

# Your 2015 Benefits e-Guide





# Welcome!

Are you considering employment or have you just recently joined Waters? Or are you an active employee who has a life event/change in status, or you just want to review your benefit coverage or options? Check out this e-Guide to learn about Waters benefits and more.

## Waters is an organization where possibilities are made real.

Waters employees directly affect the success of our customers. So our Total Rewards are intended to help our employees achieve success at work and, at the same time, balance the rest of their life needs.

We expect that our employees will do their best work to meet and exceed the demands of our customers. And we recognize that our employees also have expectations. Our benefit programs, as part of the Total Rewards, are designed to help employees realize the goals of a rewarding career, a healthy life and a bright future.

It's our belief that by aligning our expectations with our employees, we're putting us all in the best position to achieve our desired business and personal results. We share a mutual interest in making our customers successful, which in turn makes us all successful.



# Your Benefits at a Glance



Waters has Flex Benefits (commonly referred to as health and welfare benefits), Retirement and Savings programs and Work/Life programs (commonly referred to as additional programs). We will summarize all of them in this e-Guide. To start, Flex Benefits is a program that allows you to choose the benefits that are right for you and your family in the areas of health and welfare, including:

- Medical Plan
- Dental Plan
- Vision Plan
- Long-Term Disability Insurance
- Employee Basic Life Insurance
- Employee Basic Accidental Death & Dismemberment (AD&D) Insurance
- Optional Life Insurance

- Optional Accidental Death & Dismemberment Insurance
- Spouse/Partner and Dependent Life Insurance
- Health Care Flexible Spending Accounts
- Dependent Day Care Flexible Spending Account
- Waters Retiree Health Care Reimbursement Plan (available during Open Enrollment only)

The Retirement and Savings programs include the Waters Employee Investment Plan, more commonly referred to as the 401(k) plan. The Retiree Health Care Reimbursement Plan, which is included in the Flex Benefits section, can also be considered a Retirement Savings benefit.

Waters offers multiple additional miscellaneous employee programs. Find these listed with a short description of each in the Work/Life Resources section later in this e-Guide.

This e-Guide is only a brief summary of programs. For any additional information regarding the benefit plans, you can visit the Waters Benefits Now website at [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com), refer to the summary plan descriptions available on Waters' portal or contact the Waters Benefits Now Call Center at **1-866-994-5111** (**1-407-471-9359** outside the U.S.) if you do not have access to a computer as a regular part of your job. In the event of a conflict between this e-Guide and the official plan documents, the official plan documents will govern in all cases.

# Eligibility and Changes



## Eligibility Requirements for Flex Benefits

### You are eligible to participate in Flex Benefits if:

- You are a regular full-time employee and you work at least 37.5 hours a week.
- You are a regular, part-time employee and you work at least 24 hours a week.

Contractors, interns, seasonal and temporary employees, as well as part-time employees who work less than 24 hours a week are not eligible for Flex Benefits.

There is no waiting period to participate in Flex Benefits. You are covered for most plans as of your hire date, including medical, dental, vision and Health Care and Dependent Day Care Flexible Spending Accounts (FSAs). However, there is a 90-day waiting period for Long-Term Disability Insurance coverage, and special enrollment rules apply to the Retiree Health Care Reimbursement

Plan. **Note:** You have 30 days from your date of hire/rehire to complete your web enrollment, including electing No Coverage to avoid being enrolled in our default plans. You cannot access the enrollment site until the first Saturday following your first day of employment. You **must** log on to the site, register and complete your enrollment within the first 30 days following your hire or rehire date. If you do not complete your enrollment within the first 30 days, you **will be assigned** basic default benefits, including employee only coverage in our Health Reimbursement Account (HRA) Medical Plan. These benefit options will remain in effect for the remainder of the calendar year.

### Dependent Information Notice

Please enter your beneficiary designations for all applicable plans electronically on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com). Enter your 401(k) beneficiaries online at [www.401k.com](http://www.401k.com). We have restrictions for qualified dependent coverage under our benefit plans.

**Enrolling someone who is not qualified as a dependent is considered insurance fraud. To be eligible for Waters benefits coverage, your dependent must meet one of the following definitions:**

- Your legal spouse according to the state in which you reside, including same-sex spouses in the states that recognize same-sex marriage or civil union, and common-law spouses in states that recognize common-law marriage. **Note:** You cannot enroll in the Waters HSA Medical Plan with the HSA Account if your IRS



### *Eligibility Requirements for Flex Benefits—continued*

tax-qualified spouse has his or her own Health Care Flexible Spending Account **that is not a limited purpose FSA Plan**, and that he or she can claim against in the same calendar year. A limited purpose FSA is similar to a regular Health Care FSA. However, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and your eligible dependents.

- Your divorced or legally separated spouse until either of you remarries, provided coverage for your spouse is required by court order or judgment. If either of you remarries or a court order exists that requires you to continue to cover your ex-spouse under your employer's health plan, please contact the Waters Benefits Now Call Center at **1-866-994-5111** (**1-407-471-9359** outside the U.S.) for options. The exceptions are that your divorced or legally separated spouse is not eligible for spouse life insurance or family AD&D, nor are his or her health care expenses eligible under the Health Care Flexible Spending Account or Health Savings Account.
- Your domestic partner (same or opposite sex,) who meets all of the criteria set forth in the Domestic Partner Eligibility Requirements and Tax Notice, which can be found on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com). Your domestic partner's expenses are not eligible for reimbursement from your Health Care Flexible Spending Account or your Health Savings Account.
- Your dependent child who is under age 26, including foster children, adopted children and the children of your spouse (including same-sex and common-law spouse), civil union partner, or covered domestic partner and children of your child (your grandchild) if your child is an eligible covered dependent on

your plan. If the child is the child of your domestic partner, then your domestic partner must also be covered. You will be taxed with respect to any dependent that cannot be claimed as a dependent of yours on your federal income tax return. Children of your child or children of your partner's child (your grandchild/your partner's grandchild) are not eligible for dependent life insurance or optional family AD&D insurance, nor are their health care or dependent day care expenses eligible for reimbursement under the Health Care and/or Dependent Day Care Flexible Spending Accounts, nor can their medical or prescription out-of-pocket expenses be paid from your Health Savings Account unless you are the legal guardian of the grandchild. Out-of-pocket expenses for only your true dependents can be paid from your Health Savings Account or your Health Care Flexible Spending Account.

- Your unmarried, dependent child, regardless of age, who is mentally or physically incapable of earning his or her own living. You must be able to provide any medical or other information that may be required.

Special eligibility and enrollment rules may apply to medical coverage when there is a court order addressing medical coverage, a former spouse, adopted dependent child(ren), legal guardianship of dependent child(ren) or when a family member has a different last name from the employee. Supporting documentation may be requested of the employee by Waters or the health plan if enrolling a dependent child of a domestic partner or a spouse who is not able to be claimed as a dependent child on the employee's federal income tax return. Please call the Waters Benefits Now Call Center at **1-866-994-5111** (or **1-312-462-1677**) for assistance.



### *Eligibility Requirements for Flex Benefits—continued*

The general IRS rules for excluding from income the value of benefits provided for employees, their legal spouses and their eligible dependent children do not apply to domestic partners, or civil union spouses, and their eligible dependents. This means that the full cost of coverage for this partner or his or her eligible dependent (i.e., 100% of the applicable premium) will be included in the employee's federal (and state for domestic partners) taxable income each paycheck. Therefore, the full cost to cover the partner and the partner's dependent children, if applicable, is taxable to the employee and will be included on Form W-2.

#### **Who is NOT a qualified dependent?**

- Boyfriend/girlfriend/fiancé who do not meet Waters' domestic partner eligibility requirements. Please read the Domestic Partner Eligibility Requirements and Tax Notice on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).
- Parents
- Grandparents/relatives
- Brothers or sisters

#### **Possible Consequences for Insurance Fraud**

- Subject to corrective action up to and including termination
- Required to repay additional premium costs for covering ineligible person(s)
- Coverage for the non-qualified person(s) may be canceled back to the date they were first enrolled
- Pay costs of services received by the non-qualified person(s)
- Permanently barred from enrolling in any benefit plan if your employment is terminated

## **Guidelines for Enrolling In or Changing Your Flex Benefits**

- You may enroll or make changes during the annual Open Enrollment period, every 4th quarter and usually in November, for an effective date of the following January 1.
- New hires have **30 days** from their hire/rehire date to enroll. If you do not actively elect a Waters medical plan, or you do not actively choose No Coverage/Waive Coverage, you will automatically be enrolled into the default HRA Medical Plan with employee only coverage. Your coverage will begin retroactive to your first day of employment with Waters. However, there is a 90-day waiting period for Long-Term Disability Insurance coverage and special enrollment rules apply to the Retiree Health Care Reimbursement Plan.
- You can enroll within **30 days** of a change in your employment status. (For example, if you are changing from part-time, seasonal, temp or intern status to full-time, you have **30 days** to elect or waive health insurance.)
- You can enroll, add or drop a spouse/partner and/or dependent child(ren) within **30 days** of a qualifying change in family status "event." A change of family status includes marriage, divorce, birth or adoption, child satisfying or ceasing to satisfy dependent eligibility requirements, legal guardianship of a minor child, spouse/partner newly eligible for coverage at their employer or termination of dependent's coverage through another employer, in accordance with Internal Revenue Code Section 125 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).




### *Guidelines for Enrolling In or Changing Your Flex Benefits—continued*

- You can enroll, add or drop a domestic partner due to a change in eligibility status, such as attaining eligibility for the first time per the eligibility requirements or a change in employee's domestic partner status resulting in the relationship no longer meeting the eligibility criteria. Complete and return the Domestic Partner Eligibility Requirements and Tax Notice on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).
- Please enter your beneficiary designations for all applicable plans electronically on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com). Enter your 401(k) beneficiaries online at [www.401k.com](http://www.401k.com).
- If you have a child in day care (excludes relatives) and the rates change due to a new provider or changes made by the current provider, you have 30 days to change your elected amount for the Dependent Day Care FSA.
- If you are rehired within 30 days of your benefits end date, your coverage will automatically be reinstated with the same elections you had before your employment ended. If you were participating in a Health Care and/or Dependent Day Care FSA, your biweekly contribution will be reinstated at the same amount. The annual limit will be adjusted to reflect your time away from Waters. If you have had a qualified change in family status, please contact the Waters Benefits Now Call Center at **1-866-994-5111** (1-407-471-9359 outside the U.S.).

- If you are rehired 31 days or more after your benefits end date, you will be treated as a new hire and will have 30 days from your date of rehire to complete your web enrollment. If you do not complete your enrollment within the first 30 days you **will be assigned** the default coverages as stated above, and these benefit options will remain in effect for the remainder of the calendar year.
- If you participate in a high deductible health plan, like our HSA Plan, in addition to your HSA Account, you can also contribute pre-tax to a Limited Purpose Health Care FSA for 2015.
- You can elect, change or stop your contributions to your HSA (if enrolled in the HSA Plan) at any time, for an effective date of the next administratively available paycheck.
- You cannot participate in both a General Purpose Health Care FSA and the HSA Plan with the HSA Account in the same calendar year due to IRS guidelines. However, in addition to your HSA Account, you can also contribute pre-tax to a Limited Purpose Health Care FSA for 2015. If your IRS tax-qualified spouse has his or her own General Purpose Health Care FSA, this also prevents you from being able to participate in the Waters HSA Plan. You both can, however, each have your own HSA Account.





Please refer to the Life Event/Family or Employment Status Change section on the [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) website for details of all qualifying events and instructions on how to change your benefit elections.

Additionally, you will be allowed a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or coverage under the Children's Health Insurance Program (CHIP) because you are no longer eligible; or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these special enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

## Benefit Salary

Benefit salary is used to determine some of your benefits values as explained in the applicable benefit programs. For new hires, benefit salary is defined as your base pay. For all other active employees, during the annual Open Enrollment period, benefit salary is defined as your base pay as of September 1, plus, if applicable, the average annual commissions you received in the two full calendar years prior to September 1, **or** your target bonus under the Management Incentive Plan or the Performance Incentive Plan.





# Medical and Prescription Drug Coverage

Medical coverage is a valuable part of your Waters Total Rewards package. We offer two consumer-driven health plan options through Cigna:

- Health Reimbursement Account (HRA) Medical Plan with an HRA Account
- Health Savings Account (HSA) Medical Plan with an HSA Account

Waters pays most of the premium cost of medical coverage for employees and covered dependents. Your cost depends on the medical plan and dependent tier selected.

## Get the right medical coverage at the lowest cost

Be sure to review the cost (both paycheck deductions and out-of-pocket costs) for each of the plans offered before making your choice. Review the tools and resources on [page 13](#) for assistance.

As a benefits-eligible employee, you and your eligible family members, including your spouse/partner and children younger than age 26 (even if you do not claim them as tax dependents) may enroll in either the HRA Medical Plan or HSA Medical Plan.\*

**Note:** You can also choose “No Coverage” if you have medical coverage elsewhere. New hires: If you do nothing, you will be auto-enrolled in the HRA Medical Plan with employee only coverage. We highly recommend you actively enroll in the plan you want, or actively elect to waive medical coverage. For a comprehensive list of the plan designs, and to see the out-of-network details, go to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

Both options have the in-network preventive care at no cost to you and use a deductible and coinsurance for all other services. However, the costs out of your paycheck, deductible and out-of-pocket maximum are different. One of the biggest differences between the two available medical plans is how you pay for prescription drugs. The HRA Plan has a three-tier prescription drug copayment design. The HSA Plan prescriptions apply to the plan's annual deductible, then coinsurance. Read more on [page 15](#).

Your specific prescription drugs could cost less in one plan than the other. Check the actual costs on [www.myCigna.com](http://www.myCigna.com) by clicking “Estimate Health Care Costs” (or call Cigna directly at **1-800-401-4041** if you are not yet a Cigna member).

\*You cannot enroll in the HSA Plan if you are already enrolled in medical coverage elsewhere, including a Medicare plan that is not considered a high deductible consumer-driven health plan. Dependents who are not your eligible tax dependents can be covered on either medical plan. However, if you select the HSA Plan, you cannot use your HSA pre-tax account to pay for eligible expenses for a non-tax-eligible dependent.

Similar to what other employers have already implemented for their employees, Waters plans to begin adding a medical plan spousal surcharge for the 2016 plan year, which will be communicated during Open Enrollment in the fall of 2015. This means that if your spouse/partner is eligible for their own employer's medical plan, but chooses to be enrolled in the Waters plan as your dependent, the per-paycheck deduction cost will be higher. There will be no surcharge if the spouse/partner does not have the option for their own employer's health coverage. Please consider this when evaluating both employer plans next year. There are no further details about this change at this time. More information will be communicated during Open Enrollment in the fall of 2015.

For a comprehensive list of the plan design, and to see the out-of-network details, go to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

Here are some key features of the two medical plan options to consider when deciding which one will provide you with the coverage you need at the lowest cost:

HRA Medical Plan	HSA Medical Plan
The per-paycheck deduction cost is higher than that of the HSA Plan.	The per-paycheck deduction cost is lower than that of the HRA Plan.
100% coverage for all in-network preventive care.	100% coverage for all in-network preventive care.
Annual in-network deductible:* \$750 individual/\$1,500 for two people/\$1,900 family.	Annual in-network deductible: \$1,450 employee only/\$3,500 for two people or more.
Coinsurance: Cigna pays 90% of eligible charges. You pay 10% of charges after the plan deductible.	Coinsurance: Cigna pays 90% of eligible charges. You pay 10% of charges after the plan deductible.
Prescriptions are subject to one of the three tier copayments.	Prescriptions are subject to deductible and coinsurance, the same as medical expenses.
Annual in-network out-of-pocket maximum:** \$2,250 individual/\$4,500 for two people/\$5,700 family.	Annual in-network out-of-pocket maximum:** \$4,450 employee only/\$10,500 for two people or more.

\*The deductible is not an expense you automatically have to pay. You pay for all eligible services out of pocket up to these limits before the plan will begin sharing in the out-of-pocket costs shown as the "coinsurance." If you don't have any out-of-pocket expenses, or if your out-of-pocket expenses are less than these deductible amounts, you only pay what your claims really are.

\*\*The out-of-pocket maximum is not an expense you automatically have to pay. This is the maximum amount you will pay out of pocket in the calendar year if your claims are high enough to reach this worst-case scenario. It includes all deductibles, copays and coinsurance. If you do meet this out-of-pocket expense due to high claim amounts, Cigna will pay any and all eligible charges over this amount at 100% for the remainder of the year.

## Medical Coverage—continued

### Medical coverage: what you pay per paycheck

Here are your 2015 biweekly and annual payroll deduction amounts for medical coverage. Be sure to review the cost (both paycheck deductions and out-of-pocket costs) for each of the plans offered before making your choice for 2015.



	2015	
	Biweekly	Annual
<b>Employee only</b>		
HRA Plan	\$60.84	\$1,581.84
HSA Plan	\$27.30	\$709.80
<b>Employee + spouse/partner</b>		
HRA Plan	\$126.36	\$3,285.36
HSA Plan	\$57.72	\$1,500.72
<b>Employee + child(ren)</b>		
HRA Plan	\$113.88	\$2,960.88
HSA Plan	\$51.48	\$1,338.48
<b>Family</b>		
HRA Plan	\$185.64	\$4,826.64
HSA Plan	\$84.24	\$2,190.24

**Did you notice?** If you choose the HRA Plan for yourself and your family, you will spend **\$2,636.40** more in medical payroll deductions for the year than you would in the HSA Plan.

### HRA and HSA pre-tax accounts

The two medical plans, the HRA Medical Plan and HSA Medical Plan, each feature a pre-tax account that allows you to save money on taxes to pay for eligible medical expenses. The HRA Medical Plan comes with a pre-tax HRA Account, and the HSA Medical Plan comes with a pre-tax HSA Account.

Waters will contribute money into your account if you participate in the Cigna MotivateMe Incentive Award program.\* Start by completing the Health Assessment and submitting your biometric numbers. Your spouse or domestic partner is also eligible to earn these wellness incentives. Also, once you have completed your assessment and biometrics, you can increase the company contribution by completing additional Cigna MotivateMe Incentive Award activities.\* Read more on [page 16](#).

Your unused balance in your HRA Account will automatically carry into the next calendar year up to the plan's annual deductible amount. Your HSA Account will never forfeit, as your balance will always carry into future calendar years, even if you leave Waters.

With the HRA Medical Plan, you can't contribute your own money to your HRA Account, but you can still set your own pre-tax money aside into a General Purpose Health Care FSA if you choose.

You cannot have a General Purpose Health Care FSA if you or your spouse have a High Deductible Health Plan with an HSA Account. However, you can contribute your own pre-tax dollars to your new Limited Purpose Health Care FSA, and to your HSA Account instead, in addition to the money Waters will put in. The HSA Account even earns interest. If you choose the HSA Medical Plan, we suggest you take the money you will be saving with a lower payroll deduction cost for medical coverage and set it aside, pre-tax, into your HSA Account. You never risk forfeiting money in your HSA Account, as you can draw from it when you incur eligible out-of-pocket health expenses (even after you leave Waters). **You can only use money in your HSA Account tax-free to pay for eligible out-of-pocket health expenses for you and your eligible IRS tax dependents.** For example, if you have a child who is younger than age 26 but is not your tax dependent, you can still cover that child on either of our two medical plans, but **you cannot use your HSA Account money tax-free to cover his or her out-of-pocket health expenses.**

The chart below shows the eligible company contributions to your pre-tax accounts:

Company contribution to HRA Account or HSA Account**	Coverage level		
	Employee only	Employee plus child(ren)	Employee plus spouse/partner with or without child(ren)
Complete a Health Assessment and complete biometrics	\$250	\$250	\$500
Other activities* in 2015 for additional contributions up to	\$250	\$250	\$500
Total potential contribution up to	\$500	\$500	\$1,000

\*Find details and instructions on the login page of [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) in the Cigna MotivateMe Incentive Award document.

\*\*An HSA Account earns tax-free interest and allows you to contribute your own pre-tax dollars in addition to the above company contributions.



## Use the tools to find the best medical plan for you

Smart decisions about health care coverage not only help protect your family, they may save you money. On [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com), you can see how different medical services are covered under both plans and you use tools to help you choose which medical plan is best for you and your family, including:

- **Medical Plan Comparison:** This chart shows you a side-by-side comparison of the two medical/prescription drug options, including payroll deduction cost, deductibles, copayments, coinsurance and coverage.
- **HRA and HSA Plan and Accounts Comparison:** Learn more about each plan and account and how they can work for you with this presentation.
- **Which Medical Plan is Best for Me and My Family:** Review which plan employees are enrolled in and what their experiences have been.
- **Medical Expense Estimator:** This online tool will help you calculate your total expected costs for the upcoming year for both plans. It includes your paycheck deductions, out-of-pocket costs for copayments, deductibles, coinsurance and prescription drugs. Go to [www.myCignaPlans.com](http://www.myCignaPlans.com) (this is different from [www.myCigna.com](http://www.myCigna.com)). Enter the ID, **waterscorp2015**, and password, **cigna**. Then click “Compare Medical Plan Costs.”
- **Your Medical Claim History:** Log on to [www.myCigna.com](http://www.myCigna.com), click “Manage Claims,” then “Claims,” to determine what your historical medical and/or prescription drug claims actually cost.
- **Project Costs for Actual Upcoming Medical Services or Specific Prescription Drugs:** If you already are a Cigna member, log on to [www.myCigna.com](http://www.myCigna.com), click “Estimate Health Care Costs,” then follow the instructions for either medical or prescription drugs.
- **“Emma” Medical Enrollment Tool:** When you log on to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com), enter the enrollment tool and have “Emma” guide you through your plan options and help you decide which one best meets your needs.



### Choose carefully

Some Waters employees have paid a higher amount out of their paychecks for more coverage than they actually need, which means, based on their actual health care usage, they could save money by enrolling in a different plan.

Both options have the in-network preventive care at no cost to you and use a deductible and coinsurance for all other services. However, the costs out of your paycheck, deductible and out-of-pocket maximum are different. We encourage you to consider all of your options and choose the plan that makes the most sense for you and your family based on health care needs.

Also, once you're enrolled in a plan, you will have access to tools and resources to help you use it—including Best Doctors, Health Advocacy Services, a Medical User's e-Guide and [www.myCigna.com](http://www.myCigna.com).

### Looking for a doctor or provider?

Confirm providers are in the Cigna Open Access Plus with Carelink (Tufts in MA & RI) network:

**Call:** Cigna's Enrollment Hotline at 1-800-401-4041

**Call:** Your doctor's office to confirm

**Online:** [www.myCigna.com](http://www.myCigna.com) for current members;  
[www.myCignaPlans.com](http://www.myCignaPlans.com) for new enrollees. Enter the ID, **waterscorp2015**, and password, **cigna**.

**You may see any health care provider you wish.**

A primary care physician (PCP) isn't required to make referrals to specialists, although you may choose a PCP if you wish.

**You'll pay less when you use a network ("preferred") provider.** The plan may cover services you receive outside of the network, but you'll pay more of the cost due to the higher deductible and out-of-pocket maximum, as well as the greater coinsurance percentage for which you would be responsible.





# Prescription Drug Coverage

Here’s how prescription drugs are covered under each medical plan based on the Cigna formulary.\*

## HRA Plan

Prescription drugs will still require a copayment and not count toward the HRA Plan deductible, but will count toward the HRA Plan out-of-pocket maximum.

<b>HRA Plan only</b>	<b>Retail (up to a 30-day supply)</b>	<b>Tel-Drug mail order service (up to a 90-day supply)</b>
Generic copayment	\$10	\$20
Preferred brand copayment	\$20	\$40
Non-preferred brand copayment	\$40	\$80

## HSA Plan

Prescription drugs will be subject to the deductible and coinsurance in the HSA Plan, and will count toward the deductible and the out-of-pocket maximum. To see what your prescription drugs cost, log on to [www.myCigna.com](http://www.myCigna.com) and click “Estimate Health Care Costs.” If you are not yet an enrolled Cigna member, call Cigna directly at **1-800-401-4041**. Your specific prescription drugs could cost less in one plan than the other.

**Generics.** The U.S. Food and Drug Administration (FDA) requires that generic drugs have the same active ingredients and take the same form (such as pill or liquid) as their brand-name equivalents. Speak to your physician about generic options.

## Cigna Tel-Drug mail order service for maintenance drugs.

The mail order service delivers medications to your home so you don't need to make monthly trips to the pharmacy for your maintenance drugs for conditions such as high blood pressure or diabetes. And you save money when you purchase maintenance drugs through Tel-Drug compared with buying them at a retail pharmacy because you are receiving three months of prescription drugs for the price of two months if you have the HRA Plan, or you get a reduced cost if you have the HSA Plan. Call Cigna’s Tel-Drug program to apply for their mail order service.

Find more information on [www.myCigna.com](http://www.myCigna.com) or call Cigna using the customer service number listed on your Cigna member ID card.

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## Specialty drugs must go through Cigna Home Delivery.

Specialty drugs are drugs that require special handling, administration or monitoring, and are used to treat underlying diseases, which are often rare and/or chronic in nature. If you are unsure if your drug is a specialty drug, call Cigna using the customer service number listed on your Cigna member ID card.

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\*Find more information on [www.myCigna.com](http://www.myCigna.com).



# Take your Health Assessment and get a biometric screening, plus additional wellness incentives!

## Cigna MotivateMe Incentive Awards Program

In this program, Waters has chosen several available actions that we feel are important to everyone's health and are worth us incenting our employees and their covered spouses/partners for participating. We feel that these activities are important preventative measures to help you avoid or catch conditions early. Not only can you earn company contributions for participating, but all of the available activities are free to you to do. You can earn up to \$500 as an employee, plus an additional \$500 if you cover a spouse/partner and they also take full advantage of all the available incentive activities.

Once you are a covered Cigna member, you must take the Health Assessment, and obtain your biometric numbers in one of the three qualified ways, to be eligible to receive the \$250 Waters incentive contribution to your HRA Account or HSA Account. If you cover a spouse/partner, they, too, can take the Health Assessment and obtain their own biometrics to be eligible to receive an additional \$250 Waters incentive contribution to your HRA Account or HSA Account. Children can take their own Health Assessment, but cannot receive the company contribution. To get your biometric numbers, you must complete a biometric screening. Remember to have your biometric numbers recorded in one of the three acceptable ways as explained in the Cigna MotivateMe document found on the home page of [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

Find the Cigna MotivateMe Incentive Award details on the Waters Benefits Now website at [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com). You will need your Cigna member ID card before you can take your assessment on [www.myCigna.com](http://www.myCigna.com).

You can increase the company contribution to your HRA Account or HSA Account by completing additional Cigna MotivateMe Incentive Award activities\* (up to \$250 for Employee Only or Employee Plus Children coverage, or up to \$500 for Employee Plus Spouse/Partner with or without Child[ren] coverage), but you must complete the Health Assessment and biometric screening first. You can do the Health Assessment and biometrics through December 31, 2015.

\*Available activities are explained in the Cigna MotivateMe Incentive Award document found on the home page on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

There are more incentive dollars to be found on [www.myCigna.com](http://www.myCigna.com) under Manage My Health>Incentive Awards.

Earn additional company contributions to your HRA Account or HSA Account by completing eligible Cigna MotivateMe Incentive Award activities, like getting your annual preventive physical or completing a personal goal with a Cigna coach via their live phone program or Web-based programs. All activities are free to you.

Save money on wellness programs through the Cigna Healthy Rewards program (fitness centers, weight or stress management, and alternative medicines).

### It's confidential

Your personal Health Assessment answers are not shared with Waters on a per-person basis, nor are they used to determine benefits or premiums.

# Dental, Vision, Spending Accounts, Life and Disability



## Dental and Vision Plans

New participants will receive ID cards approximately 30 days after enrollment. Your out-of-pocket costs will be lower when you use network dentists/eye care providers. Read more about these plans on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

### Delta Dental PPO Plus Premier Plan

Delta Dental offers an extensive network of dental care providers throughout the United States who provide dental services at a discount. Each person you cover under this option can receive up to \$2,000 in dental benefits each calendar year. There is a \$1,500 separate lifetime maximum for orthodontics, and a \$750 lifetime maximum for temporomandibular joint (TMJ) syndrome that is included in the annual maximum.

You can receive care from any dentist you choose. However, if you use a Delta Premier provider, the amount you pay will be lower—and even lower if you use a Delta PPO provider.

- The Delta Dental PPO Plus Premier Plan generally covers 100% of expenses for “preventive” care.
- It covers approximately 80% of the cost for “basic” services after the annual deductible.
- And approximately 50% of “major” services after the annual deductible.

Further details can be found on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

### 2015 Employee payroll deductions for dental:

	Delta Dental PPO + Premier	
	Biweekly	Annual
Employee only	\$6.78	\$176.28
Employee + spouse/ partner	\$14.32	\$372.32
Employee + child(ren)	\$13.00	\$338.00
Family	\$21.06	\$547.56

## Need help?

### Contact:

Delta Dental:

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

or 1-800-872-0500

EyeMed Vision:

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

1-866-804-0982



*Dental and Vision Plans—continued*

**EyeMed Vision Plan**

The EyeMed Vision Plan offers an extensive network of vision providers and retail stores throughout the United States that provide routine eye exams and eyewear at discounted rates.

- The plan covers a routine eye exam once every 12 months at 100%.
- After a \$20 copayment, the plan covers supplies such as standard eyeglass lenses, or an allowance for contact lenses once every 12 months, and an eyeglass frame allowance every 24 months with no copay when you see an in-network provider (safety glasses included).

Additional discounts for laser vision correction and additional contact lenses are available. For the plan summary and provider search instructions, go to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) and click “Library.”

**2015 Employee payroll deductions for vision:**

	EyeMed Vision	
	Biweekly	Annual
Employee only	\$2.52	\$65.52
Employee + spouse/partner	\$4.68	\$121.68
Employee + child(ren)	\$4.32	\$112.32
Family	\$6.90	\$179.40





## Spending Accounts

If you are enrolled in the HSA Plan, you can contribute pre-tax dollars to your HSA Account. Read more about this on [page 11](#). HSA or HRA participants have other options here, too. You can get 15% to 30% or more of a “discount” on most health care and dependent day care expenses you pay for out of your pocket when you sign up for a Flexible Spending Account (FSA) due to **before-tax savings**. You may contribute between \$100 and \$2,500 per year toward your Limited Purpose or General Purpose Health Care FSA, and between \$100 and \$5,000 per year for your Dependent Day Care FSA. This money comes out of your paycheck before taxes.

These before-tax savings are **in addition** to your pre-tax HSA Account savings. The IRS allows you to contribute the maximum amount in your HSA Account and FSA in the same year. You can **not** elect the Limited Purpose Health Care FSA and the General Purpose Health Care FSA in the same year.

**New for 2015!** If you participate in either the HRA or HSA Plan, you can open a Limited Purpose Health Care FSA. Per IRS rules, you can use your Limited Purpose Health Care FSA only to cover eligible vision and dental expenses. However, you can use your HSA Account for your medical and prescription drug expenses, as well as for your dental and vision expenses. With a Limited Purpose Health Care FSA, you can access your total funds for the year up front to cover

an early eligible expense, even if you have not contributed the full amount yet. You will receive two free *FlexExpress*® cards for easy purchasing, which will draw directly from your Limited Purpose Health Care FSA Account.

HRA Plan participants can enroll in the General Purpose Health Care FSA or Limited Purpose Health Care FSA. If you or your spouse are enrolled in a high deductible health plan, like our HSA Plan, you are not eligible for a General Purpose Health Care FSA.

Ready to open a FSA for 2015? Here are important things to keep in mind:

- You can use your *FlexExpress* cards for automatic payment from your Limited Purpose Health Care FSA, Health Care FSA or Dependent Day Care FSA (or you may choose to pay out of your pocket and submit receipts along with a claim form).
- The plan will automatically roll over up to \$500 of your unused balance in your Health Care FSA to the following year. However, any unused balance that exceeds \$500 must be used before the end of the year or you will forfeit it.
- If you have a Dependent Day Care FSA, you must use your funds by March 15 of the following year. You will forfeit any unused balance after March 15 of the following year. You have until March 31 of the following year to submit claims.

Try the **Spending Account Estimator**  
on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).



**Note:** OTC drugs (such as pain relief and cold/allergy medicine) are not eligible for reimbursement through your Health Care FSA without a prescription from your doctor. For a list of eligible/not eligible OTC items, active employees can find the Health Care FSA Summary on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

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### Retiree Health Care Reimbursement Plan

This plan provides employees age 50 and older with an opportunity to save after-tax dollars now for health care expenses you may incur while in retirement. The company will match 100% of your contributions up to \$1,200 a year. Read more on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com). You may enroll during each annual Open Enrollment period. All company contributions and all interest earned may remain tax-free.

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### FSA Comparison and Eligibility

Your FSA eligibility depends on what you have for a medical plan.

	HRA Medical Plan	HSA Medical Plan	Neither
Limited Purpose Health Care FSA	Yes	Yes	Yes
General Purpose Health Care FSA	Yes	No	Yes (if not covered on a High Deductible Health Plan with an HSA Account elsewhere)
Both Limited & General Purpose Health Care FSA	No	No	No
Limited Purpose Health Care FSA & HSA Account	No	Yes	Yes (if covered on a High Deductible Health Plan with an HSA Account elsewhere)
General Purpose Health Care FSA & HSA Account	No	No	No
Dependent Day Care FSA	Yes	Yes	Yes

### Your FlexExpress Card—for Flexible Spending Accounts

If you are enrolled in an FSA, your existing *FlexExpress* Card will reload if you enroll again the next year. If you are a new FSA enrollee, including enrolling in the Limited Purpose Health Care FSA, you'll receive a *FlexExpress* Card activated with the balance you elected. You can use your *FlexExpress* Card for eligible health care as well as dependent day care expenses. For help or details on when, where and how you can use the card, please call Benefit Strategies at **1-888-401-3539**.

If you want additional cards for your spouse/partner or child(ren), you must make a request. Remember, all cards other than yours and your spouse's/partner's will require a \$5 annual fee that will be withheld from your account. To order your family members' cards, contact Benefit Strategies for a *FlexExpress* form.







You must declare your beneficiaries on the Web site for the first time.



## Disability, Life and AD&D Coverage

If something happened to you, how much money would your family need for housing and living expenses? What about college and other expenses?

In addition to your health care and retirement plans, your benefits package includes other valuable benefits to protect you and your family. Life insurance, accidental death & dismemberment (AD&D) insurance, disability and business travel accident insurance coverage are designed to protect your family's financial security.

As a benefits-eligible employee, you are provided with basic life insurance, as well as accident, disability and business travel accident coverage. You have the opportunity to purchase additional coverage if you are newly hired or each year during Open Enrollment. (See table on right.) For more details and coverage levels, go to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

### Your insurance coverage

Here's an overview of the different insurance coverage you receive or can purchase if you are newly hired or during Open Enrollment.

#### Company-provided

- Basic Life
- Basic AD&D
- Short-term disability
- Long-term disability
- Global Business Travel Assistance Program

#### Employee-paid

- Optional life
- Spouse/partner life
- Child life
- Voluntary AD&D
- Voluntary buy-up long-term disability



## Disability protection

Waters' disability benefits work together with state and federal programs to provide you with continuing income if you become sick or injured and are unable to work for an extended period of time. You must be employed by Waters for at least 90 days before you are eligible to receive disability benefits.

**Short-Term Disability Plan:** Enrollment in the Short-Term Disability (STD) Plan is automatic, and there is no cost to you for coverage. You must apply at the time of your disability to be eligible to receive benefits. For the first 90 days of disability, you receive 100% of your base pay. For the second 90 days of continuing disability, you receive 70% of your base pay. Call the Waters Health Services Department or TA Human Resources for assistance.

**Long-Term Disability Plan:** Following 180 days of continuing disability, you may be approved for Long-Term Disability (LTD) benefits. As a new hire, or during annual Open Enrollment, you may enroll in one of two options. In the event of an approved LTD, you would receive either 60% or 66.66% of your benefit salary up to a monthly benefit maximum of \$15,000, depending on the option you choose. Waters pays the full cost of the 60% benefit salary option, but you can choose to purchase the 66.66% benefit salary option, in which case you will be responsible for the additional premium. Your contributions for this additional coverage will be deducted from your pay on an after-tax basis. The buy-up portion of your benefit when paid to you due to disability will not be subject to income tax. This program also includes a critical illness benefit and a survivor benefit.





## Life and accident insurance

Waters' life and accident plans are designed to provide a cash benefit for survivors in the event of an accident or a death.

**Waters Group Basic Life and Basic Accidental Death & Dismemberment Insurance (AD&D):** The Group Basic Term Life and Basic AD&D Insurance plans pay a benefit of two times your benefit salary to the person you choose (your beneficiary) if you die or up to two times your salary to yourself if you suffer from dismemberment while employed by Waters. There is no premium cost charged to employees for these group basic plans.

**Optional Life Insurance:** The Optional Life Insurance Plan offers additional term life insurance protection to the person you choose (your beneficiary) if you die. You may apply for this additional coverage above the group basic coverage in the amount of one times your benefit salary up to three times your benefit salary. You are able to take advantage of low group rates and pay your premiums on an after-tax basis through payroll deduction.

**Optional AD&D Insurance:** Optional AD&D Insurance pays an additional benefit to your beneficiary if you die accidentally or to yourself if you suffer dismemberment due to an accident. You may purchase either an individual or a family plan, providing coverage 24 hours a day, 7 days a week, whether you are at home or traveling for business or pleasure. Your additional coverage above the group basic coverage can be from one times your benefit salary up to five times your benefit salary. You are able to take advantage of low group rates and pay your premiums on an after-tax basis through payroll deduction.

### **Optional Spouse/Partner and Dependent Life**

**Insurance:** The Spouse/Partner and Dependent Life Insurance plans offer a range of term life insurance coverage levels on your spouse/partner, and dependent children and eligible domestic partner, which would be payable to you upon their death. You are able to take advantage of low group rates and pay your premiums on an after-tax basis through payroll deduction.

**Business Travel Accident Insurance:** In the event of serious injury or your accidental death while traveling on company business, the Waters Business Travel Accident Insurance Plan pays your beneficiary an amount up to five times your annual base salary to a maximum of \$500,000. This is all in addition to the amount paid by your Basic and Optional Term Life and AD&D Insurance plans. Business travel accident benefits are fully paid by Waters.

**Global Business Travel Assistance Program:** Waters' Global Business Travel Assistance Program provides an emergency out-of-country medical expense benefit that will reimburse medical expenses due to accident or sickness while traveling on company business outside the United States. There is a medical expense maximum of \$100,000 per incident. Medical evacuation and repatriation of remains are also included. UnitedHealthcare Global Assistance coordinates all emergency medical expenses and travel assistance, including security, medical evacuation and repatriation of remains. Always remember to carry your UnitedHealthcare Global Assistance ID card when traveling for business. Anytime you need assistance for medical services or evacuation for security, natural disaster or medical reasons, you must contact UnitedHealthcare Global Assistance directly. You can find plan info, as well as UnitedHealthcare Global Assistance's ID card and contact information, on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

# Retirement and Savings



Waters' Retirement and Savings Program has three separate components: the Waters Employee Investment 401(k) Plan, the Retiree Health Care Reimbursement Plan, and the Employee Stock Purchase Plan. For financial planning assistance, please see the Work/Life Resources section.

## Waters Employee Investment Plan [401(k)]

Waters offers a 401(k) plan to help you save for your future. You are eligible to enroll in this plan as a new hire. You may contribute from 1% to 60% of your pay on a before-tax basis and/or an after-tax basis with a Roth 401(k) (subject to certain IRS limits). Waters will match your contributions, dollar-for-dollar, up to the first 6% you save. You are always 100% vested in your 401(k) account, including the company matching contributions.

Waters' 401(k) plan is administered by Fidelity. There currently are more than 20 investment funds to choose from, plus a self-directed brokerage account option for more hands-on investors. Before-tax rollovers from other qualified plans are permitted should you wish to consolidate your retirement savings accounts. If you do not actively enroll within your first 31 days, you will be auto-enrolled at 3% before-tax to be deducted from each paycheck, and your contributions will be invested in the plan's designated default fund. If you are auto-enrolled, you will be set up for automatic 1% annual increases as well. For details, please refer to the welcome kit that you will receive at your home address from Fidelity within a couple of weeks after your first day of employment. You can also refer to the summary plan description for plan details.

## Waters Retiree Health Care Reimbursement Plan

The Waters Retiree Health Care Reimbursement Plan allows you to save during your working years for health care expenses that you and your eligible dependents may incur after you retire. You are eligible to join the plan beginning on January 1 of the year after you reach age 50. Enroll during annual Open Enrollment to join.

You may contribute from \$120 to \$2,400 a year to the plan. Your contributions will be made through payroll deductions on an after-tax basis. Waters will match 100% of your contributions up to an annual maximum of \$1,200 at the end of each calendar year, and you will be entitled to this company match when you reach retirement age (if you retire from Waters). Interest will be credited to your account at the end of each calendar year and is based on your balance as of January 1 of that year. This account can then be used for reimbursement for certain medical expenses, including insurance premiums, during retirement. Find more details by logging on to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

## Employee Stock Purchase Plan

This plan provides an easy, cost-effective way for employees to purchase Waters common stock. Quarterly enrollments are between the 1st and 15th of March, June, September and December. You may put aside from 1% to 15% of your eligible pay through payroll deductions on an after-tax basis. At the end of each calendar quarter, your contributions will be used to purchase shares of Waters stock.

The purchase price for shares will be the lesser of 90% of the fair market value on the first trading day of the calendar quarter, or 100% of the fair market value on the last trading day of the calendar quarter.



## Work/Life Resources

Waters offers several additional resources to help employees achieve and maintain an optimal work/life balance. Click the program to read more about that program, or you can click to the next page using the navigation at the bottom of the page.



- Adoption Assistance Program
- Auto, Home and Personal Property Insurance
- Educational Assistance Program
- Employee Activities Committees
- Employee Assistance Program (EAP)
- Family Medical Leave Act (FMLA)
- Financial Planning
- Fitness and Weight Loss Centers and Programs
- Health Services Department
- Identity Theft Protection
- Legal Plan
- Long Term Care Insurance
- Matching Gift Program
- Paid Time Off
- Pet Insurance
- Scholarship Program
- Service Recognition Awards
- Workers' Compensation
- Workplace Banking/Credit Unions
- Worldwide Travel Assistance Program





## Adoption Assistance Program

Waters will partially reimburse the costs of adoption by providing eligible employees with financial assistance equal to 50% of qualified adoption expenses up to \$2,500 per adoption, per family, with a maximum lifetime reimbursement of \$5,000 for multiple adoptions. Please contact your Human Resources manager for assistance.

## Auto, Home and Personal Property Insurance

Insurance from MetLife Auto & Home® is designed so that you're not surprised by coverage gaps or unexpected costs. MetLife offers simplicity in its insurance packages and professional advice.

Your premium cost will be determined once you apply. You can apply directly with MetLife. If you currently have auto and/or home insurance through Liberty Mutual, you can continue that coverage with your Waters discounts.

### Auto

MetLife Auto & Home provides insurance coverage that eliminates gaps and surprises. The Auto Advantage<sup>SM</sup> features go beyond basic liability and collision coverage to offer you more complete coverage and benefits, including:

- Payroll deduction with no down payment.
- Claim service 24 hours a day, 7 days a week, 365 days a year.
- Deductible savings benefit.
- Towing/roadside assistance.

- Replacement cost for total loss.
- Replacement cost for special parts.
- Enhanced rental car damage coverage.

### Home

MetLife offers Coverage A Plus, which is an optional benefit with any Standard or Platinum Homeowners Policy. This coverage is designed so that in the event of a loss, your home would be fully replaced without you incurring extra costs. Additional benefits include:

- Maximum coverage equal to the replacement cost at the time the repair is made.
- Materials of "like kind and quality" for rebuilding your house.
- An insurance benefit amount that meets the current construction costs to rebuild it—even if costs exceed your dwelling limit, which is currently a unique benefit in the homeowners insurance industry.

MetLife also offers replacement cost on home contents, so there are no surprises with unexpected out-of-pocket expenses. In the event of a covered loss, it replaces personal property without deduction for depreciation.

For more information, go to **I-800 Get-Met 8** or [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).



## Educational Assistance Program

The Educational Assistance Program is a reimbursement plan that reduces some of the financial burden of tuition costs. Waters will reimburse employees up to \$5,250 for tuition, books, registration fees and lab fees, provided the course has been pre-approved by Waters and a passing grade is submitted at the conclusion of the class. Find details and instructions on Unified Connections. When logged on to the Waters network, go to <https://connect.waters.com/homepage>. If you are a TA employee, go to the TA Instruments web portal.

## Employee Activities Committees

Waters supports employee recreation through employee volunteer organizations. These organizations support a variety of social events, entertainment and recreational activities. Waters funds the committees, and employees serve on the committees at their own discretion. The committees may also sponsor fund-raising activities in order to raise additional funds. Please contact your Human Resources manager for assistance.

## Employee Assistance Program

The Waters Employee Assistance Program (EAP), provided by Comprehensive EAP, offers access to professional counseling services to help resolve personal, family or job-related issues. EAP counselors are available to talk with you anytime, day or night. If you want to meet with a counselor in person, the EAP will schedule an

appointment for you to meet with an EAP clinician at a professional office convenient to your home or workplace. All EAP services are provided on a confidential basis and are available to all employees and their immediate family members (including dependent children, same-sex spouse, civil union spouse, and same- or opposite-sex domestic partner). Waters pays for this service.

The EAP also offers access to a variety of work/life consultants who are experts in their fields and offer consultation, detailed information and referrals for:

- **Child Care:** child care centers, family day care, back-up care, sick child care, nannies, lactation support, summer camps, adoption, after school programs, etc.
- **Education:** pre-schools, public and private schools K-12, tutors, colleges and universities, technical schools, continuing education, adult education classes, etc.
- **Elder Care:** assisted-living facilities, nursing homes, adult day care, caregiver support, retirement communities, meals-on-wheels, home safety, elder driving, geriatric case management, hospice, etc.
- **Wellness:** alternative medicine, nutrition and fitness, relaxation programs, etc.
- **Daily Living:** apartment rentals, relocation support, pet sitters, caterers, contractors, consumer information, travel information, cleaning services, etc.



## Employee Assistance Program—continued

In addition, the EAP offers:

- **Legal Services:** EAP legal staff can help you obtain a referral to a local attorney for a free initial consultation (in person or by phone) for most legal problems. If additional assistance is needed, you are entitled to a 25% discount on the attorney's customary fee.
- **Financial Services:** The EAP provides phone access to financial counselors who can address questions on financial management matters relating to debt reduction, home buying, budgeting, bankruptcy, retirement planning, identity theft, etc.

To get started, go to [www.compeap.com](http://www.compeap.com), enter “Waters” for the username and “WatersEAP” for the password, or call **1-800-344-1011**.

## Family Medical Leave Act (FMLA)

The Family Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of time off in the event of the birth or adoption of a child, an employee's serious illness or for the care of a seriously ill immediate family member. If the leave commences after the employee has completed at least one year of service, the first week (40 hours) of unpaid leave will be paid at 100% of the employee's base pay. Find the policy on Waters' portal at <http://portal.waters.com:57100/irj/portal> or the TA Instruments web portal.

## Financial Planning

We believe that there is a shared responsibility between Waters and its employees in realizing the opportunities and full value of our total compensation package. And, we know that partnering with you today to plan for tomorrow is one way we can contribute to your success. As part of our total compensation package, you have some personal financial planning alternatives to choose from, based on your and your family's needs:

### Fidelity Investments

**All services—[www.fidelity.com](http://www.fidelity.com)**

- Fidelity is the administrator of our 401(k), Employee Stock Purchase Plan (ESPP), and Restricted Stock Unit (RSU) program. You can call the numbers below for assistance with each specific program.

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401(k) [www.401k.com](http://www.401k.com)  
or **1-800-835-5095**

ESPP [www.netbenefits.fidelity.com](http://www.netbenefits.fidelity.com)  
or **1-800-544-9354**

RSU [www.netbenefits.fidelity.com](http://www.netbenefits.fidelity.com)  
or **1-800-544-9354**  
(**1-800-544-0275** outside of the U.S.)

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- You can call or visit one of Fidelity's many national Investor Centers for assistance from an investment consultant on all of your retirement savings accounts and investments. You can find a location near you as well as find resources and tools to help you with specific goals by going to [www.fidelity.com](http://www.fidelity.com) or calling **1-800-Fidelity**.



## Comprehensive EAP—Waters Employee and Family Assistance Program

Go to [www.compeap.com](http://www.compeap.com)

Enter “Waters” for the username and “WatersEAP” for the password, or call **1-800-344-1011**, 24 hours a day, 7 days a week.

- The EAP offers a wide range of personal financial resources and tools on its website.
- There is also telephonic access to financial counselors who can address questions on financial management matters relating to debt reduction, home buying, budgeting, bankruptcy, retirement planning, identity theft, etc.
- Services are available on a confidential basis to you and your immediate family members, 24 hours a day, 7 days a week.

## Fitness and Weight Loss Centers and Programs

A few of Waters’ offices (Milford, Massachusetts; TA’s New Castle, Delaware; and ERA’s Arvada, Colorado; and more) have on-site fitness centers. For employees who aren’t based in one of the offices that offers an on-site fitness center, Waters offers a benefit that will reimburse 50% of membership fees in a fitness club, up to \$150 per quarter, for employees (not family members). Please contact Helen Pimentel at **1-508-482-2641** in Milford for details.

If you enroll in a Waters medical plan, Cigna offers discounts to eligible fitness centers and weight loss programs as well as a reimbursement program for some fitness center membership fees and weight loss program fees for you and your family. Please visit [www.myCigna.com](http://www.myCigna.com).

## Health Services Department

The Health Services Department exists for the benefit of Waters and its employees by ensuring that our employees are medically capable of performing the full requirements of their jobs. Health Services also works with employees to ensure effective return to work from injury and illness. Contact Health Services at extension 2315 or TA Human Resources.

## Identity Theft Protection

Prevent personal data and identity theft from happening with MetLife’s identity theft protection service, MetLife Defender<sup>SM</sup>. You can enroll for this coverage on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) during Open Enrollment. MetLife Defender provides online security for you and your loved ones 24 hours a day, 7 days a week, and proactively monitors and protects you against online threats.

Your MetLife Defender protection includes all of these vital, comprehensive benefits:

- Scan, analysis and elimination of threats 24 hours a day, 7 days a week.
- Financial, personal and medical data protection.
- Monitoring of peer-to-peer file sharing on social media networks.
- Child predator and cyberbullying protection.
- Full-time service and support—identity theft scanning, advanced privacy tools and alerts for data exposure.

Find details on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

For more information, go to **1-800 Get-Met 8** or [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).



## Identity Theft Protection—continued

### 2015 Employee payroll deductions:

Identity theft protection MetLife		
	Biweekly	Annual
Employee only	\$6.92	\$179.92
Employee + spouse/partner	\$11.54	\$300.04
Employee + child(ren)	\$9.24	\$240.24
Family	\$13.84	\$359.84

## Legal Plan

There are many times in life when you may need the services of a qualified attorney: purchasing a home, estate planning and will preparation, financial matters, family law or adoption issues.

MetLaw®, the group legal plan available through Hyatt Legal Plans, makes things simple for you. You can enroll for this coverage on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) during Open Enrollment. You have access to a nationwide network of attorneys at a cost that's affordable, with access by telephone or in-person for advice on an unlimited number of personal legal matters, and representation for a wide variety of legal services. There is no waiting period, dollar caps, copayments or claim forms. Find details on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

MetLaw could save you hundreds of dollars in attorney fees for common legal services like these:

- Estate planning documents, including wills and trusts.
- Real estate matters.

- Identity theft defense.
- Financial matters, such as debt-collection defense.
- Traffic offenses.
- Document review.
- Family law, including adoption and name change.
- Advice and consultation on personal legal matters.

For more information, go to **1-800 Get-Met 8** or [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

### 2015 Employee payroll deductions:

Legal plan MetLife		
	Biweekly	Annual
All coverage levels	\$9.00	\$234.00

## Long Term Care Insurance

Through LTC Financial Partners, Waters offers a voluntary, employee-paid Long Term Care (LTC) Insurance program. LTC Insurance provides a cash benefit to help pay for assistance when a family member needs help with daily living activities such as bathing, dressing and eating. There is a six-month waiting period to be eligible to enroll in this program. Find more details and application instructions on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).



## Matching Gift Program

When you make a contribution to a qualified non-profit organization or institution, Waters will “match your gift” with an equivalent donation to the same organization. Waters will match contributions up to \$1,000 annually per employee, with a \$25 minimum per gift. Organizations must have a 501(c)(3) tax exemption number to be considered. Find details and instructions on Unified Connections. When logged on to the Waters network, go to <https://connect.waters.com/homepage>. If you are a TA employee, go to the TA Instruments web portal.

## Paid Time Off

Waters provides eligible full-time and part-time employees with paid time off for vacation and holidays. In addition, there are policies covering absences for jury duty, bereavement and military duty. Find the policy on Waters’ portal at <http://portal.waters.com:57100/irj/portal> or the TA Instruments web portal.

## Pet Insurance

You can choose from two levels of pet insurance: comprehensive or economical. Both plans provide coverage for ongoing medical conditions, and you have the freedom to choose the veterinarian. The comprehensive plan also provides limited hereditary coverage after the first year and other additional benefits.

Here are some of the medical conditions your plan covers:

- Ear infections
- Skin rashes
- Accidents, including lacerations, poisonings, fractures, sprains and wounds

- Vomiting
- Cancer
- Diabetes
- Kidney and bladder infections
- Leukemia
- Abscesses
- Respiratory problems

Optional routine care coverage is available to complement any plan, with benefits for wellness exams, vaccinations and more. Injury, Feline Select,<sup>®</sup> and Avian and exotic plans are also available.

Your premium cost will be determined once you apply. You can apply directly with MetLife.

For more information, go to **1-800 Get-Met 8** or [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

## Scholarship Program

The Waters Scholarship Program rewards qualified children of Waters employees with financial assistance toward enrollment in full-time undergraduate courses of study at an accredited four-year college or university. Employees must have a minimum of one year of employment with the company as of the application deadline date. Two awards of \$7,500 each will be granted each year. Awards are renewable up to three years, or until a bachelor’s degree is earned, whichever occurs first, on the basis of satisfactory academic performance. Find more details on Unified Connections. When logged on to the Waters network, go to <https://connect.waters.com/homepage>. If you are a TA employee, go to the TA Instruments web portal.

## Service and Recognition Awards

Waters has several companywide award programs to recognize our employees' achievements. These include Service Recognition Awards, Customer Satisfaction Awards, Technical Innovation Awards and Extraordinary Effort Awards. In addition, there are other award programs unique to individual sites, groups or functions such as patent recognition awards. Please speak with your Human Resources manager.

## Workers' Compensation

Workers' compensation benefits are established by each state for employees who are injured on the job. Waters maintains an insurance policy with Liberty Mutual, which covers medical expenses and lost wages resulting from a work-related injury. Enrollment is automatic, and there is no cost to you for this coverage. Contact Waters Health Services at extension 2315. If you are a TA employee, contact Human Resources.

## Workplace Banking/Credit Unions

Waters and TA each offer credit unions to employees and their immediate family members. For more details, go to [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

## Worldwide Travel Assistance Program

Travel assistance services are available to you when you have an emergency while traveling abroad, or within the U.S. (greater than 100 miles from home). Find more details and instructions on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).



## Added security with **Best Doctors**

All employees who are enrolled in a Waters medical plan, and their covered family members, have access to the Best Doctors program. This program connects you to world-renowned medical experts who make sure you are set up for the right diagnosis and treatment. More than 20% of cases reviewed by Best Doctors have a change in diagnosis, and more than 60% have a change in treatment. This program can also refer you to top doctors nationwide.

To access the Best Doctors service, call **1-866-904-0910** or go to [www.bestdoctors.com](http://www.bestdoctors.com).



# Helpful Resources

## Access to care

- Pre-approval of treatment or surgery
- Pre-approval of treatment has been denied
- Locate network providers

## Claim issues

- Denials
- Reduced benefit
- Claim filing concerns
- Claim pending additional information
- FSA claim processing problems
- Physician or hospital billing concerns
- Health plan coordination with Medicare
- Collection agency assistance

## Elder care

- Provide information and guidance about additional coverage options, such as Medicare
- Help with Medicare claims and issues
- Help with home health care and adult day care
- Help find a nursing home
- Help find elder support groups and activities

## Need Assistance?

This e-Guide is only a brief summary of the Waters Benefits plans and programs. For any additional information, you can visit the Waters Benefits Now website at [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com), refer to the summary plan descriptions available on Waters' portal, or contact the Waters Benefits Now Call Center at **1-866-994-5111** if you do not have access to a computer as a regular part of your job. In the event of a conflict between this e-Guide and the official plan documents, the official plan documents will govern in all cases.

## Health Advocacy Services

Dealing with health care issues can be challenging. Between finding the right health care provider (doctor, dentist, etc.), finding the right treatment, billing and claims issues, and getting answers to your questions, it's not always clear what to do next. Add Medicare into the mix and things can get even more challenging. But it doesn't have to be this way...

### Get an expert to help you

If you are enrolled in a Waters medical plan, you are automatically eligible to use this free support for all of your health care plans (medical, prescription, dental, vision, life insurance, disability, FSAs and Medicare). With

Advocacy, you'll get health care access and claims help for you and your family members (including your parents, mother- and father-in-law and any elderly person who resides with you). The Advocate Team will research your issue and work with your health plan and/or doctor to resolve it on your behalf. **All calls are confidential.** You can even bring claims that you incurred over the past 24 months. An Advocate can also help you better understand your benefit choices before you enroll.

### How do I reach the Advocate Team?

Before you request assistance from the Advocate Team, you must make at least one attempt to resolve the issue directly with your health plan and/or doctor. If your issue is still unresolved, log on to [aonhewittadvocacy.com](http://aonhewittadvocacy.com) or call the Waters Benefits Now Call Center at **1-866-994-5111** (**1-407-471-9359** outside the U.S.) and ask to be connected to a Health Advocate. When you call about an issue, make sure you have on hand: relevant dates, bills and claim information, as well as contact information and responses from your doctor and/or health plan.

A representative will review your issue to determine next steps. If it requires Advocacy assistance, the representative will forward your issue to the Advocate Team. An Advocate Team member will contact you within two business days to follow up. Critical, time-sensitive issues will receive immediate attention.



## Access Your Benefits on the Go! Get These Apps Today

Take your benefits with you! Now you can access many of your benefits and health and wellness programs and services wherever you go. It only takes a few seconds to download these helpful apps to your mobile device.

To get these apps:  
From your mobile  
device, go to:



Name	Get instant access to your:	
<b>bswift Benefits</b>	<b>Waters benefits for a listing of the core plans you are enrolled in and key information about your benefits</b> <ul style="list-style-type: none"> <li>View your dependents</li> <li>Vendor contact information and mobile apps</li> <li>Link to <a href="http://www.watersbenefitsnow.com">www.watersbenefitsnow.com</a> Web site</li> </ul>	
<b>myCigna</b>	<b>Cigna Medical and Prescription Drug Plans</b> <ul style="list-style-type: none"> <li>Health Care Professional Network Directory, ratings and access maps for instant driving directions</li> <li>View your member ID card</li> <li>View claims</li> <li>Find network pharmacies</li> <li>Look up and compare drug costs</li> <li>View your plan and account details, including up-to-date information about your deductible and coinsurance, and your HRA/HSA Account balance</li> <li>Efficiently access Cigna customer service phone numbers and store your doctors' phone numbers</li> </ul>	
<b>Delta Dental</b>	<b>Delta Dental Plan</b> <ul style="list-style-type: none"> <li>Network dentist search tool</li> <li>View your claims and coverage</li> <li>View your member ID card</li> <li>Teeth brushing timer</li> </ul>	
<b>EyeMed Members</b>	<b>EyeMed Vision Plan</b> <ul style="list-style-type: none"> <li>View benefits</li> <li>Find providers</li> <li>FAQs</li> <li>Customer service</li> <li>ID card</li> </ul>	
<b>Benefit Strategies Mobile</b>	<b>Benefit Strategies for Health Care and Dependent Care Flexible Spending Accounts, and Health Care Reimbursement Plan for Retirees</b> <ul style="list-style-type: none"> <li>Available balance</li> <li>Plan year dates</li> <li>Customer service phone number</li> <li>Submit your claim for reimbursement</li> </ul>	
<b>Fidelity NetBenefits</b>	<b>Fidelity NetBenefits for your 401(k), stock/equity and other personal Fidelity accounts</b> <ul style="list-style-type: none"> <li>Account balances</li> <li>Rate of return</li> <li>Account by asset class</li> <li>Investment details</li> <li>Customer service phone number</li> </ul>	
<b>iFindCare</b>	<b>iFindCare for child care and elder care resources</b> <ul style="list-style-type: none"> <li>Find providers</li> <li>View locations</li> </ul>	



## Making changes during the year

The choices you make as a new hire or during Open Enrollment will be effective for the entire calendar year. If your family or employment status changes during the year in one of the ways specified below, you may be able to request a change in your benefits coverage within 30 days to reflect your change in status.

If you enroll in the HSA Plan, you can start, stop, or change your pre-tax contributions to your HSA Account at any time on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com).

If you participate in the Retiree Health Care Reimbursement Plan, you can stop your contributions to this plan at any time, but can't restart them outside of annual Open Enrollment.

### **A change in family or employment status includes:**

- Change in employee's legal marital status, such as marriage, death, legal separation or divorce;
- Change in employee's domestic partner eligibility status, such as attaining eligibility for the first time per the eligibility requirements or a change in employee's domestic partner status resulting in the relationship no longer meeting the eligibility criteria, or the filing of a Termination of Domestic Partnership;
- Change in number of dependents, such as birth or adoption of a child, or death of a spouse/partner or child;
- Dependent satisfies or ceases to satisfy dependent eligibility requirements for coverage, such as attainment of age 26;
- Loss or gain of spouse's/partner's employment affecting benefits eligibility;
- Change in employee's or spouse's/partner's employment status affecting benefits eligibility (for example, employee changes from full-time to part-time status and loses benefits, or vice versa);

- Approved unpaid leave of absence or return from unpaid leave of absence;
- Spouse's/partner's Open Enrollment period that does not coincide with Waters' Open Enrollment period; and
- Change in dependent day care provider or a significant change in the amount charged by a dependent day care provider (excludes relatives).

This list is only a summary of the eligible status changes. All requests for midyear benefit changes will be reviewed in accordance with the official plan documents and with Internal Revenue Service (IRS) rules. If you wish to change your coverage, the benefit election change must be consistent with your status change. For example, if your spouse/partner lost medical coverage due to a loss of employment, you could choose medical coverage, but you could not choose more life insurance for yourself.

Additionally, you will be allowed a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or coverage under the Children's Health Insurance Program (CHIP) because you are no longer eligible; or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

### **Note**

You must declare your life event on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) **within 30 days from the date a status change occurs** in order to make new benefit choices; in most cases you must provide supporting documentation. Most benefit changes will take effect on the day the status change occurs. If you do not make your change request within the required 30 days or you do not provide supporting documentation when required, you must wait until the next annual Open Enrollment period to make a benefit election change.

# Important Legal Notices

## Your privacy rights

It is each Waters health plan's policy to protect your health information to the extent required by applicable law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

All health plans will make reasonable effort to use, share or request only the minimum necessary information to accomplish the intended purpose, taking into consideration practical and technological limitations.

## The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### Annual notice of your rights under the law

Under HIPAA, any health information that is collected or maintained by Waters' medical plan, dental plan, vision plan, Health Care Flexible Spending Account (FSA) or Retiree Health Care Reimbursement Plan for you or a covered family member is protected. Waters and its business associates are committed to protecting the privacy of your health information. A Notice of Privacy Practices, which sets forth the circumstances under which the plans may use and/or disclose your health information, is available on the Waters intranet.

### The following rules apply under HIPAA:

If you do not enroll in a medical plan for yourself or your dependents (including your spouse/partner) when you are first eligible because you have other health insurance coverage, you may be eligible to enroll yourself or your dependents at a future date, provided that you request enrollment within 30 days after your other coverage ends (or if the employer stops

contributing toward your or your dependents' other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be eligible to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or to obtain more information, please contact the Waters Benefits Now Call Center at **1-866-994-5111** (**1-407-471-9359** outside the U.S.). If you do not enroll within the 30-day period following such an event, your next chance to enroll will be during the annual Open Enrollment period.

## Health Care Exchange

In 2015, you will also have the opportunity to enroll in a plan through the Health Care Exchange. Go to [www.healthcare.gov](http://www.healthcare.gov) for options and costs. Waters' full notice on this can be found on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) in the library.

## The Women's Health and Cancer Rights Act of 1998

### Annual notice of your rights under the law

Under a Waters medical plan, coverage will be provided to a member who is receiving benefits for a medically necessary mastectomy and who elects breast reconstruction after the mastectomy for:

- Reconstruction of the breast on which a mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;

- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provided for the mastectomy.

## COBRA rights

If your employment with the company ends, your health coverage will end on the last day of the month in which you terminate. If you wish to continue coverage beyond this date, you may be eligible to elect COBRA continuation coverage if you timely elect it. Call the Waters Benefits Now Call Center at **1-866-994-5111** or Benefit Strategies, the COBRA administrator, at **1-888-401-3539** for more information.

## Important information about your prescription drug coverage and Medicare

Starting January 1, 2006, new Medicare prescription drug coverage became available to everyone with Medicare. Waters has determined that the prescription drug coverage offered under each of its medical plans described in this guide is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. You should compare the coverage available to you from Waters, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area and determine which is best for you. If you decide to enroll in a Waters medical plan, you will



have the opportunity to enroll in a Medicare prescription plan when your Waters coverage ends. A Medicare Part D creditable coverage notice is available on the Benefits Now Web site at [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com). More information about Medicare prescription drug coverage is available by calling **1-800-MEDICARE**, visiting [www.medicare.gov](http://www.medicare.gov) or contacting your state's health insurance assistance program.

### Mental Health Parity & Addiction Equity Act of 2008

In accordance with the law, mental health and substance abuse benefits are provided in the same manner as medical and surgical benefits. The medical plans meet the requirements for equity between medical benefits and mental health/substance abuse benefits in:

- Financial requirements, including deductibles, copays, coinsurance and out-of-pocket expenses;
- Treatment limits, including number of visits and days of coverage; and
- Out-of-network coverage.



### Minimum Creditable Coverage

Most Massachusetts residents age 18 or older must have affordable health coverage that meets Minimum Creditable Coverage (MCC) standards. Although employers are not required to provide health coverage to their Massachusetts employees or meet MCC standards, the Massachusetts Health Connector agency has requested that employers help their employees meet MCC requirements. While there appears to be no requirements that carriers or employers notify individuals in advance as to whether or not the coverage available for election meets MCC requirements, Massachusetts employees should know this information before signing up for employer-sponsored coverage.

In addition, reporting obligations apply to those whose employee health benefits do meet MCC standards. All employers or their vendors that provide "creditable coverage" as of any December 31 to an employee who resides in Massachusetts must send the employee Form 1099-HC no later than January 31 of the next calendar year.

### PPACA—(SBCs, non-grandfathered status, etc.)

Under the Patient Protection and Affordable Care Act (PPACA) some medical plans are considered "grandfathered health plans" and some are not. Waters Corporation has determined that our medical plans are not considered grandfathered health plans and therefore must be compliant with all PPACA mandated changes for the 2014-2015 plan year. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Human Resources Department. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

### Summary of Benefits Coverage

To help you understand and compare your health coverage options, Waters Corporation is providing access to a Summary of Benefits Coverage (SBC) for each medical plan available to you. The SBCs are viewable on [www.watersbenefitsnow.com](http://www.watersbenefitsnow.com) in the library, or you may request a paper copy, free of charge, by calling **1-866-994-5111**.



# Children's Health Insurance Program (CHIP) Notice

## Premium assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

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### **ALABAMA** – Medicaid

Website: <http://www.medicaid.alabama.gov>  
Phone: 1-855-692-5447

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### **ALASKA** – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
Phone (Anchorage): 907-269-6529

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### **ARIZONA** – CHIP

Website: <http://www.azahcccs.gov/applicants>  
Phone (Maricopa County): 602-417-5437

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### **COLORADO** – Medicaid

Medicaid Website: <http://www.colorado.gov/>  
Medicaid Phone (In state): 1-800-866-3513  
Medicaid Phone (Out of state): 1-800-221-3943

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### **FLORIDA** – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/>  
Phone: 1-877-357-3268

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### **GEORGIA** – Medicaid

Website: <http://dch.georgia.gov/>  
Click on "Programs," then "Medicaid," then "Third-Party Liability," then "Health Insurance Premium Payment Program (HIPP)"  
Phone: 1-800-869-1150

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**IDAHO** – Medicaid and CHIP

Medicaid Website: [www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov)

Medicaid Phone: 1-800-926-2588

CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)

CHIP Phone: 1-800-926-2588

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**INDIANA** – Medicaid

Website: <http://www.in.gov/fssa>

Phone: 1-800-889-9949

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**IOWA** – Medicaid

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)

Phone: 1-888-346-9562

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**KANSAS** – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

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**KENTUCKY** – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

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**LOUISIANA** – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>

Phone: 1-888-695-2447

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**MAINE** – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-977-6740

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**MASSACHUSETTS** – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

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**MINNESOTA** – Medicaid

Website: <http://www.dhs.state.mn.us/>

Click on “Health Care,” then “Medical Assistance”

Phone: 1-800-657-3629

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**MISSOURI** – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

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**MONTANA** – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>

Phone: 1-800-694-3084

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**NEBRASKA** – Medicaid

Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)

Phone: 1-800-383-4278

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**NEVADA** – Medicaid

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

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**NEW HAMPSHIRE** – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 603-271-5218

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**NEW JERSEY** – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-800-356-1561

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

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**NEW YORK** – Medicaid

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

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**NORTH CAROLINA** – Medicaid  
Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

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**NORTH DAKOTA** – Medicaid  
Website: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>  
Phone: 1-800-755-2604

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**OKLAHOMA** – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

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**OREGON** – Medicaid and CHIP  
Website: <http://www.oregonhealthykids.gov>  
<http://www.hijossaludablesoregon.gov>  
Phone: 1-877-314-5678

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**PENNSYLVANIA** – Medicaid  
Website: <http://www.dpw.state.pa.us/hipp>  
Phone: 1-800-692-7462

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**RHODE ISLAND** – Medicaid  
Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
Phone: 401-462-5300

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**SOUTH CAROLINA** – Medicaid  
Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

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**SOUTH DAKOTA** – Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

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**TEXAS** – Medicaid  
Website: <https://www.gethipptexas.com/>  
Phone: 1-800-440-0493

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**UTAH** – Medicaid and CHIP  
Website: <http://health.utah.gov/upp>  
Phone: 1-866-435-7414

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**VERMONT** – Medicaid  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP  
Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>  
Medicaid Phone: 1-800-432-5924  
CHIP Website: <http://www.famis.org/>  
CHIP Phone: 1-866-873-2647

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**WASHINGTON** – Medicaid  
Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>  
Phone: 1-800-562-3022 ext. 15473

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**WEST VIRGINIA** – Medicaid  
Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)  
Phone: 1-877-598-5820, HMS Third Party Liability

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**WISCONSIN** – Medicaid  
Website: <http://www.badgercareplus.org/pubs/p-10095.htm>  
Phone: 1-800-362-3002

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**WYOMING** – Medicaid  
Website: <http://health.wyo.gov/healthcarefin/equalitycare>  
Phone: 307-777-7531

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

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa); 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov); 1-877-267-2323, Ext. 61565



This brochure provides a summary of some of the benefit plans offered to Waters Technologies Corporation employees. If there are discrepancies between the information included in this brochure and the applicable plan documents or insurance contracts, the plan documents and insurance contracts will govern in all cases. Waters reserves the right to amend or discontinue the plans described in this brochure at any time.

February 2015