll over** to next year except for flexible spending accounts. You will need to re-enroll to have coverage for 2017.
- **Need help choosing a plan?** Try the Cost Comparison Tool at **Cigna.com/WesternUnion**.
- **ENROLL for benefits by visiting Workday October 31 – November 11, 2016.**
 - » Collect all necessary documents: dependent SSNs, IDs, etc.
 - » Verify that your dependents meet the eligibility requirements by contacting the Western Union Benefits Service Center at **844-44WUBEN (844.449.8236)** or emailing **westernunion@onesourcevirtual.com**.
 - » Check out the **Workday Benefits video** to help you navigate your benefits.

YOUR 2017 HEALTH AND LIFE BENEFITS

WHO IS ELIGIBLE

Effective January 1, 2017, 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 may be asked to provide proof of dependent eligibility 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's eligibility requirements.

WHEN TO ENROLL

If you are a new employee hired during 2017, 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

Western Union's 2017 annual enrollment is powered by Workday. For step-by-step guides to help you navigate benefits in Workday as well as a short Workday benefits video, visit WU Life and Search for 2017 Annual Enrollment.

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.

BENEFIT SURCHARGES

- **If you enroll your spouse/domestic partner** in the medical plan and he or she is eligible for their own employer-sponsored medical coverage, you will pay an additional \$50 per month for your medical coverage.
- **If you use tobacco**, you will pay an additional \$50 per month for your medical coverage. Employees who participate in – and complete – the Cigna Quit Tobacco Smoking Cessation program will have their surcharge refunded upon request.

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
- 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 depends on which benefit 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.

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	HSAs are for those enrolled in Choice Fund w/HSA only.	HSAs are for those enrolled in Choice Fund only. You and Western Union can contribute to this account; your contributions are through pre-tax payroll deductions.
Flexible Spending Accounts	<ul style="list-style-type: none"> » Health Care FSA » Dependent Care FSA » Care\$ Benefit 	Health Care FSAs 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.
Home & Auto Insurance	Several coverage options through MetLife	You pay the cost with after-tax payroll deductions.

YOUR BENEFITS AT A GLANCE*

SUPPLEMENTAL BENEFITS

- **MetLife Home & Auto insurance:** You can insure your car or auto, or purchase a renter's policy from MetLife. Coverage is also available for rental dwellings, recreational vehicles (including boats) and personal excess liability ("umbrella" policies).
- **ARAG® Legal Plan:** Gives you access to a network of attorneys and help with the cost of legal services. With the ARAG Legal Plan, you'll also have access to online legal resources, including a law guide, a document library and a list of attorneys (in case you have a legal need not covered by the plan).

- **24-Hour Fitness Discount:** As a Western Union employee, you are entitled to a corporate discount nationwide with 24-Hour Fitness.
- **Mobile Calling Plan Discount:** As a Western Union employee, you can save money on your mobile phone bill if you are a Sprint, AT&T or Verizon customer.
- **Western Union Perks at Work:** An employee savings platform that provides you with access from company perks to employee pricing at your favorite brands.
- **Schwab Executive Services:** U.S. managers and above are eligible to receive a comprehensive financial plan available at no cost from Charles Schwab & Co. Inc.

SUPPLEMENTAL BENEFITS FOR CIGNA MEDICAL PLAN MEMBERS

When you enroll in a Western Union medical or dental plan administered by Cigna, you have access to discounts, services and resources that can help you save time, energy and money – all at no additional cost to you.

- **The Cigna Employee Assistance Program (EAP)** offers free, confidential counseling to help you with personal problems and work/life balance. You and your family members are automatically enrolled in this program at no cost to you. EAP counselors will discuss your situation with you and help you find the resources and information you need. The EAP covers up to five counseling visits each year for each issue for you and your covered dependents.
- **Online Coaching:** When you visit myCigna.com, you can sign into the health assessment portal and register for 6- to 8-week online coaching programs that can help you:
 - » Feel and look better
 - » Boost your energy and performance
 - » Decrease stress and sleep better
 - » Build strength and resilience
- **Cigna Healthy Pregnancies, Healthy Babies® Program:** Get prenatal care information—and answers to your childbirth and parenting questions—from telephone lines staffed by nurses. Enroll in the Healthy Pregnancies, Healthy Babies Program, and earn rewards for participating. The earlier you enroll, the greater the incentive.
- **Cigna Healthy Rewards® Discount Program:** Get discounts on programs and services designed to help you enhance your health and wellness. The offers include brand names such as Jenny Craig, Pearl Vision, Curves, drugstore.com.
- **Lifestyle Management Programs:** You can take advantage of free coaching programs conducted by phone and online, including:
 - » Healthy Steps to Weight Loss
 - » "Quit Today" Tobacco Cessation
 - » Strength and Resilience Stress Management
- **Your Health First® Chronic Condition Management:** If you have a condition that requires ongoing care—like heart disease, diabetes or low back pain—this confidential outreach program gives you access to a dedicated health specialist who can provide support, education and information to help you manage your condition and improve your health.
- **Identity Theft Program:** Tools, resources and guidance to help you identify, avoid or respond to identity theft.
- **Cigna Will Preparation Program:** Simple online tools let you and your spouse create important documents, such as a will, living will and power of attorney.
- **Cigna Secure Travel®:** A valuable worldwide travel assistance program.
- **Health Advocacy Services:** Professional help with a wide range of health care and health insurance challenges, such as finding a doctor and managing doctors' bills.

*For more information about these benefits, search for Employee Discount Program on **WU Life**.



MEDICAL PLANS

You may choose from the following medical plan options for 2017:

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:

The 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 the 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 2017. 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 \$7,150. 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 the 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 Plan, you may receive care from any provider (in-network and out-of-network). Although you are not required to select a Primary Care Physician, 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 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.

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.

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 Summary Plan Description and other information by searching for 2017 Annual Enrollment in **WU Life**.

	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 (\$7,150 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% 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 2017 MEDICAL PLAN CHOICES IN ACTION

Individual

Bob		Choice Fund w/HSA	Open Access Plus
Yearly Premium		\$1,205.28	\$1,909.92
Conjunctivitis/"pink eye":	MDLIVE Visit	\$38.00	\$25.00
	Generic Retail Prescription	\$12.00**	\$7.00
Bottom Line			
2017 HSA Fund Balance*:		\$500.00	N/A
Total Amount you pay out-of-pocket for Insurance and Health Care for 2017		\$1,205.28	\$1,941.92
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 Bob's account in January 2017. Bob uses the HSA to reduce his out-of-pocket expenses, and if he chooses to contribute to his HSA, that would lower his taxable income by the amount contributed. In this instance, if Bob used his HSA funds to pay \$50 of expenses for the conjunctivitis, \$450 would remain in his HSA for future medical expenses.

** Bob pays the full cost of his prescription drug expenses until he reaches his deductible, and then the plan pays 80%.

Family

The Smiths		Choice Fund w/HSA	Open Access Plus
Yearly Premium		\$4,544.16	\$6,657.36
Sprained Ankle	Urgent Care Center	\$300.00	\$75.00
	2 Generic Retail Prescriptions	\$24.00**	\$14.00
Bottom Line			
2017 HSA Fund Balance*:		\$1,000.00	N/A
Total Amount the Smiths pay out-of-pocket for Insurance and Health Care for 2017		\$4,544.16	\$6,746.36
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 2017. 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.

** The Smiths pay the full cost of their prescription drug expenses until they reach their 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 below).

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 getting a 90-day supply at one of the 90-day retail pharmacies in your plan's new network*, or through Cigna Home Delivery PharmacySM.

DISPENSE AS WRITTEN

The active ingredient(s) in generic drugs are exactly the same as in brand name drugs and will perform the same as the brand name. Starting in 2017 and in order to contain prescription drug costs, Cigna will impose tighter controls on all drugs when generics are available. If your doctor prescribes a brand name medication, you would need to pay the generic co-pay and difference in cost.

*Refer to **Cigna.com/Rx90network** for a list of pharmacies in your plan's new network.

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

NEW FOR 2017!

Cigna 90 NowSM: If you are on maintenance medications, you'll have more flexibility with Cigna 90 Now. Beginning in 2017, your plan will limit the number of fills you'll receive in a 30-day supply. After you have received fills of your 30-day prescription, you must switch to a 90-day supply, or you'll have to pay the full cost of your medication out of your own pocket, and what you pay won't count towards your plan's deductible or out-of-pocket maximum. With Cigna 90 Now, your maintenance medications will have to be filled in a 90-day supply, but you'll have more choice on **where** you can get your medication: either at one of the 90-day retail pharmacies in your plan's new network, or through Cigna Home Delivery PharmacySM.

Therapeutic Class drugs: There will be an exclusion of Therapeutic Class drugs if there is an over-the-counter option available.

If you are affected by these changes, Cigna will notify you by mail.



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:

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. 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.

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).

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.

* 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.

2017 HSA MAXIMUM CONTRIBUTIONS

The maximum you can contribute in 2017 per IRS Guidelines (including any contributions you receive from Western Union) is:

- \$3,400 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 2017

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.

USING YOUR FUNDS

Once your account is open and funds are available, you can start using your HSA. You are 100% 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 healthcare expense. You can use these funds to pay for dental and vision expenses as well. Visit irs.gov for a complete listing of eligible expenses*.

EMPLOYER CONTRIBUTION IN JANUARY 2017: Western Union will contribute \$500 single/\$1,000 family to active HSAs.

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% to 50%, 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 2017 and use this money to reimburse yourself for qualified medical, dental and vision expenses (see IRS publication 502).

If you have balances in your Health Care FSA after 12/31/16 and have enrolled in the Choice Fund w/HSA for 2017, you will be limited to:

- Contributing/receiving contributions in your HSA after April 1, 2017
- Maximum contribution into your HSA will be limited to 9/12ths of the allowable IRS maximum

FLEXIBLE SPENDING ACCOUNTS

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. (See IRS publication 503 for more information.) 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.

Note: Health Care and Dependent Care FSA elections **will not roll over** to 2017. If you wish to contribute to a Health Care and/or Dependent Care FSA in 2017, you will need to make those elections in Workday during annual enrollment.

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 (pro-rated 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 2017 FSA for services received through March 15, 2018, as long as you submit your claims by April 30, 2018. Any money left in your accounts after April 30, 2018, for which an eligible claim has not been made, will be forfeited and used to offset the plan's administrative 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.

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.

You are automatically issued a new FSA debit card when you begin to participate in the health care FSA. Your FSA debit card is valid for three years, so do not destroy it. You will automatically be sent a new card when yours expires.



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** website 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 WU Life and Search 2017 Annual Enrollment.



A WEBSITE THAT CAN HELP IF YOU'RE ON DISABILITY OR FILING A CLAIM

Cigna's Work Wellness website **Cigna.com/WorkWellness** can provide you with information on how to submit a disability claim, what to expect when you are on a disability and when you are returning to work, and general information on family medical leave.

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 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 Evidence of Insurability.
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 Evidence of Insurability. Election requires enrollment in voluntary life insurance.
Child Life Insurance	\$5,000 or \$10,000 for each child up to age 26 without regard to student or marital status, financial dependency, employment or eligibility for other employer coverage. 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.



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.

You must add new dependents even if you already have employee and family coverage. Verification documents will be requested at a later time.



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. For more information, review **THE WESTERN UNION COMPANY GROUP HEALTH PLAN HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PRIVACY NOTICE**

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. **Click here** to view the full notice.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you are eligible for coverage under the Western Union medical plans but are unable to afford the required premium contributions, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or Children's Health Insurance Program (CHIP) programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their share of health premiums. **Click here** to view the full notice.

REQUIRED NOTIFICATIONS

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

- 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 the 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 2017 Medicare Part D enrollment period (October 15 - December 7, 2016).

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 email the Western Union Benefits Service Center at **wubenefits@westernunion.com** so we can send you a Creditable Prescription Drug Coverage Notice.

***Click here** to view the full notice.

THIS IS WHERE YOU CAN GO FOR MORE INFORMATION

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 Program	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 Home & Auto Insurance	metlife.com/mybenefits	800.438.6381
Vision Service Plan (VSP)	vsp.com	800.877.7195
HSA Bank		855.731.5227

WU Health & Life Benefits Team wubenefits@westernunion.com

DISCLAIMERS: This guide gives highlights of the 2017 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 WU Life and Search 2017 Annual Enrollment.



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